# (Rev. January 2020) 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.

Open to Public

OMB No. 1545-0047

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	<u>A</u>	For th	e 2019 celendar year, or tax year beginning 07/01, 2019, a	and ending		2/31, 20 19
	В.		C Name of organization GREENCASTLE OF BARRINGTON INC		D Employer Identific	ation number
	_	Check if	C/O EMBRACE LIVING COMMUNITIES		36-32672	64
		Addr chan	ge Doing business as			
		Nam	Number and street (or P.O. box if mail is not delivered to street address)	Room/sulte	E Telephone numbe	r
	Г	Initia	return 1900 SPRING ROAD	300	(630) 521~	8701
	Г		return/ City or town, state or province, country, and ZIP or foreign postal code			
Λ	Г	Ame	Med OAK BROOK. IL 60523-1480		G Gross receipts \$	743,240
{ <b>/</b> _			cation F Name and address of principal officer. ANNE OLIVA		H(a) Is this a group ref	um for Yes X
),	_		1900 SPRING ROAD, OAK BROOK, IL 60523		Subordinates? H(b) Are all subordinates	included? Yes I
'(	ī	Tax-ex	tempt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
IV	J	Webs	ha: ▶ WWW.EMBRACELIVING.ORG		H(c) Group exemption	number 🕨
l	ĸ	Form	of organization: X Corporation Trust Association Other	L Year of form	ation: 1984 M State	
		art I	Summary		<del></del>	
			Briefly describe the organization's mission or most significant activities: TO PROV	VIDE ACTIV	ELY AGING AD	ULTS
	ø	•	AFFORDABLE WELCOMING HOMES IN COMMUNITIES THAT EN			
	auc					
	Activities & Governance	2	Check this box  If the organization discontinued its operations or disposed.	of more than 25	X-of-its-net-assets	
	õ		Number of voting members of the governing body (Part VI, line 1a)	DECEN	VED II3	7
	<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	MEGEN	<del></del> :::::	6
	ües	1			····· 1001 <u></u>	0
	Ž		Total number of unbertaint (authority and	· NOV·1 7·	2020 · Q 5	0
2021	Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12			0
7		l	Net unrelated business texable income from Form 990-T, line 39	ÖGDEN	J. UT 175	
$\mathcal{S}_{I}$		<del>                                     </del>	Tect unrelated business taxable internet into 100 1, interest 1, i	<u> </u>	Prior Year	Current Year
0		8	Contributions and grants (Part VIII, line 1h)		0.	0
5	eune		Program service revenue (Part VIII, line 2g)		1,432,655.	734,137
< 1	Reve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).		2,176.	1,338
~,~3~	æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		5,974.	7,765
C			Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12).		1,440,805.	743,240
~:T	—		Grants and similar amounts pald (Part IX, column (A), lines 1-3)		0.	0
23			Benefits paid to or for members (Part IX, column (A), line 4)		0.	- 0
9			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).		393,649.	217,529
*	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
N	ě		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	· · · · · ·		<del>_</del>
4	ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,239,577.	654,957
0			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,633,226.	872,486
			Revenue less expenses. Subtract line 18 from line 12		-192,421.	-129,246
	nces		Totalida lees expeliess. Casada into to manimo last 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		nning of Current Year	End of Year
^	and	20	Total assets (Part X, line 16)		3,002,791.	2,823,433
$\mathcal{L}_{i}$	Ass	21	Total liabilities (Part X, line 26)	· · · · · ⊢	6,088,021.	6,037,909
(B)	* E		Net assets or fund balances. Subtract line 21 from line 20.		-3,085,230.	-3,214,476
<u> </u>		rt II	Signature Block			
/7			afties of perjury, I declare that I have examined this return, including accompanying schedules	and statements.	and to the best of my	nowledge and belief, it is
12	true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any k	nowledge.	
W			Columbia Columbia		1.1212	220
	Sig		Signature of officer		Date	
0.7	Hei	е	A ANNE MI. (JLIYA, EVPICEC)			
			Type or print name and title			
-			Print/Type preparer's name Preparer's signature	Date	Check If F	אודי
	Paid		KAREN A SCHAEFER GULL G. School	15/20/2	self-employed	P00545171
		arer	Firm's name HARAN & ASSOCIATES LTD		Firm's EIN ▶ 36-3	097692
	US9	Only	Firm's address >3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091	<del></del>		853-1234
į	May	the	RS discuss this return with the preparer shown above? (see instructions) .			. X Yes No
	<u> </u>	D	words Dadurdton Ant Matter and the communications			- 000

Porr	n 990 (201				Page
Pa	rt III	Statement of Program Service	Accomplishments		` [11
4-	Deiofly d	escribe the organization's mission	response or note to any line in this Par	( III , . , . , . ,	x
1		escribe the organization's mission CHMENT 1	<b>.</b>		
					<del></del>
				_	<u> </u>
					<del></del>
2	Did the	organization undertake any signi	ficant program services during the ye	ar which were not listed on the	
					Yes X No
	If "Yes,"	describe these new services on S	chedule O		
3	Did the	organization cease conducting	, or make significant changes in h	now it conducts, any program _	
	services	?			Yes X No
		describe these changes on Scheo			<del>-</del>
			rvice accomplishments for each of i		
		s. Section 501(c)(3) and 501(c) expenses, and revenue, if any, fo	(4) organizations are required to rep	ort the amount of grants and alloc	ations to others
	ine iolai	expenses, and revenue, if any, to	reach program service reported		
40	(Codo:	\/Eypansas \$	and and including grants of \$	\/Pownus \$	
48	TO PRO	OVIDE ACTIVELY ACTION A	786,779. including grants of \$ DULTS AFFORDABLE WELCOMING	HOMES IN	13,240.
		VITIES THAT EMBRACE LIV		, nones in	
	-				<del></del>
	<del></del> ,	· · · · · · · · · · · · · · · · · · ·			
				-	· <u> </u>
4b	(Code _	) (Expenses \$	including grants of \$	) (Revenue \$	)
			·		
	·				<u> </u>
		<del></del> -			
		·····			
				<del></del>	<del> </del>
			<del></del>	<del></del>	<del></del>
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		<del></del>		<del>-</del>	<del></del>
			· · · · · · · · · · · · · · · · · · ·		
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)!
					<b>.</b> .
				<u> </u>	
			<del></del> ,		
	<del></del>			<del></del>	
				-	
4d	Other pr	ogram services (Describe on Sche	edule O.)		
	(Expense	<del>-</del>		\$ 1	
	<del></del>	ogram service expenses	786,779.	·	

	990 (2019)		F	Page 3
Pari	Checklist of Required Schedules		<u>г., </u>	
	le the account of decembed in anti- FO(/a)/2) or 4047/a)/4) /athenther a count four fair >0.15 (6/a) (1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	۱.	x	
2	complete Schedule A	1 2	_ ^	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	-	<del></del>
•	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)	<u> </u>		<b></b>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
9	complete Schedule D, Part III	8		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	F-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	Х	
Ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	l		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		х	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	-
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
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	امدا		х
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	Х
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	I	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		$\dashv$	
-•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 1	**

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than 65 000 of greats as other positions to be feed demantic adjuictly as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
20	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	,		
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	]		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	İ	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		<del></del>
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		l	
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ŀ	v
	complete Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	х
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-+	
34	or IV, and Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	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	35Ь		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		للل
	Fatestha complex computed in Day 2 of Faces 4000 Fines 2 March 1997 11		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the name of off office to a consideration of a circle of a not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	x	
JSA 9E1030	reportable garning (garnoing) winnings to prize withers (	1c Form	990 (	20191
9E7U3U	2,000 2765CF 2873 5/6/2020 3:30:24 PM V 19-4.5F	. 5,,,,		GE

Par	Statements Regarding Other IRS Fillings 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 2a 0.			
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)			_
32		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		<del></del>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<b>-</b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1.		J
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	Ī	•	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ŀ		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		
	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		-	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		l	
	Section 501(c)(12) organizations. Enter.	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	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		į	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	-	$\dashv$	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ľ	
	If "Yes," complete Form 4720, Schedule O.			
			990	(2019)

Part VI

GREENCASTLE OF BARRINGTON INC 36-3267264

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	]		
	If there are material differences in voting rights among members of the governing hody, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	_3		Х
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		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7ь		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
ŭ	the year by the following:			
_		8a	Х	
a b	The governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	J		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> </u>	)	L
	on bit office (Time desire) a requestion in the state of the internal records	0000	Yes	No
40	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		<del></del>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<del>                                     </del>
_				<b></b>
b 425	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
D		12b	х	
_	rise to conflicts?	1.20		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	<del>  ""</del>		_
15	Did the process for determining compensation of the following persons include a review and approval by	ŀ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	x	
a	The organization's CEO, Executive Director, or top management official	15a	$\frac{x}{x}$	
b	Other officers or key employees of the organization	15b		<del></del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		'	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		x
	with a taxable entity during the year?	16a		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		i	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C1	organization's exempt status with respect to such arrangements?	16b		L
	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 990-1	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Our wobsite X Apothor's wobsite X Upon request.  Other (explain on Schoolule O)			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record EMBRACE LIVING COMMUNITIES 1900 SPRING ROAD, SUITE 300 OAK BROOK, IL 60523 630-521-8701	s 🕨		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. See instructions for the order in which to list the persons above.

(2)ANNE M. OLIVA       0.         EXEC VICE PRESIDENT & CFO       40.00         (3)JOHN DIEHL       0.         SENIOR DIRECTOR OF HSNG OPERAT       40.00         (4)IRIS BERG       0.         SR DIRECTOR OF SOCIAL SERVICES       40.00         KEV. BONNIE CONDON       20         BOARD CHAIR       0.         DIRECTOR       0.         DIRECTOR	Check this box if neither the organization nor	any related	orga	nıza	tior	o co	mpen	sate	ed any current offic	er, director, or tru	stee
EXEC VICE PRESIDENT & SECR   39.80   X   0. 218,346. 21,709		Average hours per week (list any hours for related organizations below	box,	unle er en	Pos heck sspe dad	morerson direct	e than o is both tor/trus	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and
EXEC VICE PRESIDENT & CFO	EXEC VICE PRESIDENT & SECR			1	х			i	0.	218,346.	21,709
(3) JOHN DIEHL		1		, ,	x				0.	181,870:	12,786
(4) IRIS BERG			ı		-	-	x	-	0.		
(5) REV. BONNIE CONDON	(4) IRIS BERG	1	,				-:				
(6)MR. TODD J. THORSON	(5) REV. BONNIE CONDON	.20		,			,	1		ł	
(7) REV. JESSE KNOX	(6) MR. TODD J. THORSON	.20		¥			1			1	
(8)NICHOLE EDMONDS       .20         DIRECTOR       0. X         (9)NATHAN BRIGGS       .20         DIRECTOR       0. X         DIRECTOR       0. X         DIRECTOR       0. X         0. 0. 0         (11)         (12)	(7) REV. JESSE KNOX	.20					,				
(9) NATHAN BRIGGS .20 DIRECTOR 0. X 0. 0. 0. 0  (10) MARK ENTWISTLE .20 DIRECTOR 0. X 0. 0. 0. 0  (11)	(8) NICHOLE EDMONDS	1 .20									
(10) MARK ENTWISTLE .20		L:	, X		-					_0.	
DIRECTOR	·	1	ιX	-			<u>-</u> I		0:	0.	0
(12)	DIRECTOR _		, X	-					0.	0.	0
(13)			,								
			1			ı	,				<del></del>
(14)	(13)						ı.		0		<u>-</u>
	(14)	J.				,			)		

Form 990 (2019)

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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than o box, unless person is both officer and a director/irust					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated n amount of other compensation		on
	·	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org an	om the anization d related anization	
										<u> </u>				
													_	
										•				
	Sub-total							<b>&gt;</b>	0.		,029. 0.		58,5	0.
	Total (add lines 1b and 1c)	<u> </u>						▶	0.		,029.		58,5	86.
2	Total number of individuals (including but not reportable compensation from the organization		hose I 0.		d at	OOVE	e) who	o re	ceived more than :	\$100,000	of			
3	Did the organization list any former office	er directo	r or	tru	etec		ev e	mn	lovee or highest	compans	ated		Yes	No
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch indi	vidu	ıal .			• •	• • • • • • • • • •			3		х .
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	," (	complete Schedul	e J for .	such	4	x	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		x
Se	ction B. Independent Contractors													
1	Complete this table for your five highest components on the organization Report components.	pensated ir ompensatio	ndepe on for	nde the	nt c	end	racto ar ye:	rs tl ar e	hat received more inding with or with	than \$100 in the orga	0,000 o anizatio	f n's tax		
	(A) Name and business add	ress							(B) Description of se	vices	С	(C) ompens	ation	
_												-		<u></u>
_								_					<del></del>	<u> </u>
2	Total number of independent contractors (in more than \$100,000 in compensation from the				rted	to 0		e la	sted above) who	received				-;

	_	Check if Schedule O contains a respon	se or note to ar	ny line in this Part V	/III : :::::		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in					
Con	١.	Iines 1a-1f		0.			
	h	Total. Add lines 14-11	Business Code	Ψ.			
ë	2a	RENTAL REVENUE	531110	106,002.	106,002.		
<u> </u>	ь	TENANT ASSISTANCE PAYMENTS	531110	628,135.	628,135.		
en S	c				-		
<u>e</u> <u>T</u> a	d						ļ
Program Service Revenue	e	<del></del> -					<u></u>
а.	f	All other program service revenue		734,137.			i ·
	3	Investment income (including dividends, other similar amounts)	interest, and	1,338.	1,338.	<del> ·</del>	
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.		·	ļ <u> </u>
	•	(i) Real	(ii) Personal				
1	6a	Gross rents 6a	:				
		Less: rental expenses /6b  Rental income or (loss) 6c	<del></del>				
	اما	Net rental income or (loss)	· <b>b</b>	0.			
	7a	Gross amount from (i) Securities	(ii) Other		_		<u> </u>
		sales of assets			1		
		other than inventory 7a					
9	b	Less cost or other basis				•	1
Revenue		and sales expenses 7b			1	1	
æ	d	Gain or (loss)		0.			
her	8a	Gross income from fundralsing				,	-
흕		events (not including \$			Ï	•	
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				<del> </del>
	_ C	Net income or (loss) from fundraising events.		0.		<u>.</u>	
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	ь	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities.	▶ _	0,	-	_	
	10a	Gross sales of inventory, less		- 1	Ţ	<u>. ——</u>	1
		returns and allowances , 10a	0.	1		•	
	b	Less: cost of goods sold	0.	0:	-	<u>,                                    </u>	
		Net income or (1055) from sales of inventory.	Business Code			-	
Miscellaneous Revenue	11a	LAUNDRY AND VENDING REVENUE	531110	1,319.	_ 1,319.		-
ane	11a b	GIFTS	531110	250.	250.	-	
cell leve	c	MISCELLANEOUS REVENUE	531110	6,196,	6,196.	-	
Mis.	d	All other revenue					
		Total Add lines 11a-11d	1	7,765.		·	<del> </del>
ISA.	12	Total revenue. See Instructions	· · · · · · · · · · · · · · · · · · ·	743,240.	743,240.		7 000 (224)

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### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 0. and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 . . . , . . . . 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 5 Compensation of current officers, directors, 0 trustees, and key employees . . . . . . . . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and n persons described in section 4958(c)(3)(B) 151,113. 151,113. Pension plan accruals and contributions (include n section 401(k) and 403(b) employer contributions) 52,543. 52,543. 9 Other employee benefits . . . . . . . . . . . . . 13,873. 13,873. 11 Fees for services (nonemployees): 44,676 44,676 a Management ....... 7,500. 7,500. 10,408; c Accounting 10,408. 0. d Lobbying  $\overline{\Omega}$ e Professional fundraising services See Part IV, line 17. Ö. 9 Other. (If line 11g amount exceeds 10% of line 25, column n (A) amount, list line 11g expenses on Schedule O.). . . . . . 62 62. 12 Advertising and promotion 16,897. 16,897. 0. 14 Information technology....... <u>n</u> 60,037. 60,037. 0 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 3,829 3,829 19 Conferences, conventions, and meetings 124,800. 124,800. 240,429: 240,429 22 Depreciation, depletion, and amortization . . . . 27,632. 27,632. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aMISCELLANEOUS EXPENSES 2,335. 2,335. bLEASING EXPENSES 7,596. 7,596. cREPAIRS 91,711. 91,711. MORTGAGE INSURANCE PREMIUM 13,856. 13,856. 3,189. 3,189. e All other expenses 872,486. 786,779. 85,707. 25 Total functional expenses. Add lines 1 through 24e 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)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	19,833.	1	56,610
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	1,055.	4	414
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	o.	6	0
3 7	Notes and loans receivable, net	0.	7	0
8 8	Inventories for sale or use	0.	8	0
ر و اغ	Prepaid expenses and deferred charges ATCH . 2	5,096.	9	37,675
1 -	Land, buildings, and equipment: cost or other			<del></del>
''	basis. Complete Part VI of Schedule D 10a 7,746,638.			
Ь	Less: accumulated depreciation	2,323,295.	10c	2,082,868
111	Investments - publicly traded securities	<del></del>	11	0
12	Investments - other securities. See Part IV, line 11		12	0
13	Investments - program-related. See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets. See Part IV, line 11		15	645,866
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,823,433
17	Accounts payable and accrued expenses	42,003.		41,309
18	Grants payable		18	0
19	Deferred revenue		19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	0
i   23	Secured mortgages and notes payable to unrelated third parties		23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
-	of Schedule D	6,046,018.	25	5,996,600
26	Total liabilities. Add lines 17 through 25	6,088,021.	26	6,037,909
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-3,085,230.	27	-3,214,476
28	Net assets with donor restrictions	0.	28	0.
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	Ì	29	
30	Paid-in or capital surplus, or land, building, or equipment fund	-	30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	0 005 000	32	-3,214,476
33	Total liabilities and net assets/fund balances		33	2,823,433.

Form **990** (2019)

Form 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			43,2	240.
2	Total expenses (must equal Part IX, column (A), line 25)	2		ε	72,	486.
3	Revenue less expenses. Subtract line 2 from line 1	3				246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	-3,0	185,2	230.
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	•			٥.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-		
	32, column (B))	10	-	-3,2	214,	476.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were com					_
	reviewed on a separate basis, consolidated basis, or both:		-			
	Separate basis Consolidated basis Both consolidated and separate basis		į	t		
b	Were the organization's financial statements audited by an independent accountant?			2b	х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both;		· -			
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountain	-	T	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O	p.u.ii	١		1 1	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
va	Single Audit Act and OMB Circular A-133?	.,, ,,,,		3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao 1	he l			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b	х	
				Form	990	(2019)

### SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for Instructions and the latest information. Internal Revenue Service GREENCASTLE OF BARRINGTON INC Name of the organization Employer identification number C/O EMBRACE LIVING COMMUNITIES 36-3267264 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (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 your governing support (see other support (see above (see instructions)) document? instructions) Instructions) Yes. No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2019

(E)

Total

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.	734,137.	6,313,979.
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	1,365,904.	1,381,447.	1,399,836.	1,432,655.	734,137.	6,313,979.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support Subtract line 5 from line 4						6,313,979.
<u> </u>	tion B. Total Support	<u> </u>				L	0,313,313.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,365,904.	1,381,447.	1,399,836.	1,432,655.	734,137.	6,313,979.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	593.	996.	1,598.	2,176.	1,338.	6,701.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	19,502.	3,771.	11,874.	5,974.	7,765.	48,886.
11	Total support. Add lines 7 through 10						6,369,566.
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
14	Public support percentage for 2019 (li		*	11 column (ft)		14	99.13%
15	Public support percentage for 2018						99.19%
	331/3% support test - 2019. If the org						
	box and stop here. The organization q						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2019. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 ıs
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	pported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2018. If the org	janization did ne	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances"	' test, check th	nis box and sto	p here.
	Explain in Part VI how the organization				_	•	
18	supported organization						▶ □
_	instructions						▶ □
					9	chedule A (Form 99	0 or 990-E71 2019

Page 3

### Part III

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513 $\cdot$						
4	Tax revenues levied for the	i					
	organization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	<u>.</u>		<del></del>			
7 a	Amounts included on lines 1, 2, and 3			1		]	
_	received from disqualified persons Amounts included on lines 2 and 3						<del> </del>
D	received from other than disqualified						
	persons that exceed the greater of \$5,000		İ	1			
	or 1% of the amount on line 13 for the year			ļ <del></del>			
8	Add lines 7a and 7b		<del> </del>	<del>                                     </del>			<del></del>
•	line 6.)						
Sec	tion B. Total Support	<del></del>	Ļ	·	·	J	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		_				
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royaltles, and income from similar		Ì		<u> </u>		
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					]	
	activities not included in line 10b, whether					]	
	or not the business is regularly carried on.				<u> </u>		
12	Other income. Do not include gain or		ı				
	loss from the sale of capital assets						
4.5	(Explain in Part VI.)				<del></del>		
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)    First five years. If the Form 990 is f	or the occapian	tion's first seen	nd third fourth	or fifth toy w		501(0)(2)
14	organization, check this box and stop here					ear as a section	
Sec	tion C. Computation of Public Sup				• • • • • • • •		••••
15	Public support percentage for 2019 (line 8		<del></del>	mn (f))	• • • • • • • • • • • • • • • • • • • •	15	%
16	Public support percentage from 2018 Sche					16	<del></del> %
Sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2019 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 331/3 %,	, and line
	17 is not more than 331/3 %, check the	is box and stop	here. The orga	anization qualifies	s as a publicly	supported organia	zation . 🕨 🔙
b	33 1/3 % support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check		•	-	• •	• • •	. —
20	Private foundation. If the organization of	fid not check a	box on line 14	1, 19a, or 19b,			
JSA 9E122	1,000 2765CF 2873 5/6/2020 3	.20.24 DV	W 10 4 ET		S	chedule A (Form 9	90 or 990-EZ) 2019
	2/03Cg 20/3 3/0/2020 3	:30:24 PM	V 19-4.5F				PAGE 1

# 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

Section A. All Su	pporting Org	anizations
-------------------	--------------	------------

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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 5b designated in the organization's organizing document? 5c c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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 7 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which 9Ь the supporting organization had an interest? If "Yes," provide detail in Part VI. c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 9с from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a

Schedule A (Form 990 or 990-EZ) 2019

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zations	nust complete Section	ns 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	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		•	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	<del>-</del>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_
6 Multiply line 5 by .035.	6	-	
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8; Column A)	1.		
2 Enter 85% of line 1.	2.		
3 Minimum asset amount for prior year (from Section B; line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5.		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	61		
7 Check here if the current year is the organization's first as a non-functional	y integra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Sched	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)	Page 7
	ion D - Distributions	Supporting Organiza	uons (conuncea)	O
1	Amounts paid to supported organizations to accomplish e	unanana	·	Current Year
<u></u>	Amounts paid to supported organizations to accomplish e		end .	
_	organizations, in excess of income from activity	inpr purposes or support	leu	
3	Administrative expenses paid to accomplish exempt purpo	and of supported arrest		
4	Amounts paid to acquire exempt-use assets	oses of supported organi	zauons	
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		<del></del>	
8	Distributions to attentive supported organizations to which	the ergenization is reco	1000110	
•	(provide details in Part VI). See instructions.	the organization is resp	onsive	1
	Distributable amount for 2019 from Section C, line 6	<del></del>		
			<del></del>	
10	Line 8 amount divided by line 9 amount	I	<u></u>	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2019		<u>-</u>	
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2019	<u> </u>		r
a	From 2014	-	"	
b	From 2015			
_ , C _	From 2016			
d	From 2017		, ,	
_ θ	From 2018			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>       i                             </u>	Carryover from 2014 not applied (see instructions)			<u>-</u>
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			=
4	Distributions for 2019 from	. –		-
	Section D, line 7: ,\$			
<u>      a                              </u>	Applied to underdistributions of prior years			
<u>b</u>	. Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions		1	
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		!	
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	<u> </u>		
	Breakdown of line 7:	_		• •
a	Excess from 2015		·	<del>-</del> -
<u>. b</u>	Excess from 2016	]	<u> </u>	
	Excess from 2017	<u> </u>		
d	Excess from 2018			
<u> </u>	Excess from 2019			

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		<u> </u>	ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	14,812.	50 ÷	8,077_	1,110.,	6,196.	30,245.
LAUNDRY AND TENANT CHARGES	4,690.	3,721.	3,797	4,864.	1,319.	18,391;
GIFTS					250.	250
TOTALS	19,502.	3.771.	11.874.	5,974.	7.765.	48,886.

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# 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.

GREENCASTLE OF BARRINGTON INC Name of the organization

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

C/O EMBRACE LIVING COMMUNITIES 36-3267264 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/08, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

2,082,868.

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

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financi	al derivatives			
(2) Closely	held equity interests		<u> </u>	
(3) Other_		· · · · · · · · · · · · · · · · · · ·		
(A)	·	·		
. ( <b>Β</b> )				<u> </u>
(C).				<u> </u>
;(D)				
<u>(E)</u>	1			
(F)'				
(G)				
(H);				
	n (b) must equal Form 990, Part X, col (B) line 12.) . 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) fine 13) ,			
Part IX	Other Assets.			•
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
	NT SECURITY DEPOSITS			17,669.
	GAGE ESCROW DEPOSITS			29,599.
	RVE FOR REPLACEMENT			539,277.
\ ·/	R RESTRICTED DEPOSITS			33,455.
(5) RESI	DUAL RECEIPTS RESERVE			25,866.
. (6)			-	
(7)				
ĩ(8)				
(9)				
	umn (b) must equal Form 990; Part X, col (B) li	ne 15.)		645,866
Part X	Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
<del>.</del> 1.		tion of liability		(b) Book value
	ral income taxes			
	GAGE PAYABLE			5,974,921.
\- <i>\</i>	NT SECURITY DEPOSITS	<del></del>		16,793
	UED PAYROLL			4,886.
(5)				
(6)				
(7)		<del></del>		<del>=</del>
(8)	<u> </u>			
(9)	on the must agent Form DOD. Book V and to line as a			5,996,600.
	on (b) must equal Form 990, Part X, col. (B) line 25.) or uncertain tax positions. In Part XIII, provide the			
crospization	or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FASB A	text of the foothole (o ) ISC 740. Check here if	the text of the footnote has been provide:	d in Part XIII
or yannzanon	o national for undertain tax positions under 1 AOD F	CO 170. CHECK HELE II	THE TOTAL OF THE TOTAL TEE HEED DEEN PROVIDE	<u> </u>

Schedu Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	Page 4
1	Total revenue, gains, and other support per audited financial statements	1	743,240.
		<b>├</b>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments		
a		1	
Ь	Donated Scrivers and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
C	The content of prior your grants.	-	
d	Other (Describe in Part XIII.)	┨	
е	Add lines 2a through 2d	20	742 040
3	Subtract line 2e from line 1	3	743,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIII.)	J	
С	Add lines 4a and 4b	4c	
5	Total revenue: Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	743,240.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	872,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;		
а	Donated services and use of facilities	1	
р	The year dejacunement of the second s	-	
C	Other losses	- 1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	872,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
а	Investment expenses not included on Form 990, Part VIII, line 7b ; , 4a	]	
b	Other (Describe in Part XIII.)	]	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.5	872,486.
2; Parl	e the descriptions required for Part II, Ilnes 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4, Part X, line
			-
			<del></del> -
-			
			<del></del>

Schedule D (Form 990) 2019

### **SCHEDULE J** (Form 990)

# **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

Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

C/O EMBRACE LIVING COMMUNITIES

GREENCASTLE OF BARRINGTON INC

36-3267264

Part	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	, , ,		, 5
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	l <sub>ei</sub> '		]. ]
	First-class or charter travel Housing allowance or residence for personal use	[	7	<b>]</b> .
	Travel for companions Payments for business use of personal residence		ļ:	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		ľ	1.*
	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	lu L	,	, -
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			ļ. <del></del>
_	explain	1b		ļ <u>.</u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	<b>-</b>		]
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	'		
	1a?	2	<u> </u>	- ,
3	Indicate which, if any, of the following the organization used to establish the compensation of the	ļ. ·	'	
	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.	P	<b>.</b>	'
		ļ, .	,	١.,
	├ <del>─</del> ┤	<b> </b> •	<b>!</b> }.	
		"	1	١ [
		'	i	þ {
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization.  Receive a severance payment or change-of-control payment?	4a		<u> </u>
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		$\frac{x}{x}$
_	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<del>-</del>	X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The root to any or miles 42 o, not the persons and provide the applicable amounts for each form in rait in.	Ĭ,		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			-
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	<u> </u>	ļ ,	
	compensation contingent on the revenues of:	1		٠. ا
a	The organization?	5a	ļ	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	T		" "]
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			i. 1
	compensation contingent on the net earnings of:	<u> </u>		
а	The organization?	6a		X
b	Any related organization?	6b	1	. X
	If "Yes" on line 6a or 6b, describe in Part III.	٠, ١	7	
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		,	-
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Redulations section 53 4958-6(c)?	a		I

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

Schedule J (Form 990) 2019

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. Schedule J (Form 930) 2019

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

Part II 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.

Compensation   Comp	
(A) Name and Title compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation compensation (i) (i) (ii) (ii) (ii) (iii)  (iii)  (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii	ompensation compensation 0.
SUSAN A. SINDERSON (0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	21,709. 240,055.
ANNE M. OLIVA  ON CARE VICE PRESIDENT 6 SECR  ON ON ON ON ON ON ON ON ON ON ON ON ON O	21,709. 240,055.
ANNE M. OLIVA  (I)  (II)  (III)  (IIII)  (III)  (III)  (IIII)  (IIII)  (III)  (III)  (III)  (IIII)  (III)  (III)	12,786. 194,656.
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	12,786. 194,656.
(ii) (iii) (iii) (iii)	
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Schedule J'(Form 990) 2019

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.

THE PROPERTY AND AND ASSESSED AS A SECOND CONTRACT OF THE PROPERTY AND ASSESSED AS A SECOND CONTRACT OF THE PROPERTY AND ASSESSED AS A SECOND CONTRACT OF THE PROPERTY AND ASSESSED AS A SECOND CONTRACT OF THE PROPERTY AS

### 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.

Department of the Treasury

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

gov/form990. Inspection

OMB No 1545-0047

Open to Public

Name of the organization GREENCASTLE OF BARRINGTON INC

36-3267264

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 SECURITY.

**EMPLOYEES** 

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

Employer identification number 36-3267264

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 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

Employer Identification number 36-3267264

WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE SUBJECT OF THE APPEAL, SHALL ABSTAIN FROM PARTICIPATING IN, DISCUSSING, OR VOTING ON DISCUSSION IS REQUESTED BY THE REMAINING THE RESOLUTION, UNLESS THEIR 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

Employer identification number 36-3267264

FINANCIAL STATEMENTS OF THE ORGANIZATION CAN BE FOUND ON THE INTERNET IN WEBSITES FOR NOT-FOR-PROFIT ORGANIZATIONS LIKE WWW.GUIDESTAR.COM.

### 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

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

ACQUIRE LAND AND CONSTRUCT BUILDINGS TO HOUSE LOW-INCOME ELDERLY AND

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Schedule	O	(Form	990	or:990-F2\-2019

Page 2

Name of the organization C/O EMBRACE LIVING COMMUNITIES

"GREENCASTLE OF BARRINGTON INC

Employer Identification number

36-3267264

ATTACHMENT 1 (CONT'D)

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

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.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

**ENDING** BOOK VALUE

PREPAID EXPENSES

37,675.

TOTALS

37,675.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

OMB No. 1545-0047

Employer Identification number 36-3267264

GREENCASTLE OF BARRINGTON INC C/O EMBRACE LIVING COMMUNITIES Department of the Treasury Internal Revenue Service Name of the organization

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 or foreign country)	(d) Total Income	(e) End-of-year assets	(f). Direct controlling entity.
E				1	-	
(2)						
(3)						
(4)					1	
(5)		; } ,		1	1	
(9)		ì	,			
Part	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	ns. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ng the tax year.	vered "Yes" on Fc	orm 990, Part IV,	line 34, because	e it had

(a) Name, address, and EIN of related organization	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempl 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 by?
e e	!	1					Yes	ş
(1) BAXONET POINT AREA HOUSING INC.	36-3696590	1						
1900 SPRING RD, STE 300	OAK, BROOK, IL 60523	AFFRDBL HSING	FL	501(C)(3)	509 (A)	N/A		×
(2) BETHEL AREA HOUSING INC	36-3696581			-				
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFROBL HSING	IL	501(C)(3)	509 (A)	N/A		×
(3) BETHEL AREA HOUSING SOUTH	36-3973915							
1900 SPRING RD. STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501(C)(3)	509 (A)	N/A		×
(4) ELMHURST AREA HOUSING INC	36-3246979						!	ľ
1900 SPRING RD STE, 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501(C)(3)	509 (A)	N/A		×
(6) ENGLEWOOD AREA HOUSING INC	36–3696607			-				
1900 SPRING, RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509 (A)	N/A		×
(6) CLENVIEW ELDERLY HOUSING INC.	36-3569408							
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	II	501(C)(3)	509 (A)	N/A		×
(7) GREENCASTLE OF GARFIELD INC	36-3631071						:	
1900 SPRING RD:STE 300	OAK, BROOK, IL 60523	AFFRDBL HSING IL	II	501(C)(3)	509 (A)	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form		990.				Schedule R (Form 990) 2019	(Form 99	0) 2019

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

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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

Related Organizations and Unrelated Partnerships

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

Open to Public 2019 Inspection

OMB No. 1545-0047

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

Employer Identification number 36-3267264

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

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. PartII

(a) Name, address, and EIN of related organization	ated organization	(b) Primary activity	(c) Legal domicie (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 y?	
							Yes	2	
(1) GREENCASTLE OF PALATINE INC	36-3895200								
1900 SPRING RD STE 300	CAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509 (A)	N/A		×	
(2) GREENCASTLE OF WOODLAWN INC	36-3724265								•
1900 SPRING RD SIE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A	-	×	
(3) IMMANUEL RESIDENCES INC	36-3724265								
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		×	
(4) KENHOOD AREA HOUSING INC	36-3696608								
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A	_	×	
(5) LIFELINK HOUSING CORPORATION INC	36-2915770								
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		×	
(6) MORGAN PARK AND BEVERLY AREA HOUSING INC	36-3359653				ş				
1900 SPRING RD STE 300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		×	
(7) HORGAN PARK AND BEVERLY HANDICAPPED INC	INC 36-3515819								
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	e the Instructions for Form 990.	0.				Schedule R (Form 990) 2019	Form 99	0) 2019	

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OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2019	Open to Public	Inspection

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

GREENCASTLE OF BARRINGTON INC

Department of the Tressury Internal Revenue Service Name of the organization

Employer Identification number 36-3267264

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

   	(a)	(q)	(c)	(9)	(0)	<b>(</b> 2)
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling sentity.
(E)						
(2)	- * **	•				
(3)						
			1	ŀ	1	
(4)						,
(5)		1		1		
			-	,		
(9)			-		1	
					l	,
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	e organization answ	rered "Yes" on Fo	rm 990, Part IV,	line 34, because	it had

	(b) Primary activity	(c)  Legal domicile (state or foreion country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled	) 12(b)(13) olled
	,					Yes	2
36-3244216							
OAK BROOK, IL 60523	AFFROBL HSING	II	501(C)(3)	509(A)	N/A	,	×
36-2980778							
	AFFRDBL HSING	IL	501 (C) (3)	509(A)	N/A		×
36-3696610					Ť		
	AFFRDBL HSING IL	II	501 (C) (3)	509 (A)	N/A		×
42-2100763		,	<u></u>		-		
OAK BROOK, IL 60523	AFFRDBL_HSING	T.	501(C)(3)	509 (A)	N/A	1	×
27-3663119		i	:				
OAK BROOK, IL 60523	PROPRTY MGMNT	II	501 (C) (3)	509 (A)	N/A		×
36-3305040	9						
OAK BROOK, IL 60523-	FUNDRAISING	IL	501 (C) (3)	509(A)	N/A		×
45-2652514							
OAK BROOK, IL 60523	AFFRDBL HSING IL	II'	501 (C) (3)	509 (A)	N/A		×

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

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Schedule R (Form 990) 2019

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2019	Open to Public

OMB No 1545-0047

Employer identification number Inspection

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

36-3267264

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

GREENCASTLE OF BARRINGTON INC

C/O EMBRACE LIVING COMMUNITIES

Department of the Treasury Internal Revenue Service Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

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. Part II

(a) Name, address, and EIN of related organization	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (If section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
							Yes	ş
(1) GREENCASTLE OF STERLING INC.	36-4209258							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDBL HSING	IL	501 (C) (3) 509 (A)	509 (A)	N/A		×
(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)	N/A		×
(3) EMBRACE LIVING CHARATIES	36-3696590							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	FUNDRAISING	IL	501(C)(3)	509(A)	N/A		×
(4) EMBRACE LIVING DEVELOPMENT	36-3729609							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	PROPRT MGMT	IL	501(C)(3)	509 (A)	N/A		×
(5) EMBRACE LIVING COMMUNITIES	36-3487477							
1900 SERING ROAD STE #300	OAK BROOK, IL 60523	PROPRTY MGMT	IL	501(C)(3)	509(A)	N/A		×
(6) GREENCASTLE OF ALLERTON	27-1954463							
1900 SPRING ROAD STE #300	OAK BROOK, IL 60523	AFFRDB HSING	IL	501(C)(3)	509(A)	N/A		×
(7) GREENCASTLE OF BIENTERRA	36-4126791							
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.	, see the Instructions for Form 9	90.	:			Schedule R (Form 990) 2019	(Form 99	0) 2019

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36-3267264

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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	► Attach to Form 990.	
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GREENCASTLE OF BARRINGTON INC

Name of the organization Department of the Treasury Internal Revenue Servoe

ÓMB No. 1545-0047 2019

Open to Public Inspection

► Go to www.irs.gov/Form990 for Instructions and the latest Information.

Employer Identification number 36-3267264

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 (e) End-of-year assets (d) Total income Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) (a) Address, and EIN (if applicable) of disregarded enbty C/O EMBRACE LIVING COMMUNITIES Part II Part 3 ල (5) (9) Ξ 3

(a) Name, address, and EiN of related organization	)) N of related organization	(b) Primary actunty	(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 ty?
		ī.	ļ			_	Yes	å
(1) GREENCASTLE OF LOVES PARK	36-4352754							
1900 SPRING ROAD STE #300	OAK BROOK, IL, 60523	AFFRDBL HSING IL	IL	501(C)(3)	509 (A)	N/A	_	×
(2) GREENCASTLE OF MULFORD	36-308261						_	
1900 SPRING ROAD STE #300;	OAK BROOK, IL 60523	AFFRDBL HSING IL	IL	501(C)(3)	509(A)	N/A		×
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Schedule R (Form 990) 2019

Page 2

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. Schedule R (Form 990) 2019

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d)  Olrect controlling entity	Predominant income (related, unrelated, excluded from tax under sections 5.12.	Share of total income	(g) Share of end-of- year assets	(h) Olipropodiorata elbesterat	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
		country)		(10-3100)			Yes No		Yes No	_ ·
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	,									,
Part IV Identification of Reliance it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax ways.	s Taxabl	e as a Corporati	is a Corporation or Trust. Complete if the organization ans	ete if the organ	ization answer	ed "Ye	s" on Form 990	, Part IV,	
Toomsoon in one of the second		200		ם מש מינים אינים מינים	in der den lige	וכ ומא לכמו.				

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(a) Name, address, and EIN of related organization	(b) Prmery activity	(c) Legal domicile	(c) (d) Legal domicie Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (ı) Share of Percentage Section	(h) Percentage	(i) Section
+	-	(state or foreign country)	entity	(Coomp, Soomp, or trust)	income	end-of-year assets	ownership	ontrolled entity?
	1	,		,				Yes No
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(2)			-			-		-
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						Schedule R (Form 990) 2019	(Form 990	) 2019

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# Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

				;	
Note: Complete line I in any entity is instead in Fatts II, III, of IV of this schedule.			Ţ		2
Dulling the tax year, and the organization engage in any or the	elated organizations is:	ied in Parts II-IV?		1	>
a Kecelpt of (i) interest, (ii) annuities, (iii) royalties, of (iv) rent from a controlled entity		• • • • • • • • • • • • • • • • • • • •	E -	+	د :
<b>b</b> Giff, grant, or capital contribution to related organization(s)			4	<del>,</del>	×
c Gift. grant, or capital contribution from related organization(s)	•		7		×
L Company of long and the second of the seco	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	1	T	۱×
	• • • • • • • • • • •				۱,
e Loans or loan guarantees by related organization(s)			10		×
f Dividends from related organization(s)		•	#		
a Sale of assets to related organization(s)			-		×
		• • • • • • • • • • • • • • • • • • • •		$\dagger$	>
n Furchase of assets from related organization(s).		•	F	1	:  ۲
I Exchange of assets with related organization(s)			<b>;=</b>		×
j Lease of facilities, equipment, or other assets to related organization(s)		•	1.		×
k Lease of facilities, equipment, or other assets from related organization(s)			¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)			=		×
	•			†	>
Periormance of services of membership of fundraising solici	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<b>E</b>	†	د >
		• • • • • • • • • • • • • • • • • • • •	<u>=</u> :	1	۲
o Sharing of paid employees with related organization(s)		• • • • • • • • • • • • • • • • • • • •	<b>?</b>	×	1
p Reimbursement paid to related organization(s) for expenses.		•	<u>+</u>	×	۱
q Reimbursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • • • • • •	-:-		×
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			<b>+</b>	+	×
ا			18	┪	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line; including		covered relationships and transaction thresholds	action thresholds	ó	
(a)	(q)	(0)	Đ		
Name of related organization	Transaction type (a-s)	Amount Involved	Method of determining amount involved	imining Aved	
(1) EMBRACE LIVING COMMUNITIES	0, P	325,975.	AMOUNT BI	BILLED	1 ,
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(3)	,			!	
(4)					1
(c)					1
(9)					
ASC		Sci	Schedule R (Form 990) 2019	990) 2	13

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

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicale	(d) Predominant	(e) Are all partners	Share of	Share of	ε		-	S 20	(k) Demontace
		(state or foreign country)	Income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-of-year assets	Usproportionale allocations?	amount in box 20 of Schedule K-1	-120 	anaging artner?	managing ownership
			sections 512-514)	Yes No		:	Yes	No	Yes	s No.	
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Schedule R (Form 990) 2019

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