



**2020 S.L. Gimbel Foundation
Fund
Grant Application**

Internal Use Only: Grant :
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Organization / Agency Information

1) Organization/Agency Name: Housing Opportunities & Maintenance for the Elderly (H.O.M.E.)		
2) Physical Address: 1419 W Carroll Ave, Floor 2 Chicago, IL 60607-1149		City/State/Zip
3) Mailing Address: 1419 W Carroll Ave, Floor 2 Chicago, IL 60607-1149		City/State/Zip
4) CEO or Director: Gail Schechter, Executive Director		Title:
5) Phone: (773) 295-2711	6) Fax: N/A	7) Email: GailS@HomeSeniors.org
8) Contact Person: Cassidy Olson, Director of Development		Title:
9) Phone: (773) 921-3200	10) Fax: N/A	11) Email: CassidyO@HOMEseniors.org
12) Web Site Address: https://www.homeseniors.org/		13) Tax ID: 36-3172591

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

14) Program/Project Name: Shopping Bus Program		15) Amount of Grant Requested: \$25,000	
16) Total Organization Budget: \$2,080,461	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 82%	18) Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 9%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 18%
20) Purpose of Grant Request (one sentence): We are pleased to request a one-year grant from the S.L. Gimbel Foundation for \$25,000 to support the Shopping Bus Program, connecting seniors living in senior buildings in Chicago with full-service grocery stores to access fresh foods and household essentials.			
21) Program Start Date (Month and Year): October 2020 – September 2021		22) Program End Date (Month and Year):	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) N/A			

Signatures

24) Celeste King, Board President Date: 7/24/2020	Signature:
25) Gail Schechter, Executive Director Date: 7/24/2020	Signature:

2020 S.L. Gimbel Foundation Fund APPLICATION
Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins**. Use the format below (I to IV). Type the question. Type your complete answers to the question directly below the question. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission and/or purpose of your organization?

Committed to improving the quality of life for Chicago's low-income elderly, H.O.M.E. helps seniors remain independent and part of their community by offering opportunities for intergenerational living and by providing a variety of citywide support services.

In 1982, Michel and Lilo Salmon founded H.O.M.E. to provide practical housing services to low-income seniors in Chicago. H.O.M.E. began by finding affordable housing for displaced seniors. In 1983, the Salmons' vision of an affordable housing alternative took the form of the Pat Crowley House, 17 units of intergenerational group living in a rehabbed three-story brick building in the Edgewater neighborhood. The first model and facility of its kind in Chicago, it was a progressive idea rooted in the notion that it is beneficial for the elderly to live among people of all ages in a community setting. To this day, H.O.M.E.'s intergenerational housing model integrates older adults with families and young adults in a cooperative community setting. That vision extended to the development of housing support programs delivered in their homes or neighborhoods.

H.O.M.E. offers 78 units of multigenerational independent housing in three affordable buildings with a choice of private or shared living. H.O.M.E. also helps low-income seniors maintain their independence through a home upkeep and repair service, shopping bus, and moving assistance. Finally, H.O.M.E. connects volunteers to homeowners with painting or weatherization needs, or to help in its buildings as a friendly visitors or guest chef.

Lifting up the unique stories and talents of each older adult is far more salutary in improving the person's quality of life than emphasizing deprivation and need. Instead of providing "treatment" – which perpetuates the "other-ing" of older adults – H.O.M.E. is passionate about an approach that integrates and empowers Chicago's underserved seniors.

H.O.M.E. has helped thousands of seniors living in poverty in a person-centered way that recognizes their gifts as well as their needs. For over 37 years, H.O.M.E. has been the only organization in the City of Chicago to offer housing and housing supports to low-income seniors.

B) How long has the organization been providing programs and services to the community?

H.O.M.E. was founded in 1982 to provide housing solutions for low-income seniors and has since built a full suite of programs to support seniors' ability to live independent and socially engaged lives in Chicago. The Shopping Bus Program, which this the focus of this application, was established in 1991 to individuals living in senior buildings throughout Chicago.

C) What are some of your past organizational accomplishments (last three years)?

Shopping Bus: H.O.M.E.'s Shopping Bus Program, which provides safe transport to seniors from their residence to a nearby store where they can shop for groceries and household essentials, has a demonstrated track record of excellence. In 2019 H.O.M.E. provided 3,304 trips to low-income seniors of 28 buildings concentrated on Chicago's South and West sides, exceeding its goal of 2,500 trips by 32%. Beyond numerical measures of success, Ernest, H.O.M.E.'s Shopping Bus Driver of over 10 years, fosters a culture of connection and care on the bus. Beloved by riders, Ernest "goes the extra mile" as a rule by helping seniors in and out of the grocery store and will even carry their groceries into their building for them. As one rider puts it "there are a lot of ways I could get to the grocery store but that is all I get—a ride. Ernest cares about us."

COVID-19 Food Access Response: By the end of March 2020 H.O.M.E had already provided 1,700 trips to low-income seniors living in 30 buildings (68% of its annual goal at 50% of the fiscal year). With the pandemic and state shutdown, H.O.M.E. suspended the Shopping Bus Program. Recognizing that the needs of low-income seniors were only going to increase as they remained isolated in their homes, H.O.M.E. quickly applied to and was awarded funding from the Chicago Community COVID-19 Response Fund to provide groceries free of charge for seniors who have utilized its community programs, as well as to supply prepared meals to the residents of the organization's intergenerational buildings. As the state slowly resumes operations, H.O.M.E. is committed to running this program through the end of 2020 to ensure the seniors it serves can safely access fresh food and essentials.

Upkeep & Repair Plus: H.O.M.E. recently partnered with Rush University Medical Center to expand our Upkeep and Repair Program to offer Community Aging in Place-Advancing Better Living for Elders (CAPABLE) to low-income senior homeowners on the South and West Sides. The evidence-based model developed by Johns Hopkins adds an Occupational Therapist and Registered Nurse to our repair team to address environmental and functional risks that impact a senior's health. The Upkeep & Repair program has been helping senior homeowners to access affordable repairs for over 20 years. With Upkeep & Repair Plus, H.O.M.E. and Rush helps older adults to live safely in their homes.

Intergenerational Housing Expansion: A central goal of H.O.M.E.'s 2017-2022 Strategic Plan is to expand our unique intergenerational housing to the South or West Sides of Chicago. To this end, we assembled a Housing Task Force composed of H.O.M.E. Board members, staff members, and community stakeholders. In 2019, the Housing Task Force worked with a graduate student in Urban Planning at the University of Illinois at Chicago to understand and evaluate H.O.M.E.'s intergenerational housing model as it has actually been practiced. The research informed a prospectus for future development and a definition of our model for national replication purposes. In the summer of 2019, H.O.M.E. released its succinct prospectus, "Concept for a New Intergenerational H.O.M.E. Community," and shared it with potential South and West side community partners.

It is important to H.O.M.E. that its housing be woven into a neighborhood's vision for itself. That is why in seeking partners, H.O.M.E. began with those communities whose groups have come together through a "bottom-up" process to create, e.g., Quality of Life Plans. At the close of 2019, H.O.M.E. narrowed down its top partnership candidates to those in Austin and

Bronzeville. H.O.M.E. since secured a HUD Section 4 capacity building grant through Enterprise Community Partners to engage a consultant, Teresa Prim of Prim Lawrence Group, to train staff in the development process and help secure the partnerships.

D) What are your key programs and activities?

H.O.M.E. implements five core programs as an organization. They are each tied to a unique need identified by the community.

Intergenerational Housing: H.O.M.E. owns, manages, and maintains three affordable buildings dedicated to intergenerational living, which enables low-income seniors to live in private apartments or, for those who desire community, Good Life Senior Residences. *Intergenerational living* is an innovative concept based on the idea that seniors should not be segregated from other generations and that people of all ages benefit from connecting with one another in daily life. Indeed, H.O.M.E. recognizes that living in community is as an important a human need as food and shelter. Our intergenerational homes provide a family-like environment for those who wish to connect and share with other generations on a daily basis.

Upkeep and Repair: H.O.M.E.'s three full-time Home Repair Specialists and one part-time volunteer ensure that senior homeowners enjoy healthy and safe living conditions by conducting electrical, plumbing, and carpentry repairs in low-income neighborhoods south of North Avenue – including the Humboldt Park, Englewood, Washington Heights, Pullman, Roseland and Riverdale communities in Chicago. For these homeowners, an expensive emergency repair can be devastating, to their health or finances, which can lead to displacement, often unnecessarily, to a nursing home. Homes that are left in disrepair can pose risks for falls or other injuries or exasperate respiratory conditions. Launched in 2000, our affordable service helps seniors remain safely in their own homes for as long as possible. In mid-2019, H.O.M.E. launched Upkeep and Repair “Plus,” a partnership with Rush University Medical Center to add occupational therapy and nursing home visits to seniors who request it, using the Community Aging in Place-Advancing Better Living for Elders (CAPABLE) model developed by Johns Hopkins School of Nursing to combine home repairs and health assessments to help seniors live safely in their own homes.

Shopping Bus: H.O.M.E.'s wheelchair-accessible Shopping Bus serves older adults living in affordable senior buildings throughout Chicago. Seniors are provided safe transport from their residence to a nearby store where they can shop for groceries, medication, and household goods. Unlike other transportation services that seniors might access, our driver helps them with their groceries as they get on and off the bus and normally carries their groceries into their building for them, thereby alleviating the problem of choosing food based on its weight rather than its nutritional value.

Moving: H.O.M.E.'s Moving Program is a beacon of help for seniors, predominantly from the south and west sides. Whether they choose to move to more accommodating housing within their own neighborhood (about half the moves), or elsewhere within the City of Chicago, H.O.M.E. helps to stabilize the lives of low-income seniors through the Moving Program. The Program

provides seniors moving within the City with support during one of life’s most stressful experiences: moving from one home to another.

Volunteer: Volunteers work with residents living in H.O.M.E.’s buildings and those seniors who live independently in communities throughout Chicago. At our houses, volunteers cook on weekends, facilitate activities, garden, paint, and do seasonal cleaning. H.O.M.E. volunteers also weatherize and do interior painting for low-income senior homeowners. The dedication of time by volunteers helps our clients maintain their independence and, as such, they are more likely to age in community. We also see a decrease of social isolation and an increase of safety. We believe this leads to more vibrant and stable communities.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

H.O.M.E. renders visible the often invisible and undervalued older adult. The older adults H.O.M.E. serves are at risk of displacement, many living on the money they receive from Social Security with need home repairs, lacking access to fresh foods, and often social isolated. Beyond this, many face further barriers due to known disparities for women and people of color.

Specifically, the population H.O.M.E. serves includes: 74 percent identify as female and 26 percent as male; 68 percent identify as African American, with 24 percent as White, 3 percent as Hispanic, and 5 percent as Asian or Pacific Islander. Most live on the \$771 they receive from Social Security with no other financial or family support.

In the past fiscal year, H.O.M.E. was able to reach 550 seniors through our programs. Prior to the COVID-19 pandemic, H.O.M.E was on track to meet its goal of reaching 600 seniors in 2020.

Geographically, H.O.M.E. serves seniors in the city of Chicago, IL, primarily in areas just West and South of the downtown area in often overlooked and disinvested neighborhoods.

II. Project Information:

A) Statement of Need

1. Specify the community need(s) you want to address and are seeking funds for.

According to a report by the Center for Community Health Equity and the City of Chicago (2019), “16% of older adults live below the Federal Poverty Level and 25% live in areas of high economic hardship. Almost half of Chicago’s older adults would not be able to afford an unexpected \$400 emergency expense.” Nearly half of older adults in Chicago, or 102,000 senior households, earn less than \$30,000 a year and struggle to make ends meet. Nearly 4 of 5 older Chicagoans who rent and more than 1 in 3 homeowners can barely afford food, medicine and other necessities.

Chicago’s older adult population will double in size by 2030. With this population increase, the number of seniors living in poverty will also rise and the demand for our services will undoubtedly increase as well. Isolation and disability further threaten seniors’ health and well-being, and being financially vulnerable makes it nearly impossible to pay for in-home services

and transportation. According to a study by the Greater Chicago Food Depository (2017), low-income older adults in Cook County often skip meals, eat less often than they know they should, eat smaller meals, or eat food they know is bad for their health; in some cases, they go without a meal for a full day.

- **Food insecurity and access to healthy food:** A Greater Chicago Food Depository survey found that 72 percent of older adults interviewed were determined to be at “high nutritional risk.” Almost a third reported being unable to obtain food because of an illness or physical limitation even though they could afford food. Some reported that they avoid buying more nutritious products like meat, produce, and milk because they are too heavy to carry. Instead they are forced to purchase fewer foods or lighter weight, less nutritious foods.
- **Desire to remain living independently without the resources to do so safely:** Nearly 90 percent of seniors ages 65 and older want to live in their own homes and communities for as long as possible, according to AARP. According to the Housing America’s Older Adults study (2014), the lack of accessible, affordable housing can result in premature stays in nursing homes or the inability to return home after a hospitalization.

Access to high-quality, affordable food is virtually unattainable in Chicago’s South Side and West Side neighborhoods where the housing buildings are located. As described below, H.O.M.E.’s programs provide simple solutions to these complex issues.

B) Project Description

1. Describe your project. How does your project meet the community need?

H.O.M.E.’s Shopping Bus Program provides access to healthy food options and medical and home supplies for Chicago’s low-income seniors who are at risk of homelessness. Seniors are given free, safe transportation in H.O.M.E.’s 12-passenger accessible bus from their residence to a nearby store where they can shop for groceries, medications and other household items. Upon returning home, our driver helps the seniors with their bags and ensures they are safe before leaving. The Shopping Bus has the added benefit as a social outing. Seniors enjoy the camaraderie of a trip together, taking them safely to and from their homes.

Shopping Bus Goal and Objectives: To provide access to healthy food options and medical and home supplies for Chicago’s low-income seniors

- Provide 2,500 shopping trips to low-income seniors
- 75 percent of client satisfaction surveys respondents will report that they have access to fresh, healthy foods that they otherwise would not have had

Many of the buildings served by the Shopping Bus Program are located in Chicago’s most economically disinvested neighborhoods on the South and West Sides where access to fresh, affordable food is virtually unattainable. Over half of the older adults who use the Shopping Bus require walkers or wheelchairs to get around, making public transportation difficult or completely inaccessible to them. Our Shopping Bus is often the only means that our riders have to get to and from grocery stores. Many of the seniors H.O.M.E serves are elder orphans, people who age alone. To these riders, **the Shopping Bus is a lifeline**. As one passenger wrote in H.O.M.E.’s 2019 satisfaction survey, “I am thankful for this bus. It is all I have for shopping.”

While the seniors ride for free, building owners and management companies are asked to pay a nominal fee, which covers less than half of the program’s operating costs.

After suspending the Shopping Bus Program as a result of COVID-19, H.O.M.E will resume the program in August with strategies to provide for safety. H.O.M.E will provide an increased number of trips per building in order to maintain social distancing on our bus. The 12-passenger bus will safely allow for no more than 7 passengers at a time. Passengers will be required to wear facemasks and cleaning will increase in high-touch areas. H.O.M.E. knows this will require additional time and funding, but believes it is a necessary adjustment to care for its senior bus riders and staff.

2. What is unique and innovative about this project?

No other organization provides a Shopping Bus for senior buildings in Chicago. H.O.M.E. is most proud of the way the Shopping Bus Program embodies its mission to foster joy, connection, and independence for low-income Chicago seniors. H.O.M.E.’s caring senior-centered approach, emphasizing safety, trustworthiness, and patience, stands out in contrast to the social isolation imposed on too many older adults. While the program serves practical needs for its riders, H.O.M.E. recognizes that sharing a bus ride, saying hello, sharing a joke and a story with others can make a difference too. This culture of togetherness and generosity thrives on the shopping bus and beyond, as over 66 percent of riders report shopping for neighbors that live in their buildings.

The Shopping Bus Program goes beyond providing transportation. The Shopping Bus staff provide assistance to seniors in getting on and off the bus, navigating the stores, and carrying in purchases. H.O.M.E. is also invested in the partnerships with building owners and managers. Working closely with managers allows H.O.M.E. to plan our services to best provide services for the seniors.

C) Project Goal, Objectives, Activities and Expected Outcomes

- 1. Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, “number served, or acres improved”). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

- 2. State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
- 3. State One Objective. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization’s activities toward achieving the goal. Specify the activities you will undertake to meet the objective and number of participants for each activity.**
- 4. State One Outcome are the individual, organizational or community-level changes that can reasonably occur during the grant period as a result of the proposed activities**

or services. What are the key anticipated outcomes of the project and impact on participants? State in quantifiable and verifiable terms.

5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured?

Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process. Please state the number of people/clients that you will be evaluating (should be the same number stated in your Objective.)

Use the following format for your objectives, respective activities and expected outcomes:

STATE THE GOAL, OBJECTIVES, AND OUTCOMES

Goal: To provide access to healthy food options and medical and home supplies for Chicago's low-income seniors

Objective: Provide 2,500 shopping trips to low-income seniors in fiscal year 2021

Activities:

1. Build and maintain partnerships with at least 25 senior housing buildings in neighborhoods with scarce access to healthy food
2. Establish consistent schedule and route for the Shopping Bus while adhering to strict social distancing and cleaning practices
3. Provide shopping trips for low-income seniors from housing to appropriate grocery and full-service stores consistently over the course of the year
4. Ensure that trips are an enjoyable, satisfying experience for seniors.

Outcome: We expect to complete 2,500 shopping trips with low-income seniors from October 1, 2020 – September 30, 2021.

Evaluation: Our Bus Driver will document daily trips and the number of seniors on each trip and maintain a record in our newly developed database, Apricot. Seniors will report satisfaction levels in an annual program survey.

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate. The start date and end date should be the same dates on the cover page.

October 1, 2020 – September 30, 2021

E) Target Population

1. Who will this grant serve?

The requested funding will go to supporting seniors living on low fixed incomes in disinvested neighborhoods in Chicago. Additionally, many of the seniors live in neighborhoods where access to grocery stores, medical supplies, and household essentials are limited. Finally, many of the participating seniors require transportation assistance, including physical accommodations such as walkers and wheelchairs, presenting a significant barrier to available public transportation.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

Each month the Shopping Bus transports 10 residents on average from 30 buildings once or twice a month, depending on the contract, and completes 275 trips. COVID-19 may influence these figures in the coming year as some seniors may be wary of shopping in public. Our staff is in regular contact with building managers and participants to determine their comfort level of riding in the bus and if there are additional services H.O.M.E. can offer them. All of them, including the Chicago Housing Authority, are interested in resuming.

F) Projects in the Community

1. How does this project relate to other existing projects in the community?

The Shopping Bus Program places H.O.M.E. in a dedicated community of nonprofits, community initiatives, and government programs that work towards a common goal of increasing access to health food and household essentials on the South and West sides of Chicago.

2. Who are your community partners (if any)?

H.O.M.E. provides service to residents of eight Chicago Housing Authority buildings and other senior housing providers.

3. Who else in the community is providing this service or has a similar project?

Other organizations with similar programs to H.O.M.E.'s Shopping Bus include: Meals on Wheels, My Block My Hood My City *Seniors Wellness Checks*, and Little Brother's Friends of the Elderly *Food Bag Program*.

4. How are you utilizing volunteers?

The program does not utilize volunteers.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Grant funds will be used to supplement the low fees building management companies pay for their senior tenants to access the Shopping Bus service. The costs associated with running the program include staff (e.g., Bus Driver salary and management), transportation costs (e.g., gas and maintenance for the bus), the lease for the bus, administrative costs, and other smaller expenses outlined in the project budget. Per the detailed project budget below, the \$25,000 requested from S.L. Gimbel Foundation will cover nearly all costs associated with the shopping bus vehicle including leasing (\$18,750), vehicle mileage (\$1,000), fuel (\$5,000), and a portion of repairs (\$250).

III. Project Future

A) Sustainability

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

H.O.M.E. has been serving seniors since 1982 and continues to thrive in part to several key elements. Our services continue to be needed by low-income seniors. The realities of aging in place are incredibly complex and challenging and H.O.M.E. has consistently achieved high quality results. As a result, H.O.M.E. is fortunate to have achieved diversified funding including foundation grants, corporate contributions, individual gifts, and one small government contract. The relationship we have with our donors has led to long-term giving and has been a consistent strength of H.O.M.E.'s with some supporting the mission since its inception over 37 years ago. In addition, H.O.M.E. supplements the costs of its programs with earned revenue from fees charged to the building management companies. In 2019, our affordable fees across programs, including rent and repair labor made up approximately 42% of our operating budget. Beyond this, the long-term financial health is a priority of the Board and a bequest policy was established to be designated as reserve funding.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

The Board of Directors is made up of fourteen leading professionals that embrace H.O.M.E.'s mission to serve low-income seniors through intergenerational housing and community services. The Board is diverse by race, gender identity, and geography. Led by Board President Celeste King, an attorney, three of the four officer positions are currently held by women, including one woman of color. Members bring a wide variety of professional experience to H.O.M.E., including law, finance, and the senior services industry. In addition to their legal responsibilities, they play an active role in H.O.M.E.'s operations and decision making, particularly through standing committees.

2. What committees exist within your board of directors?

H.O.M.E.'s Board of the Directors has committees for the following interest areas: Development, Diversity Equity Inclusion, Strategic Plan Oversight, Program Oversight, Facilities Management, Board Affairs, and Finance. In addition, H.O.M.E. has a Housing Task Force, a team of board members, H.O.M.E. staff, and community members overseeing the planning of a new intergenerational housing building on the south side.

3. How does the board of directors make decisions?

Decisions that require approval from the Board of Directors are made through a simple voting process or consensus. When decision topics intersect with interest areas of the committees, the chair will make a presentation at the bi-monthly meeting and call a vote.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

Mike Laz, Community Programs Director

The Shopping Bus Program is supervised by Mike Laz, Community Programs Director. Mike joined H.O.M.E. nearly seventeen years ago as the Warehouse Manager. In his current role he oversees all of H.O.M.E.'s community programs including the Shopping Bus, Upkeep and Repair, Moving Program, and Volunteer Program. Mike has Bachelors of Education from Northeastern Illinois University. As one of organizations longest standing employees, he is an

expert on all things H.O.M.E. He is the first point of contact for seniors inquiring about services and he is, as one returning client of the Upkeep and Repair program puts it, adept at establishing “immediate rapport and it’s been that way ever since.”

Ernest Dixon, Shopping Bus Driver

Ernest joined H.O.M.E. in 2003 as a crew member in the now defunct furniture donation and moving program. In 2010 he became the Shopping Bus Driver. Ernest is a relationship builder. With his deep respect for seniors, he creates an atmosphere of joy on the bus where conversation flows freely, and generosity is abundant. Over the years, Ernest has developed hundreds of long-lasting friendships with senior riders including Velma, 97, who says “I’m not too steady on my feet so one day I asked Ernest to help me [around the store] and he’s helped me ever since.”



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248574153
Feb. 16, 2011 LTR 4168C E0
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HOUSING OPPORTUNITIES & MAINTENANCE
FOR THE ELDERLY INC
% BRUCE OTTO
1419 WEST CARROLL AVE FLOOR 2
CHICAGO IL 60607

Employer Identification Number: 36-3172591
Person to Contact: MS. JOCKERS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Feb. 07, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in MAY 1982.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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HOUSING OPPORTUNITIES & MAINTENANCE
FOR THE ELDERLY INC
% BRUCE OTTO
1419 WEST CARROLL AVE FLOOR 2
CHICAGO IL 60607

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

2020 S.L. Gimbel Foundation APPLICATION

V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your **entire** project by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost**
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
- 4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Employee salaries and wages	Driver (Ernest Dixon): 40 hours/week x \$17.34/hr x 50 weeks = \$34,680 Supervisor (Mike Laz): 16% of annual salary of \$56,840 = \$9,118	\$41,297	\$2,500	\$0	\$43,797
Employee benefits (health, dental, 403B)	Salary / wage \$43,717 x 18% = \$7,963	\$7,963	\$0	\$0	\$7,963
Vehicle mileage, parking, tolls	\$83.33 x 12 months = \$1,000	\$0	\$0	\$1,000	\$1,000
Vehicle fuel, oil change, carwash	\$416.66 x 12 months = \$5,000	\$0	\$0	\$5,000	\$5,000
Vehicle lease	\$1562.50 x 12 months = \$18,750	\$0	\$0	\$18,750	\$18,750
Vehicle repairs		\$2,250	\$0	\$250	\$2,500

TOTALS:		\$51,510	\$2,500	\$25,000	\$79,010
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B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Employee Salaries and Wages
 - Ernest Dixon, Shopping Bus Driver: Drive seniors to and from the grocery store, including riders using mobility devices and wheelchairs. Assists in carrying items for seniors into their home.
 - Mike Laz, Community Program Director: Supervises program. Maintains relationships seniors building managers. Manages accounts payable / receivable. Conducts client surveys. Salary allocation is based on time usage reports.
2. Employee Benefits
 - H.O.M.E. provides medical and dental insurance as well as 403b retirement plan.
3. Vehicle mileage, parking, tolls
 - Covers cost to park bus and use highway when traveling to neighborhood or stores that are far away. H.O.M.E. incurs cost when bus exceeds mileage stipulated in lease. Figure based on previous year usage reports.
4. Vehicle fuel, oil change, car wash
 - Covers cost of fuel to and from buildings as well as oil changes and car washes stipulated in vehicle lease. Figure based on previous year usage reports.
5. Vehicle lease
 - Covers monthly vehicles lease cost.
6. Vehicle repairs
 - Covers cost of wear and tear repairs to vehicle such as floor mats damaged by mobility devices. Figure based on previous year usage reports.

2020 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Henry E. Niles Foundation	\$2,500
Earned income from senior building management companies	\$52,000
Funding from general operating support	\$41,512

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$286,467	13%	Earned Income	\$909,636	40%
Fundraising/Special Events	\$108,437	5%	Bequests	\$270,720	12%
Corp/Foundation Grants	\$648,210	28%	Other	\$7,832	>1%
Government Grants	\$62,843	3%			

**Notes: Figures above come from our most recent fiscal year: FY19 – 10/1/2018 – 9/30/2019
Investments represent -1% of revenues at a loss of \$15,605**

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Housing Opportunities and Maintenance for the Elderly

Most Current Fiscal Year (Dates): From 10/1/2019 To :9/30/2020

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$2,080,461	\$1,704,080	\$180,047	\$196,334

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	82%	9%	9%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization’s <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
\$187,390 / \$1,881,019 = 10%	\$180,047 / \$1,080,461 = 9%	+1%

If the differential is above (+) or below (-) **10%**, provide an explanation:

S.L. Gimbel Foundation APPLICATION

**The following figures are pulled from a financial report to H.O.M.E.'s Board of Directors
(updated through 5/31/2020)**

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$233,260	\$38,506	\$54,694	4.96

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end -\$6,693	Excess or (Deficit) Prior fiscal year end - \$39,652
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Notes:

**H.O.M.E.**

Housing Opportunities & Maintenance for the Elderly

Board of Directors - FY2020

Name	Address	City	ZIP	Year joined
King, Celeste - President Walker Wilcox Matousek LLP	1440 N Lake Shore Drive	Chicago	60610	2016
McCarron, Jan - Vice President Retired, Loyola Community Nursing Center	1425 Noyes Avenue	Evanston	60201	2014
Moy, Cindy Allstate	2102 Brandywyn Lane	Buffalo Grove	60089	2017
Kolschowsky, Tim - Treasurer Kolschowsky Foundation	785 Apache Crt	Lake Zurich	60047	2013
Baté-Ambrus, Venoncia Dominican University	3846 Morton	Brookfield	60513	2019
Harris, Christian MaidPro Oak Park	1245 N. Kenilworth	Oak Park	60302	2019
Martin, Bruce Chase	642 North Elmwood	Oak Park	60302	2017
Overstreet, Taylor Relativity	2611 N Drake Ave, #2	Chicago	60647	2018
Philpott, Katie Motorola Solutions	1934 Middleton Dr	Wheaton	60189	2017
Rice, Joel - President Fisher & Phillips	275 N Ridgeland	Elmhurst	60126	2012
Stephenson, Karen Home Instead Senior Care Chicago	4736 N Marine Drive	Chicago	60640	2016
Turner, Seymour SMT Strategy	849 W George St	Chicago	60657	2018
Winick, Brad Planning/Aging; University of Illinois at Chicago	1143 S Plymouth Ct	Chicago	60605	2015
Yedinak, George	4809 N. Ravenswood	Chicago	60640	2018

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1419 W CARROLL AVE, SUITE 2 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60607 F Name and address of principal officer: GAIL SCHECHTER SAME AS C ABOVE	D Employer identification number 36-3172591 E Telephone number (773) 921-3200 G Gross receipts \$ 2,173,415. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HOMESENIORS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1982		M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR CHICAGO'S LOW-INCOME ELDERLY, "HOUSING		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,160.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,788,620.	1,150,255.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	731,012.	845,171.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,796.	40,826.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-10,801.	-12,347.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,524,627.	2,023,905.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,286,305.	1,482,247.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 196,334.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	540,954.	598,214.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,827,259.	2,080,461.
19	Revenue less expenses. Subtract line 18 from line 12	697,368.	-56,556.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	6,333,746.	5,932,568.
22	Net assets or fund balances. Subtract line 21 from line 20	3,200,295.	2,838,768.
22		3,133,451.	3,093,800.

Part II Signature Block

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

Sign Here	Signature of officer GAIL SCHECHTER, EXECUTIVE DIRECTOR Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name THOMAS G. ANDREWS	Preparer's signature _____
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 04/01/19
	Firm's address ▶ 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523	Check if self-employed <input type="checkbox"/> PTIN P00095596
		Firm's EIN ▶ 41-0746749
		Phone no. (630) 573-8600

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

HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.

Form 990 (2017)

36-3172591 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
H.O.M.E. HELPS LOW-INCOME SENIORS IN CHICAGO MAINTAIN THEIR INDEPENDENCE BY PROVIDING A HOME UPKEEP AND REPAIR SERVICE, SHOPPING BUS, MOVING ASSISTANCE AND THREE AFFORDABLE APARTMENT BUILDINGS WHERE SENIORS CAN LIVE COMFORTABLY IN AN INTERGENERATIONAL ENVIRONMENT.

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

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

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

4a (Code:) (Expenses \$ **1,095,691.** including grants of \$) (Revenue \$ **808,927.**)
INTERGENERATIONAL HOUSING: THREE AFFORDABLE AND SAFE RESIDENTIAL BUILDINGS OFFERING INDIVIDUAL APARTMENTS OR A SHARED LIVING COMMUNITY FOR SENIORS WHO NEED SOME ASSISTANCE. HOUSEHOLDS SERVED: 71 SENIORS, 11 CHILDREN AND 28 YOUNGER ADULTS.

4b (Code:) (Expenses \$ **363,421.** including grants of \$) (Revenue \$ **16,118.**)
UPKEEP AND REPAIR: HOME MAINTENANCE AND REPAIR SERVICES THAT ENSURE SENIORS ENJOY HEALTHY AND SAFE CONDITIONS LIVING IN THEIR OWN HOMES. 885 REPAIRS, 110 HOUSEHOLDS SERVED.

4c (Code:) (Expenses \$ **107,703.** including grants of \$) (Revenue \$ **4,420.**)
MOVING: IN PARTNERSHIP WITH COMMERCIAL MOVERS, WE PROVIDE ASSISTANCE BEFORE AND DURING THE MOVE TO SENIORS MOVING FROM ONE CHICAGO ADDRESS TO ANOTHER. 72 MOVES COMPLETED IN 2018.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **137,265.** including grants of \$) (Revenue \$ **38,095.**)

4e Total program service expenses **1,704,080.**

Form 990 (2017)

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Form 990 (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	17		
b Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
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			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GAIL SCHECHTER - 773-921-3200**
1419 W CARROLL, FLOOR 2, CHICAGO, IL 60607

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATE KRAJCI SECRETARY	1.00	X		X				0.	0.	0.
(2) PAMELA S. GECAN DIRECTOR	1.00	X						0.	0.	0.
(3) TIM KOLSCHOWSKY TREASURER	1.00	X		X				0.	0.	0.
(4) JAN MCCARRON VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) CELESTE KING DIRECTOR	1.00	X						0.	0.	0.
(6) SEAN YOUNG DIRECTOR	1.00	X						0.	0.	0.
(7) BRAD WINICK DIRECTOR	1.00	X						0.	0.	0.
(8) JOHN WIEDEMANN DIRECTOR	1.00	X						0.	0.	0.
(9) KATIE PHILPOTT DIRECTOR	1.00	X						0.	0.	0.
(10) JOEL RICE PRESIDENT	1.00	X		X				0.	0.	0.
(11) MICHELLE NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(12) KAREN STEPHENSON DIRECTOR	1.00	X						0.	0.	0.
(13) CINDY MOY DIRECTOR	1.00	X						0.	0.	0.
(14) BRUCE MARTIN DIRECTOR	1.00	X						0.	0.	0.
(15) ANGELICA MARKS DIRECTOR	1.00	X						0.	0.	0.
(16) TAYLOR OVERSTREET DIRECTOR	1.00	X						0.	0.	0.
(17) SEYMOUR TURNER DIRECTOR	1.00	X						0.	0.	0.

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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 related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE YEDINAK DIRECTOR	1.00	X					0.	0.	0.	
(19) BRUCE A. OTTO EXECUTIVE DIRECTOR	40.00			X			98,402.	0.	2,299.	
1b Sub-total							98,402.	0.	2,299.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							98,402.	0.	2,299.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	90,620.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	64,725.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	994,910.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,150,255.				
	Program Service Revenue	2 a RENT FROM INTERGENERAT	Business Code 531390	807,076.	807,076.		
b SHOPPING BUS REVENUE		531190	38,095.	38,095.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			845,171.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,156.			41,156.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		100,069.			
		c Gain or (loss)		-330.			
	d Net gain or (loss)		-330.			-330.	
	8 a Gross income from fundraising events (not including \$ 90,620. of contributions reported on line 1c). See Part IV, line 18	a	14,705.				
		b Less: direct expenses	b	49,441.			
c Net income or (loss) from fundraising events			-34,736.			-34,736.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	531390	22,389.	22,389.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		22,389.					
12 Total revenue. See instructions.		2,023,905.	867,560.	0.	6,090.		

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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,147.	86,789.	10,715.	9,643.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,301,111.	1,098,583.	86,796.	115,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,173.	6,538.	1,117.	3,518.
9 Other employee benefits	23,570.	14,302.	2,532.	6,736.
10 Payroll taxes	39,246.	22,846.	7,161.	9,239.
11 Fees for services (non-employees):				
a Management				
b Legal	912.		912.	
c Accounting	16,000.		16,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,203.	6,373.	18,687.	4,143.
12 Advertising and promotion	17,607.			17,607.
13 Office expenses	54,009.	23,297.	17,976.	12,736.
14 Information technology				
15 Royalties				
16 Occupancy	52,292.	36,248.	7,463.	8,581.
17 Travel	52,295.	51,723.	536.	36.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,625.		2,625.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,512.	221,512.		
23 Insurance	47,378.	31,585.	7,481.	8,312.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	101,836.	101,836.		
b BAD DEBT EXPENSE	2,254.	2,254.		
c MISCELLANEOUS EXPENSES	291.	194.	46.	51.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,080,461.	1,704,080.	180,047.	196,334.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	556,064.	1	57,441.	
	2 Savings and temporary cash investments	815,464.	2	1,533.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	73,729.	4	75,617.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	23,284.	9	32,907.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,863,696.			
	b Less: accumulated depreciation	3,874,232.			
	11 Investments - publicly traded securities	4,117,375.	10c	3,989,464.	
	12 Investments - other securities. See Part IV, line 11	700,948.	11	1,725,881.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	46,882.	14	49,725.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,333,746.	15	5,932,568.		
Liabilities	17 Accounts payable and accrued expenses	85,104.	16	85,027.	
	18 Grants payable		17		
	19 Deferred revenue	6,400.	18	3,200.	
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties	3,108,791.	22	2,750,541.	
	24 Unsecured notes and loans payable to unrelated third parties		23		
	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		24		
	26 Total liabilities. Add lines 17 through 25	3,200,295.	25	2,838,768.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,081,451.	26	3,043,950.	
	28 Temporarily restricted net assets	52,000.	27	49,850.	
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	3,133,451.	32	3,093,800.	
	34 Total liabilities and net assets/fund balances	6,333,746.	33	5,932,568.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,023,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,080,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	-56,556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,133,451.
5	Net unrealized gains (losses) on investments	5	16,905.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,093,800.

Part XII Financial Statements and Reporting

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

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

HOUSING OPPORTUNITIES AND MAINTENANCE

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	895,532.	1,439,559.	2,286,721.	1,788,620.	1,150,255.	7,560,687.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	895,532.	1,439,559.	2,286,721.	1,788,620.	1,150,255.	7,560,687.
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)						62,370.
6 Public support. Subtract line 5 from line 4.						7,498,317.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	895,532.	1,439,559.	2,286,721.	1,788,620.	1,150,255.	7,560,687.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,827.	270.	3,880.	15,154.	41,156.	75,287.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	67,204.	32,484.	19,175.	18,209.	22,389.	159,461.
11 Total support. Add lines 7 through 10						7,795,435.
12 Gross receipts from related activities, etc. (see instructions)					12	3,445,842.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.19	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.86	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

HOUSING OPPORTUNITIES AND MAINTENANCE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

HOUSING OPPORTUNITIES AND MAINTENANCE

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

HOUSING OPPORTUNITIES AND MAINTENANCE

Schedule A (Form 990 or 990-EZ) 2017 **FOR THE ELDERLY, INC.**

36-3172591 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

HOUSING OPPORTUNITIES AND MAINTENANCE

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.

Employer identification number

36-3172591

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JULIUS FRANKEL FOUNDATION 111 W. MONROE ST. 10 EAST CHICAGO, IL 60690-0755	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AFFORDABLE HOUSING INITIATIVE 9165 DICK WOODS RD AFTON, VA 22920	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN W. PARMELEE TRUST 135 S. LASALLE ST. CHICAGO, IL 60603	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NORTH SHORE EXCHANGE 372 HAZEL AVE. GLENCOE, IL 60022	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RALPH O. FRANZEN CHARITABLE FOUNDATION 10 S. DEARBORN ST., FL 8 CHICAGO, IL 60603	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NOREEN MARIE MCCANN TRUST 2533 HARVEST VALLEY ELGIN, IL 60124	\$ 26,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FE AND SB PAYNE FOUNDATION 135 S. LASALLE ST., 14TH FLOOR CHICAGO, IL 60603	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RUTH M. LEVINE 680 N. LAKE SHORE DR., APT. 915 CHICAGO, IL 60611	\$ 194,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC. **Employer identification number** 36-3172591

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 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.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		676,828.		676,828.
b Buildings		5,980,071.	2,896,055.	3,084,016.
c Leasehold improvements				
d Equipment		373,805.	373,805.	0.
e Other		832,992.	604,372.	228,620.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,989,464.

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Schedule D (Form 990) 2017

36-3172591 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,090,251.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,905.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	49,441.
e	Add lines 2a through 2d	2e	66,346.
3	Subtract line 2e from line 1	3	2,023,905.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,023,905.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	2,129,902.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	49,441.
e	Add lines 2a through 2d	2e	49,441.
3	Subtract line 2e from line 1	3	2,080,461.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,080,461.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM PAYING CORPORATE FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES - LINE 8B, PAGE 9, FORM

HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.

Part XIII Supplemental Information *(continued)*

990 49,441.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES - LINE 8B, PAGE 9, FORM

990 49,441.

HOUSING OPPORTUNITIES AND MAINTENANCE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CELEBRATION DINNER (event type)	(event type)	NONE (total number)	
1	Gross receipts	105,325.			105,325.
2	Less: Contributions	90,620.			90,620.
3	Gross income (line 1 minus line 2)	14,705.			14,705.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	49,441.			49,441.
10	Direct expense summary. Add lines 4 through 9 in column (d)				49,441.
11	Net income summary. Subtract line 10 from line 3, column (d)				-34,736.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number	36-3172591
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY" (H.O.M.E) HELPS SENIORS
REMAIN INDEPENDENT AND PART OF THEIR COMMUNITY BY OFFERING
OPPORTUNITIES FOR INTERGENERATIONAL LIVING AND BY PROVIDING A VARIETY
OF CITY-WIDE SUPPORT SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEERS: IN 2018, 500 VOLUNTEERS PARTICIPATED IN A VARIETY OF
PROJECTS TO SERVE H.O.M.E. RESIDENTS AND LOW-INCOME SENIORS THROUGHOUT
CHICAGO. PROJECTS INCLUDE WEATHERIZATION AND PAINTING OF SENIORS HOMES,
COOKING ON THE WEEKENDS, SEASONAL CLEANING AND ENTERTAINING AND
FACILITATING ACTIVITIES AT H.O.M.E.'S BUILDINGS. 79 WINDOWS AND 7 HOMES
WEATHERIZED AND 14 HOMES PAINTED, ALL BY VOLUNTEERS.

EXPENSES \$ 37,653. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SHOPPING TRANSPORTATION: H.O.M.E. HAS A FREE SHOPPING BUS THAT HELPS
SENIORS WHO HAVE LIMITED MOBILITY OR LIVE IN FOOD DESERTS GET ACCESS TO
GROCERIES, HOUSEHOLD SUPPLIES, AND MEDICATION. 2,374 INDIVIDUAL
SHOPPING TRIPS, 19 BUILDINGS SERVED.

EXPENSES \$ 99,612. INCLUDING GRANTS OF \$ 0. REVENUE \$ 38,095.

FORM 990, PART VI, SECTION B, LINE 11B:

PREPARED BY EXTERNAL CPA. IT IS PRESENTED TO THE FINANCE COMMITTEE AND
SENT TO ALL THE BOARD MEMBERS FOR REVIEW AND APPROVAL, BEFORE SUBMISSION TO
THE IRS.

Name of the organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
--	--

FORM 990, PART VI, SECTION B, LINE 12C:

ALL THE BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST STATEMENT. IF THERE IS ANY POTENTIAL OR PERCEIVED CONFLICT OF INTEREST, THE RESOLUTION WILL BE NOTED AS SUCH AND WILL BECOME PART OF THE MINUTES. THERE WAS NO CONFLICT OF INTEREST IN THE FISCAL YEAR 2018.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT OF THE BOARD ALONG WITH ANOTHER BOARD MEMBER COMPARED THE EXECUTIVE DIRECTOR'S SALARY WITH THE GUIDESTAR BENCHMARK SURVEY AND FOUND THE SALARY TO BE WITHIN THE RANGE.

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

THE ORGANIZATION POSTS THE AUDITED FINANCIAL STATEMENTS AND 990 ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS REGARDING THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1419 W CARROLL AVE, SUITE 2 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60607	D Employer identification number (Employees' trust, see instructions.) 36-3172591 E Unrelated business activity codes (See instructions.) 900099
---	---------------------	--	---

C Book value of all assets at end of year 5,932,568.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **GAIL SCHECHTER** Telephone number ▶ **773-921-3200**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) STATEMENT 2	12	2,160.	2,160.
13 Total. Combine lines 3 through 12	13	2,160.	2,160.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,160.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	2,160.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	1,160.

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Form 990-T (2017)

36-3172591

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	244.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	244.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	244.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	244.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	244.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS G. ANDREWS		04/01/19		P00095596
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749			
	Firm's address 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523		Phone no. (630) 573-8600		

Form 990-T (2017)

HOUSING OPPORTUNITIES AND MAINTENANCE

Form 990-T (2017) **FOR THE ELDERLY, INC.**

36-3172591

Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply to		
			the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

Form 990-T (2017)

HOUSING OPPORTUNITIES AND MAINTENANCE

Form 990-T (2017) **FOR THE ELDERLY, INC.**

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Page 4

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2017)

HOUSING OPPORTUNITIES AND MAINTENANCE

Form 990-T (2017) **FOR THE ELDERLY, INC.**

36-3172591

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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PROVIDER OF QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
TAXABLE QUALIFIED TRANSPORTATION FRINGE BENEFITS	2,160.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	2,160.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number (EIN) or 36-3172591
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1419 W CARROLL AVE, SUITE 2	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60607	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GAIL SCHECHTER

• The books are in the care of ▶ **1419 W CARROLL, FLOOR 2 - CHICAGO, IL 60607**
Telephone No. ▶ **773-921-3200** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-102,589

Report for the Fiscal Period:

Beginning 10/01/2017

& Ending 09/30/2018
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-3172591

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 04/01/1982
MO DAY YR

LEGAL NAME HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Year-end amounts	
MAIL ADDRESS 1419 W CARROLL AVE, SUITE 2	A) ASSETS	A) \$ 5,932,568.
CITY, STATE CHICAGO, IL	B) LIABILITIES	B) \$ 2,838,768.
ZIP CODE 60607	C) NET ASSETS	C) \$ 3,093,800.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	93.829%	D) \$ 1,945,406.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	3.122%	E) \$ 64,725.
F) OTHER REVENUES	3.049%	F) \$ 63,215.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,073,346.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	80.007%	H) \$ 1,704,080.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	80.007%	J) \$ 1,704,080.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	80.007%	L) \$ 1,704,080.
M) MANAGEMENT AND GENERAL EXPENSE	8.453%	M) \$ 180,047.
N) FUNDRAISING EXPENSE	11.539%	N) \$ 245,775.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 2,129,902.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: BRUCE A. OTTO, EXECUTIVE DIRECTOR		T) \$ 93,516.
U) NAME, TITLE: TRICIA MULLIN, PROGRAM DIRECTOR		U) \$ 68,220.
V) NAME, TITLE: AMBER MARTIN, DIRECTOR OF DEVELOPMENT		V) \$ 61,718.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: HOUSING FOR THE AGED		W) # 132
X) DESCRIPTION: SERVICES FOR THE AGED		X) # 117
Y) DESCRIPTION:		Y) #

2017 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2017, enter your fiscal tax year here. Tax year beginning <u>OCT 1</u> , 20 <u>17</u> , ending <u>SEP 30</u> 20 <u>18</u> <small>month day year month day year</small> For tax years ending on or after December 31, 2017. For prior years, use the form for that year.	Enter the amount you are paying. \$ <u>110.</u>
--	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: HOUSING OPPORTUNITIES AND MAINTENANC

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____

Mailing address: 1419 W CARROLL AVE, SUITE 2

City: CHICAGO State: IL ZIP: 60607

C If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. / /)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
36-3172591

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
900099

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1	1,160 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	1,160 .00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	.00
5 Business income or loss. Subtract Line 4 from Line 3.	5	.00
6 Total sales everywhere. This amount cannot be negative.	6	_____
7 Total sales inside Illinois. This amount cannot be negative.	7	_____
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	._____
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	.00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	.00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	1,160 .00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	29 .00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	29 .00
16 Investment credits. Attach Form IL-477.	16	.00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	29 .00

Attach your payment and Form IL-990-T-V here.



Step 5: Figure your net income tax

18	Net income or loss from Line 12.	18	1,160 .00
19	Income Tax. See instructions for tax rate calculations.		
	Corporations: Multiply Line 18 by the appropriate blended tax rate or enter the tax		
	Trusts: from Schedule SA.	19	81 .00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	81 .00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	81 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	29 .00
25	Net income tax from Line 23.	25	81 .00
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	.00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	110 .00
28	Payments. See instructions.		
	a Credit from prior year overpayments.	28a	.00
	b Total estimated payments.	28b	.00
	c Form IL-505-B (extension) payment.	28c	.00
	d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	28d	.00
	e Illinois gambling withholding. Attach Form(s) W-2G.	28e	.00
29	Total payments. Add Lines 28a through 28e.	29	.00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	.00
31	Amount to be credited forward. See instructions.	31	.00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	.00

33 Complete to direct deposit your refund

Routing Number _____ Checking or Savings

Account Number _____

34	Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	110 .00
	▶ If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.		

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	EXECUTIVE DIRECTOR			<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer	Date (mm/dd/yyyy)	Title	
Paid Preparer Use Only	THOMAS G. ANDREWS	04/01/19		<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's FEIN ▶	41-0746749	
	Firm's address ▶ 1301 W. 22ND STREET, IL 60523	Firm's phone ▶	(630) 573-8600	

- ▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**
- ▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**



FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 1

PROVIDER OF QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM IL-990-T, PAGE 1

**HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.**

Form 990 (2017)

36-3172591 Page **10**

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,147.	86,789.	10,715.	9,643.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,301,111.	1,098,583.	86,796.	115,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,173.	6,538.	1,117.	3,518.
9 Other employee benefits	23,570.	14,302.	2,532.	6,736.
10 Payroll taxes	39,246.	22,846.	7,161.	9,239.
11 Fees for services (non-employees):				
a Management				
b Legal	912.		912.	
c Accounting	16,000.		16,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,203.	6,373.	18,687.	4,143.
12 Advertising and promotion	17,607.			17,607.
13 Office expenses	54,009.	23,297.	17,976.	12,736.
14 Information technology				
15 Royalties				
16 Occupancy	52,292.	36,248.	7,463.	8,581.
17 Travel	52,295.	51,723.	536.	36.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,625.		2,625.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	221,512.	221,512.		
23 Insurance	47,378.	31,585.	7,481.	8,312.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	101,836.	101,836.		
b BAD DEBT EXPENSE	2,254.	2,254.		
c MISCELLANEOUS EXPENSES	291.	194.	46.	51.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,080,461.	1,704,080.	180,047.	196,334.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

H.O.M.E. Budget Comparison

	Actuals Most Recently Completed Year (unaudited)	Budget Projections Current Year	Variance
	2019	2020	
Income			
Individual Contributions	\$286,467	\$307,000	\$20,533
Corporate Contributions (Event Income)	\$108,437	\$115,000	\$6,563
Foundation Grants	\$584,710	\$562,500	-\$22,210
Grants Released from Restriction	\$0	\$87,531	\$87,531
Government Contributions	\$62,843	\$85,000	\$22,157
Other Earned Income	\$870,710	\$720,768	-\$149,942
Other Unearned Income	\$4,632	\$3,100	-\$1,532
Interest & Dividend Income	\$1,536	\$120	-\$1,416
Total Income	\$1,919,335	\$1,881,019	-\$38,316
Expenditures			
Personnel			
Salary CEO* (included in Staff Salary total)	\$99,306	\$106,116	\$6,810
Staff Salary (total)	\$1,053,714	\$969,966	-\$83,748
Payroll Taxes	\$65,600	\$73,645	\$8,045
Unemployment	\$1,393	\$400	-\$993
Insurance - Health	\$50,024	\$52,000	\$1,976
Professional Development	\$5,448	\$5,000	-\$448
Retirement	\$12,289	\$18,736	\$6,447
Volunteers	\$5,500	\$8,000	\$2,500
Total Personnel	\$1,193,968	\$1,122,747	-\$66,221
General Program/Administrative			
Occupancy	161,887	\$151,125	-\$10,762
Residential Services	\$49,606	\$46,050	-\$3,556
Program Expenses	\$97,727	\$90,900	-\$6,827
Telephone/Internet/Wireless	\$28,690	\$26,050	-\$2,640
Office Rent Expense	\$45,369	\$46,787	\$1,418
Transportation	\$57,821	\$58,225	\$404
Professional Services	\$59,705	\$103,800	\$44,095
Administrative Expenses	\$64,853	\$63,178	-\$1,675
Insurance	\$96,174	\$100,157	\$3,983
Fundraising Expense	\$16,480	\$22,000	\$5,520
Special Event Expense	\$53,748	\$50,000	-\$3,748
Total General Program/Administrative	732,060	\$758,272	\$26,212
Total Expenditures	\$1,926,028	\$1,881,019	\$40,009

Revenue Less Expense	<u>-6,693</u>	<u>\$0</u>	<u>1,693</u>
*Salary CEO total included in Personnel figures			