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

Open to Public Inspection

D Employer identification number

Department of the Treasury Internal Revenue Service

C Name of organization

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 tax vear beginning OCT 1, 2013 and ending SEP 30,

A For the 2013 calendar year, or tax year beginning

_ a	pplicab	HOUSING OPPORTUNITIES AND MAINTENANCE	C				
	Addre						
느	_Name _chanç _Initial	pe Doing Business As			172591		
	return Termi ated	Number and street (or P.O. Dox if mail is not delivered to street address) 1419 W CARROLL AVE, SUITE 2	Room/suit	E Telephone numbe (773) 921-3200		
	Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,488,063.		
	Application	CHICAGO, ID 00007		H(a) Is this a group re			
	pendi	F Name and address of principal officer:BRUCE A. OTTO		for subordinates	s? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No		
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. (see instructions)		
		te: ► WWW.HOMESENIORS.ORG		H(c) Group exemption	n number 🕨		
K F	orm o	f organization: X Corporation Trust Association Other	∟ Yea	r of formation: 1982	M State of legal domicile: IL		
Pa	art I	Summary					
Ð	1	Briefly describe the organization's mission or most significant activities: COMM	IITTED	TO IMPROVIN	G THE		
ũ		QUALITY OF LIFE FOR CHICAGO'S LOW-INCOME	ELDE	RLY, "HOUSIN	'G		
Activities & Governance	2	Check this box if the organization discontinued its operations or disposition	osed of mo	re than 25% of its net a	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
S	4	Number of independent voting members of the governing body (Part VI, line 1b)			9		
es 6		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			27		
ξŧ		Total number of volunteers (estimate if necessary)			746		
ĊĖ		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Г	726,147.	895,532.		
		Program service revenue (Part VIII, line 2g)	I	506,898.	515,798.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-32,437.	469.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,436.	59,440.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,259,044.	1,471,239.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,042,545.	1,100,472.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ф	b	Total fundraising expenses (Part IX, column (D), line 25) 171, 4	42.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		502,692.	438,330.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,545,237.			
		Revenue less expenses. Subtract line 18 from line 12		-286,193.	-67,563.		
ances				Beginning of Current Year	End of Year		
alan	20	Total assets (Part X, line 16)	Г	3,741,451.	3,681,488.		
d B	21	Total liabilities (Part X, line 26)		2,872,115.	2,895,011.		
		Net assets or fund balances. Subtract line 21 from line 20		869,336.	786,477.		
	art II						
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is		
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepar	er has any knowledge.			
		Cinnelius et effice.		Doto			
Sigr	n	Signature of officer		Date			
Her	е	BRUCE A. OTTO, EXECUTIVE DIRECTOR					
		Type or print name and title		Data	II DTIN		
		Print/Type preparer's name Preparer's signature		Date Check L	PTIN		
Paid		GREGORY S. ADAMS	self-employed P00095597				
-	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749		
Jse	Only	Firm's address 1301 W. 22ND ST, STE 1100			20) 572 0600		
		OAK BROOK, IL 60523		Phone no. (6	30) 573-8600		
Иay	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

	HOUSING OPPORTUNITIES AND MAINTENANCE		
Form	n 990 (2013) FOR THE ELDERLY, INC.	36-3172591	Page 2
Par	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	H.O.M.E. HELPS LOW-INCOME SENIORS IN CHICAGO MAINTAIN T	'HEIR	
	INDEPENDENCE BY PROVIDING A HOME UPKEEP AND REPAIR SERV	ICE, SHOPPIN	G
	BUS, MOVING ASSISTANCE AND THREE AFFORDABLE APARTMENT B	UILDINGS WHE	RE
	SENIORS CAN LIVE COMFORTABLY IN AN INTERGENERATIONAL EN	VIRONMENT.	
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	X 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	X 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	s measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	\/\:		83 4.)
	INTERGENERATIONAL HOUSING: THREE AFFORDABLE AND SAFE RE		
	BUILDINGS OFFERING INDIVIDUAL APARTMENTS OR A SHARED LI		TY
	FOR SENIORS WHO NEED SOME ASSISTANCE. HOUSEHOLDS SERVED): 86.	
	224 002		
4b	(Code:) (Expenses \$ 324,903. including grants of \$) (Rever UPKEEP AND REPAIR: HOME MAINTENANCE AND REPAIR SERVICES)
	SENIORS ENJOY HEALTHY AND SAFE CONDITIONS LIVING IN THE		
	773 REPAIRS, 256 HOUSEHOLDS SERVED.	TK OMN HOMES	•
	773 REPAIRS, 230 HOUSEHOLDS SERVED.		
4c	(Code:) (Expenses \$ 71,078 • including grants of \$) (Rever	37.	964.)
70	SHOPPING BUS: H.O.M.E. HAS A SHOPPING BUS THAT HELPS SE		
	LIMITED MOBILITY OR LIVE IN FOOD DESERTS GET ACCESS TO		
	HOUSEHOLD SUPPLIES AND MEDICATION. 3,572 INDIVIDUAL SHO		35
	BUILDINGS SERVED.		

Other program services (Describe in Schedule O.)

35,723 • including grants of \$

1,240,034 •

) (Revenue \$

67,204.)

Total program service expenses 4e

Form 990 (2013) FOR THE ELDE
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent				
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	Х		
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? If "Yes," complete Schedule D, Part VII	11b		Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ	
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)? If "Yes," complete Schedule D, Part X	446	х		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	- 21		
IZa	Schedule D, Parts XI and XII	12a	х		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		Х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			

Form 990 (2013) FOR THE ELDERLY, I Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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? If so,			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		22
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-22
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

Form 990 (2013) FOR THE ELDERLY, INC.

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
н 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11		
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.10)
		⊢∩rm	uui 1	(2013)

FOR THE ELDERLY, INC.

36-3172591

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.			
	Enter the number of vetting members included in line 14, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ا		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		21
7a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/a		- 21
ь		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21
_		8a	Х	
b	The governing body? 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	00	- 11	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion by the medical transfer about penaled not required by the medical records		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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		
Sec	tion 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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BRUCE A. OTTO $-773-921-3200$	tion:	_	
	1/10 W CARROLL CULTURE 2 CUTCACO II 60607			

FOR THE ELDERLY, INC.

36-3172591

Page 7

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.

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	burs per box, unless person is both an officer and a director/trustee) box officer and a director/trustee) box officer and a director/trustee) from from related			Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	ours for directions lindividual trustee or directions line)		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATE KRAJCI DIRECTOR	2.00	x						0.	0.	0.
(2) PAMELA S. GECAN	2.00	^						0.	0.	<u> </u>
PRESIDENT	2.00	Х		Х				0.	0.	0.
(3) TIM KOLSCHOWSKY	2.00								•	
DIRECTOR		х		х				0.	0.	0.
(4) JAN MCCARRON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) ANTHONY AUGUSTINE	2.00									
DIRECTOR	2 00	Х						0.	0.	0.
(6) SARA MCVEY DIRECTOR	2.00	x						0.	0.	0.
(7) LORETTA REED	2.00	_						0.	0.	<u> </u>
TREASURER	2.00	Х		Х				0.	0.	0.
(8) RAY RUSNAK	2.00								•	
DIRECTOR		х		Х				0.	0.	0.
(9) JOHN WIEDEMANN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) ERICA FRANKLIN	2.00									•
SECRETARY	2 00	Х						0.	0.	0.
(11) JOEL RICE DIRECTOR	2.00	x						0.	0.	0.
(12) BRUCE A. OTTO	40.00							0.	0.	0.
EXECUTIVE DIRECTOR	1000	ł		х				92,363.	0.	0.
								,,,,,,,		
		1								
		l		l	l	1	l	1		

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable		† VIII Section A Officers Directors True			T 1/(а U:	aba	-+ C	Sampanastad Emplaya	30-3.	L / Z	3 3 1	P	age o
Name and title Average Pours Pour P	· ui			pioy	ees			gne	St C					(E)	
Nour for related organizations Nour for related organization Nour for related			Average hours per	box	not c , unle	Pos heck ss pe	itior more rson	than is bot	h an	Reportable compensation	Reportable compensatio	n		stimate nount	of
1b Sub-total			hours for related	trustee or director	ıal trustee		ıyee	ompensated		the organization	organizations	s	compens C) from torganiza		e tion
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)				Individual	Institutior	Officer	Key emplo	Highest or employee	Former				orga	anizati	ons
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)				_											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
c Total from continuation sheets to Part VII, Section A 92,363. 0.0. 0. d Total (add lines 1b and 1c) 92,363. 0.0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Joint the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No Joint the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X Yes No Joint the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X X X Joint any person listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X X X Section B. Independent Contractors If "Yes," complete Schedule J for such person X X X X Section B. Independent Contractors If "Yes," complete Schedule J for such person X X X X X X Section B. Independent Contractors If "Yes," complete Schedule J for such person X X X X X X X X X	1b	Sub-total							<u> </u>						0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No		Total from continuation sheets to Part VI	I, Section A									-			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 1f* "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) None (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		Total number of individuals (including but n									,000 of reportabl	le			0
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Compensation 1 Obscription of services 1 Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		· · · · · · · · · · · · · · · · · · ·	director or tw	ıoto	o Iro		male		0.5	highest compensated o	mplayee en			Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3	line 1a? If "Yes," complete Schedule J for s	uch individual										3		х
rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	4										the organization		4		х
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) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5		•				•			•			5		x
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None and business address None Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Sec		proto Corrodar	007	0, 00	2011	porc								
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1											ipens	ation 1	from	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		(A)					VILII	OI W		(B)					n
					<u> </u>	<u>-</u>				<u> </u>			•		
	2		•	ot li	mite	d to		_	stec	d above) who received n	nore than				

Par	t VII	Statement of Revenue					
		Check if Schedule O contains a respons	se or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f RENT FROM INTERGENERAT SHOPPING BUS REVENUE	Business Code 531390 531190	895,532. 477,834. 37,964.	477,834. 37,964.		
۱ ۵		All other program service revenue		E1E 700			
	3 4 5	Total. Add lines 2a-2f Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond	erest, and d proceeds	515,798. 469.			469.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	s (ii) Other				
Other Revenue	d	Regain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ 46,863. of contributions reported on line 1c). See					
Other	с 9 а	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	b 16,824.	-7,764.			-7,764.
	с 10 а	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold	а				
		Net income or (loss) from sales of inventory Miscellaneous Revenue OTHER INCOME	Business Code 531390	67,204.	67,204.		
332009 10-29-	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		67,204. 1,471,239.	583,002.	0.	-7,295. Form 990 (2013)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
2000	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	92,263.	92,263.		
6	trustees, and key employees	52,205	72,203		
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	957,742.	786,718.	73,980.	97,044.
8	Pension plan accruals and contributions (include	- ,	, . = 3 4	-,	- ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,959.	9,422.	978.	7,559.
10	Payroll taxes	32,508.	20,153.	5,694.	7,559. 6,661.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
d	Lobbying				
е	D (' ' (' ' ' ' O D ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		1.6.00	10 -1-	1= 000
13	Office expenses	46,044.	16,307.	12,517.	17,220.
14	Information technology				
15	Royalties	20 400	25 022	C 544	7 012
16	Occupancy	39,490. 37,267.	25,933. 36,750.	6,544.	7,013.
17	Travel	31,401.	30,730.	1/2•	343.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	144 100	144 100		
22	Depreciation, depletion, and amortization	144,122.	144,122. 29,655.	6 963	7,749.
23	Insurance	44,267.	49,000.	6,863.	7,749.
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 0.)				
а	PROGRAM SUPPLIES	75,285.	75,285.		
a b	FUNDRAISING EXPENSE	25,657.	. 5 , 2 5 5		25,657.
c	OUTSIDE SERVICES	23,430.	658.	20,578.	2,194.
d	BAD DEBT EXPENSE	2,768.	2,768.	.,	,
	All other expenses	,	, ,		
25	Total functional expenses. Add lines 1 through 24e	1,538,802.	1,240,034.	127,326.	171,442.
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)				Form 990 (2013)

Form 990 (2013)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,221.	1	199,069.
	2	Savings and temporary cash investments	265,052.	2	113,395.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			32,420.	4	140,048.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	· ·			
		employers and sponsoring organizations of sections					
ς,		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			21,365.	9	27,568.
		Land buildings and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,492,859.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,355,586.	3,248,493.	10c	3,137,273.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	52,900.	15	64,135.		
	16	Total assets. Add lines 1 through 15 (must equ			3,741,451.	16	3,681,488.
	17	Accounts payable and accrued expenses			61,124.	17	95,470.
	18	Grants payable		18			
	19	Deferred revenue			19,200.	19	16,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
ii ti		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			2,791,791.	23	2,783,541.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,872,115.	26	2,895,011.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 and			0.64 4.0.6		740 700
anc	27	Unrestricted net assets			861,136.	27	740,720.
Bal	28	Temporarily restricted net assets			8,200.	28	45,757.
nd	29					29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶└──			
o o		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0.60 226	32	706 477
_	33	Total net assets or fund balances			869,336.	33	786,477.
	34	Total liabilities and net assets/fund balances			3,741,451.	34	3,681,488.

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,47	1,2	<u> 39.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53					
3	Revenue less expenses. Subtract line 2 from line 1	3			63. 36.			
4								
5	Net unrealized gains (losses) on investments	5						
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	-1	5,2	96.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	78	6,4	77.			
Pa	rt 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: Cash X Accrual 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?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>			

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Internal Revenue Service

HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.

Employer identification number 36-3172591

Part I	Reason	tor Public Char	i ty Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗆			tal service organization			170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospita	al's nar	ne.
	city, and stat							(-/(-/(-/(-/(-/(-/(-/(-/(-/(-/(,.			,
5	•		benefit of a college or u	niversity o	wned or or	perated by	, a doverni	mental uni	it describ	ned in		
5	-	· ·	-	iliversity of	wried or op	Jeraled by	a governi	nemai um	it describ	Jed III		
<u> </u>		(b)(1)(A)(iv). (Comple				470(I-)(-	4V 4 V- A					
6 L 7 X			ent or governmental uni									
7 🔼	· ·	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed	ın
		b)(1)(A)(vi). (Comple										
8			ection 170(b)(1)(A)(vi).									
9 📖	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross r	eceipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	t from gros	s inves	tment
	income and ι	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June	30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l).				
11 📖	An organizati	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purposes	of one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the bo	x that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type	ı b 🗆 Ty	ype II c 🗀 Ty	ype III - Fu	nctionally	integrated	c	і 🔲 Тур	e III - No	n-function	ally inte	grated
е 🗀			at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons of	ther th	an
	foundation m	nanagers and other t	han one or more publicly	v supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50)9(a)(2)	
f		-	ten determination from		-				()()		(// /	
•	•	rganization, check th	ata ta acc		•							
a			nis box organization accepted ar					owing ner	 sons?			
g	-		lirectly controls, either al			•				,	Yes	No
	., .	•	•	•		•		, ,	. ,		_	INU
	_											
			n described in (i) above?									
			person described in (i)							11g(ii	<u>)</u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		i	1									
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is		(vii) Amou	nt of mo	netary
org	janization		(described on lines 1-9		sted in your			organization in col. (i) organized in the		su	pport	
			above or IRC section (see instructions))	governing	document?	(i) oi youi	Supports	U.S	5.?			
			(SCC IIISTI GOTIONS))	Yes	No	Yes	No	Yes	No			
					-							
					-							

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

36-3172591 Page 2

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

(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							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	858,246.	890,632.	929,817.	726,147.	887,768.	4,292,610.
2	Tax revenues levied for the organ-						
	ization'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	858,246.	890,632.	929,817.	726,147.	887,768.	4,292,610.
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)						
	Public support. Subtract line 5 from line 4.						4,292,610.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011 929, 817.	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	858,246.	890,632.	929,817.	726,147.	887,768.	4,292,610.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 202	1 655	1 046	20 425	14 007	11 216
	and income from similar sources	3,393.	1,655.	1,246.	-32,437.	14,827.	-11,316.
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	24 077	0 400	22 (47	FO 436	67 204	101 704
	assets (Explain in Part IV.)	34,077.	8,420.	23,647.	58,436.	67,204.	191,784.
	Total support. Add lines 7 through 10		,			1	4,473,078. ,897,097.
	Gross receipts from related activities,	•	,				,097,097.
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stop etion C. Computation of Publ		_				P
	Public support percentage for 2013 (I			valuman (f))		14	95.97 %
	Public support percentage for 2013 (in Public support percentage from 2012)					15	95.97 % 97.31 %
	33 1/3% support test - 2013. If the contract of the contract o						
102	stop here. The organization qualifies	-					
h	33 1/3% support test - 2012. If the o						
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				· ·	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						. \square
				,,	,		-:: 000 F7\ 0040

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	(=) 0000	(h) 0040	(5) 0044	(d) 0010	(4) 0040	(c) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
c Add lines 10a and 10b 11 Net income from unrelated business						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
c Add lines 10a and 10b 11 Net income from unrelated business						
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						
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						
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						
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	eation,
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here				•		
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)				•		
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2013 (lines 10 to	c Support Pe	rcentage livided by line 13, o	column (f))			<u></u>
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here	c Support Pe ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, o	column (f))		15	<u>*************************************</u>
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (life Public support percentage from 2012)	c Support Pe ne 8, column (f) o Schedule A, Part	rcentage livided by line 13, o III, line 15	column (f))		15	<u>*************************************</u>
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (lines 1) 15 Public support percentage from 2012 Section D. Computation of Inves 17 Investment income percentage for 20	c Support Pe ne 8, column (f) o Schedule A, Part stment Incom 13 (line 10c, colur	ivided by line 13, of lll, line 15 e Percentage mn (f) divided by line	column (f))		15 16	% %
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (limes 1) 15 Public support percentage from 2012 Section D. Computation of Inves	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colur 2012 Schedule A,	ircentage ivided by line 13, of the line 15 in the line 15 in the line 17 in the	ne 13, column (f))		15 16 17 18	% % %
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	c Support Pene 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, column 2012 Schedule A, organization did r	ircentage iivided by line 13, of lill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2013 (lines 10 Public support percentage from 2012 Section D. Computation of Investing Investment income percentage from 2018 Investment income percentage from 2019 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box are	c Support Pe ne 8, column (f) of Schedule A, Partstment Incom 13 (line 10c, colum 2012 Schedule A, organization did rand stop here. The	ircentage livided by line 13, of lill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organi	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2013 (li 16 Public support percentage from 2012 Section D. Computation of Investment income percentage from 2 18 Investment income percentage from 2 19a 33 1/3% support tests - 2013. If the	c Support Pe ne 8, column (f) of Schedule A, Part stment Incom 13 (line 10c, colun 2012 Schedule A, organization did r nd stop here. The organization did r	ircentage livided by line 13, or lill, line 15 e Percentage mn (f) divided by line 17 not check the box a organization qualitation check a box or	on line 14, and line ifies as a publicly so line 14 or line 19a	e 15 is more than supported organia	15 16 17 18 33 1/3%, and line 1 2 2 2 2 2 1 2 3 1/3%, and ore than 33 1/3%,	% % % 7 is not

HOUSING OPPORTUNITIES AND MAINTENANCE

Schedule A	(Form 990 or 990-EZ) 2013 FOR THE ELDERLY, INC.	36-3172591 Page 4
Part IV	(Form 990 or 990-EZ) 2013 FOR THE ELDERLY, INC. Supplemental Information. Provide the explanations required by Part	L line 10: Part II, line 17a or 17b: and Part III, line 12
	Also complete this part for any additional information. (See instructions).	i, into to, i are ii, into tra of tra, ara i are iii, into te.
	Also complete this part for any additional information. (See instructions).	
<u> </u>		

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

OMB No. 1545-0047

Name of the organization

Employer identification number

HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.

36-3172591

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\boxed{X} 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	s 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 contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.			
Special Rules				
For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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				

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) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RETIREMENT RESEARCH FOUNDATION 8765 W HIGGINS RD., STE. 430 CHICAGO, IL 60631-4170	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JULIUS FRANKEL FOUNDATION 111 WEST MONROE STREET CHICAGO, IL 60690-0755	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GERALD A. & KAREN A. KOLSCHOWSKY FOUNDATION, INC. 5235 WALNUT AVENUE DOWNERS GROVE, IL 60515	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MAY AND STANLEY SMITH CHARITABLE TRUST 2320 MARINSHIP WAY, SUITE 150 SAUSALITO, CA 94965	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOHN W. PARMELEE TRUST 231 S LASALLE ST CHICAGO, IL 60604	\$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ELWOOD BARCE 400 E RANDOLPH ST, APT 3705 CHICAGO, IL 60601	\$ 20,000.	Person X Payroll
323452 10-2	4.40	Schadula B /Form	990 990-F7 or 990-PF) (2013)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GERALD A KOLSCHOWSKY 1225 CORPORATE BLVD APT 103 AURORA, IL 60505	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE BLOWITZ-RIDGEWAY FOUNDATION 1701 E WOODFIELD RD SCHAUMBURG, IL 60173	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	AFFORDABLE HOUSING INITIATIVE 9165 DICK WOODS RD AFTON, VA 22920	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HELEN BRACH FOUNDATION 104 S MICHIGAN AVE, STE 1310 CHICAGO, IL 60603	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ALICE M. FOX 3950 N LAKE SHORE DR APT 1811 CHICAGO, IL 60613	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BMO HARRIS BANK 111 W. MONROE ST. CHICAGO, IL 60603	\$5,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CAROL B. MICHAEL 4900 N MARINE DR, APT 703 CHICAGO, IL 60640	\$15,866.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CHARLES H. AND BERTHA L BOOTHROYD FOUNDATION 175 W. JACKSON BOULEVARD CHICAGO, IL 60604	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	DANIEL F. & ADA L. RICE FOUNDATION 8600 GROSS POINT RD. SKOKIE, IL 60077	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	FRED J. BRUNNER FOUNDATION 9300 KING AVENUE FRANKLIN PARK, IL 60131	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	FULL CIRCLE FOUNDATION PO BOX 89 RICHMOND, IL 60071	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	HENRIETTA LANGE BURK FUND 231 S. LASALLE STREET CHICAGO, IL 60604	\$10,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOHN R. HOULSBY FOUNDATION 212 BRIDLE PATH CIRCLE OAK BROOK, IL 60523	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	JOSEPH & BESSIE FEINBERG FOUNDATION 415 E NORTH WATER STREET APT 2301 CHICAGO, IL 60611	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	MCMASTER CARR SUPPLY COMPANY 600 NORTH COUNTY LINE ROAD ELMHURST, IL 60126	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	NORTH SHORE EXCHANGE 372 HAZEL AVENUE GLENCOE, IL 60022	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ODYSSEYRE FOUNDATION 300 FIRST STAMFORD PL STAMFORD, CT 06902	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	PEOPLES GAS AND NORTH SHORE GAS 200 E. RANDOLPH CHICAGO, IL 60601	\$10,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ROBERT W. MARWIN 1218 S RIDGE AVE ARLINGTON HEIGHTS, IL 60005	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SIRAGUSA FOUNDATION 1 EAST UPPER WACHER DRIVE #2910 CHICAGO, IL 60601	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	SOMEONE CARES CHARITABLE TRUST PO BOX 669 KITTREDGE, CO 80457	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	STEPHEN SHAFROTH 750 WEAVER DAIRY ROAD APT 182 CHAPEL HILL , NC 27514	\$9,083.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE MONTGOMERY WARD FOUNDATIOM 231 S LASALLE ST CHICAGO, IL 60604	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE FIELD FOUNDATION 200 S WACKER DR STE 3860 CHICAGO, IL 60606	\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE BOOM FOUNDATION 450 E WATERSIDE CHICAGO, IL 60601	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE GROVER HERMANN FOUNDATION 908 KENMARE DR. BURR RIDGE, IL 60527	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	THE MAX GOLDENBERG FOUNATION 111 W. MONROE - 16W CHICAGO, IL 60603	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	THE RUSSELL & JOSEPHINE KOTT MEMORIAL CHARITABLE TRUST 1049 LAKE STREET OAK PARK, IL 60301	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	THE WALSH FOUNDATION 190 LASALLE ST. STE 1700 CHICAGO, IL 60603	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	WINNETKA CONGREGATIONAL CHURCH 725 PINE STREET WINNETKA, IL 60093	\$5,250.	Person X Payroll
323/52 10-2		Schedule R (Form	990 990-F7 or 990-PF) (2013)

Name of organization
HOUSING OPPORTUNITIES AND MAINTENANCE
FOR THE ELDERLY, INC.

Employer identification number
36-3172591

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

Name of organization Employer identification number HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC. 36-3172591 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information 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 (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 (a) No. `from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.

Employer identification number 36-3172591

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	he organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in 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. 332051 09-25-13

Schedule D (Form 990) 2013

HOUSING OPPORTUNITIES AND MAINTENANCE

Schedule D (Form 990) 2013 FOR THE ELDERLY, INC.

36-317<u>2591 Page 2</u>

Pa	rt III Organizations Maintaining (Collections of Art	t, Historical Ti	reasures, o	r Other	Similar As	sets(continued)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that	are a signi	ficant use of	its collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	change progra	ms		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explain	how they further	the organizatio	n's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit						
	to be sold to raise funds rather than to be m						Yes No
Pa	rt IV Escrow and Custodial Arran						V, line 9, or
	reported an amount on Form 990, Pa		-				
1a	Is the organization an agent, trustee, custod	lian or other intermedi	ary for contributio	ns or other as:	sets not inc	luded	
	on Form 990, Part X?					[Yes No
b	If "Yes," explain the arrangement in Part XIII						
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21?				Yes No
	If "Yes," explain the arrangement in Part XIII						
	rt V Endowment Funds. Complete						
		(a) Current year	(b) Prior year	(c) Two years		Three years ba	ck (e) Four years back
1a	Beginning of year balance					•	
	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
a	End of year balance						
2	Provide the estimated percentage of the cur		(line 1a. column ((a)) held as:	I		
a	Board designated or quasi-endowment		%	a)) Hold do.			
	Permanent endowment	 %					
	Temporarily restricted endowment						
·	The percentages in lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	•	tion that are held :	and administer	red for the	organization	
	by:					g <u>_</u>	Yes No
	(i) unrelated organizations						3a(i)
	(**)						3a(ii)
b	If "Yes" to 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the						
Pa	rt VI Land, Buildings, and Equipn		vinorit rariao.				
	Complete if the organization answere		Part IV. line 11a. 9	See Form 990.	Part X. line	10.	
	Description of property	(a) Cost or oth		t or other	(c) Accu		(d) Book value
	besomption of property	basis (investme	1 , ,	(other)	depre		(d) Book value
12	Land	`	, I	76,828.	3-57-0		676,828.
	Land Buildings			34,071.	2.55	6,406.	2,427,665.
	Leasehold improvements		+ -,,,	-, -,	_,,,,	-,	
			37	73,805.	37	3,805.	0.
	Equipment Other			8,155.		5,375.	32,780.
	Other			•	74	5,5,5	3 137 273

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013	FOR THE	ELDERLY,	INC.	36-3172591	Page 3

Complete if the organization answered "Yes" to Form 980, Part IV, line 1 1b. See Form 980, Part X, line 12. (e) Method of valuation: Cost or end-of-year market value (f) Francial definitions (g) Closely-hold equity inforests (g) Method of valuation: Cost or end-of-year market value (g) Method equity inforests (g) Method equity in	Part VII	Investments - Other Securities.				
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(a) Descrip					d-of-vear market value
			(b) Book value	(c) Welliod of (raidation. Cost of Che	a or year market value
(3) Other (A) (B) (C) (C) (C) (D) (E) (E) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (F) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G		to a fail or an office for a constant				
A	. ,	riela equity interests				
B						
CD CD CD CD CD CD CD CD						
C						
(E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(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" to 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 (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (f)						
Go						
Cotal, (Cot, b) must equal Form 990, Part X, cot. (8) line 12,) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to 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						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to 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						
Complete if the organization answered "Yes" to 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 (d) Method of valuation: Cost or end-of-year market value (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		o) must equal Form 990, Part X, col. (B) line 12.)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
(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 Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to 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) (4) (5) (6) (7) (8) (9)		Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.	
(3)						d-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total: (00t. (b) must equal Form 990, Part X, col. (B) line 13.) > Part IX Other Assets.	(1)					
(4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part XI Other Assets. Complete if the organization answered "Yes" to 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) Part XI Other Liabilities. Complete if the organization answered "Yes" to 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) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9)	(2)					
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(3)					
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(4)					
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(5)					
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(6)					
State Column C	(7)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ■	(8)					
Part IX						
Complete if the organization answered "Yes" to 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" to 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)						
(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" to 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)	Part IX					
(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" to 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)				line 11d. See Form 990,	Part X, line 15.	
(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" to 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)		(a)	Description			(b) Book value
(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" to 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) (4) (5) (6) (7) (8) (9)						
(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" to 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)						
(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" to 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)						
(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" to 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)						
(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" to 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)						
(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" to 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)						
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to 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 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to 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)						
Complete if the organization answered "Yes" to 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)		mn (h) must equal Form 990. Part X. col. (R) line	a 15)			
Complete if the organization answered "Yes" to 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)			<i>5 10.)</i>			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	1 311 71		to Form 990. Part IV.	line 11e or 11f. See Forn	n 990. Part X. line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	1.		1		,	
(2) (3) (4) (5) (6) (7) (8) (9)		eral income taxes				
(3) (4) (5) (6) (7) (8) (9)						
(4) (5) (6) (7) (8) (9)						
(5) (6) (7) (8) (9)						
(6) (7) (8) (9)						
(7) (8) (9)						
(8) (9)						
(9)						
		mn (b) must equal Form 990, Part X, col. (B) line	e 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

Schedule D (Form 990) 2013

36-3172591 Page 4

Part XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturr) <u>.</u>
Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,455,943.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		-15,296.		
e Add lines 2a through 2d			2e	-15,296.
3 Subtract line 2e from line 1			3	1,471,239.
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	1,471,239.
Part XII Reconciliation of Expenses per Audited Financial S		Expenses per	Retu	rn.
Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.			
1 Total expenses and losses per audited financial statements			1	1,538,802.
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				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	1,538,802.
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 1	18.)		5	1,538,802.
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	l; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	nation.		
PART X, LINE 2:				
TUDI ANA TION THE ODGANIZATION TO A NOT TO		~~~~~~~~~~~	O.T. 1	
EXPLANATION: THE ORGANIZATION IS A NOT-FO	DR-PROFIT (JRGANIZATI	ON I	EXEMPT FROM
DAVING CODDODAME REDEDAI INCOME MAY INDE	O CECMION	E01/G\/3\	O 171 Γ	ntto
PAYING CORPORATE FEDERAL INCOME TAX UNDER	K SECTION	301(C)(3)	OF :	LUE
THEORY DEVENUE CODE TO USE DEEM CLACE	ופדפה אפ או	N ODCANTON	шт∧і	и шим то
INTERNAL REVENUE CODE. IT HAS BEEN CLASS	LLIED AS A	N ORGANIZA	1101	N INAI 15
NOT A PRIVATE FOUNDATION UNDER THE INTERN	TAT DETERMIT		CH:	, D T T T D T T
NOT A FRIVALE FOUNDATION UNDER THE INTERE	NAL KEVENU.	E CODE AND	CH	AKITABUE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBE	·. 🗗			
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE	JE •			
THE ORGANIZATION HAS EVALUATED ITS TAX PO	מדיידראום או	יאסשישת מזי	מבוא	TT HAG NO
THE ORGANIZATION HAS EVALUATED ITS TAX FO	DELLIONS A	ND DETERMI	ИБД	II HAS NO
UNCERTAIN TAX POSITIONS AT SEPTEMBER 30,	2014			
ONCERTAIN TAX FOOTITIONS AT SEFTEMBER 50,	2014.			
THE ORGANIZATION'S 2011, 2012, AND 2013	י אַ ערַאַע	ARE ODEN E	י אט	EXAMTNIA TITON
THE ONOMITEMETOR D ZULL, ZULZ, AND ZULS	TIM TEMMO	OI LIN F	O1/ 1	TYMITIMI TON
BY THE IRS. SHOULD THE ORGANIZATION'S TAX	יים ייכואודא א	יאיווכ אה כי	ΗΔΤ.1	LENGED IN
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U9-25-13			JUHEC	lule D (Form 990) 2013

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Part >	(III Supple	emental Info	ormati	ion (contin	nued)							
THE	FUTURE.	ALL YE	ARS	SINCE	INCEPTION	COULD	BE	SUBJECT	то	REVIEW	BY	THE
				<u> </u>		00022		5020201				
IRS.												
			0.00									
PART	ХІ, Ы	.NE 2D -	O.I.H	IER AD	JUSTMENTS:						—	
LOSS	ON JOI	NT VENT	URE									-15,296.
PART	XII, L	INE 4B	TO -	HER A	DJUSTMENTS	:						
LOSS	ON JOI	NT VENT	URE									
											—	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990 HOUSING OPPORTUNITIES AND MAINTENANCE

Inspection Employer identification number

OMB No. 1545-0047

36-3172591 FOR THE ELDERLY, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations Special fundraising events c In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

HOUSING OPPORTUNITIES AND MAINTENANCE

Schedule G (Form 990 or 990-EZ) 2013 FOR THE ELDERLY, INC

36-3172591 Page 2

		Fundraising Events. Complete if to fundraising event contributions and g	•			·
			(a) Event #1 FUNDRAISING EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ar			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	55,923.			55,923.
	2	Less: Contributions	46,863.			46,863.
	3	Gross income (line 1 minus line 2)	9,060.			9,060.
	4	Cash prizes				
"	5	Noncash prizes	2,675.			2,675.
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	7,522.			7,522.
□	8	Entertainment				500.
	9	Other direct expenses	•			6,127.
	10	'				16,824. -7,764.
Pa	rt l	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	990 Part IV line 19 or r	enorted more than	-7,704.
		\$15,000 on Form 990-EZ, line 6a.	raneworda roo to rom	1000, 1 41111, 1110 10, 01 1		
Revenue		¥,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4	Gross revenue				
	Ľ	aross revenue				
Ä						
ses	2	Cash prizes				
Expenses		Cash prizes Noncash prizes				
Direct Expenses	3					
	3	Noncash prizes				
	3	Noncash prizes Rent/facility costs		Yes% No	└── Yes %	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes %		No No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No gh 5 in column (d)	No No	No ▶	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No gh 5 in column (d)	No No	No ▶	
9	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization oper	Yes% No gh 5 in column (d) 7 from line 1, column (d) rates gaming activities:	No No	No ►	
9 a	3 4 5 6 7 8 Entire list	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization oper the organization licensed to operate gaming a	yes% No gh 5 in column (d) 7 from line 1, column (d) rates gaming activities:activities in each of these	No No	No ►	
9 a	3 4 5 6 7 8 Entire list	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization oper	yes% No gh 5 in column (d) 7 from line 1, column (d) rates gaming activities:activities in each of these	No No	No ►	
9 a b	3 4 5 6 7 8 Entire list	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization oper the organization licensed to operate gaming a No," explain:	Yes% No gh 5 in column (d) 7 from line 1, column (d) activities in each of these	states?	No	Yes No
9 a bb	3 4 5 6 7 8 Entire Is t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain: ere any of the organization's gaming licenses	Yes% No gh 5 in column (d) 7 from line 1, column (d) activities in each of these	states?	No	Yes No
9 a b	3 4 5 6 7 8 Entire Is t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization oper the organization licensed to operate gaming a No," explain:	yes% No gh 5 in column (d) 7 from line 1, column (d) rates gaming activities:activities in each of these revoked, suspended or te	states?	No	Yes No

Schedule G (Form 990 or 990-EZ) 2013

HOUSING OPPORTUNITIES AND MAINTENANCE

Sch	edule G (Form 990 or 990-EZ) 2013 FOR THE ELDERLY, INC. 36-3	<u> 172</u>	591	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
		13a		%
	An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	10.0		
•	Name			
	Address	$\overline{}$		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. –	Yes	└─ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	,	•	, ,

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

36-3172591

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REMAIN INDEPENDENT AND PART OF THEIR COMMUNITY BY OFFERING

OPPORTUNITIES FOR INTERGENERATIONAL LIVING AND BY PROVIDING A VARIETY

OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY" (H.O.M.E) HELPS SENIORS

OF CITY-WIDE SUPPORT SERVICES.

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

OTHER: INCLUDING VOLUNTEERS.

EXPENSES \$ 35,723. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,204.

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

EXPLANATION: 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.

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

EXPLANATION: ALL THE BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST STATEMENT. IF THERE IS ANY POTENTIAL OR PERCEIVED CONFLICT OF INTEREST, RESOLUTION WILL BE NOTED AS SUCH AND WILL BECOME PART OF THE MINUTES.

THERE WAS NO CONFLICT OF INTEREST IN THE FISCAL YEAR 2013.

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

EXPLANATION: THE PRESIDENT OF THE BOARD ALONG WITH ANOTHER BOARD MEMBER COMPARED THE EXECUTIVE DIRECTOR'S SALARY WITH 2011 GUIDESTAR BENCHMARK SURVEY AND FOUND THE SALARY TO BE WITHIN THE RANGE.

34

Name of the organization HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY, INC.	Employer identification number 36-3172591
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: 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 XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON JOINT VENTURE	-15,296.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE ORGANIZATION'S OVERSIGHT PROCESS REGARDI	NG THE AUDIT
HAS NOT CHANGED FROM THE PRIOR YEAR.	

CODE

132

117

W)#

X) #

Y) #

Fo	or Off	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	. REPORT		Form AG990-I Revised 3/0
I	PMT	# Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando		# 01	L-102,589
		11th Floor, Chicago, Illinois 60601	.p 00		all items attached;
	AMT	Report for the Fiscal Period:	X		of IRS Return
			Make Checks X		d Financial Statements
1.			Payable to the Illinois		of Form IFC
L	INIT		Charity Bureau Fund		Annual Report Filing Fee O Late Report Filing Fee
F	eder	MO DAY YR	Buleau Fullu		MO DAY YR
			ganization was create		04/01/1982
		LEGAL HOUSING OPPORTUNITIES AND MAINTENANCE	Year-end		
		NAME FOR THE ELDERLY, INC.	amounts		2 601 400
	٨٢	MAIL DIRESS 1419 W CARROLL AVE, SUITE 2	A) ASSETS B) LIABILITIES	A) \$ B) \$	3,681,488 2,895,011
١		STATE CHICAGO, IL	C) NET ASSETS	C) \$	786,477
'		P CODE 60607	3,11217183218	σ, ψ	7007277
Ī	l.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
		D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	92.029%	D) \$	1,369,454
		E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUES	3.423% 4.548%	E) \$ F) \$	50,936 67,673
		r) OTHER REVENUES	4.340%	Ι) Ψ	07,075
		G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	1,488,063
ļ	II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
		H) OPERATING CHARITABLE PROGRAM EXPENSE	80.794%	H) \$	1,256,858
		I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$	
		T) EDGGATION THOUGHT OF TAKE FACE	70	Ι', Ψ	
		J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	80.794%	J) \$	1,256,858
		J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
		K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$	
		K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	70	κ) φ	
		L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	80.794%	L) \$	1,256,858
		M) MANAGEMENT AND GENERAL EXPENSE	8.185%	M) \$	127,326
			44 004		
		N) FUNDRAISING EXPENSE	11.021%	N) \$	171,442
		0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	1,555,626
ļ	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) \$	
		2, 101 = 101 = 110 = 101 = 110		<u> </u>	
		R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
		PROFESSIONAL FUNDRAISING CONSULTANTS:		S) \$	0
	IV.	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	σ, ψ	0
	•	T) NAME, TITLE:BRUCE A. OTTO, EXECUTIVE DIRECTOR		T) \$	91,837
		U) NAME, TITLE: JANET TAKEHARA, PROGRAM DIRECTOR		U) \$	62,198
		V) NAME, TITLE:CAREN ARDEN-TABANI, HOUSING COORDINATOR	-0)	V) \$	61,073
	V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	:ט)	List o	on back side of instructions

398091 05-01-13

Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	URBAN BANK, 55 E JACKSON, CHICAGO, IL 60604			
	MB FINANCIAL BANK, 801 WEST MADISON STREET, CHICAGO, IL 60607			
	BMO HARRIS BANK, PO BOX 94033, PALATINE, IL 60094			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: BRUCE A. OTTO - 773-921-3200			
ALI	. ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PAMELA S. GECAN

PRESIDENT OF TRUSTEE (PRINT NAME)

LORETTA M. REED

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

GREGORY S. ADAMS

398101