

# Change of Accounting Period Return of Organization Exempt From Income Tax

Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

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**A** For the **2019** calendar year, or tax year beginning 07/01, 2019, and ending 12/31, 20 19

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>GLENVIEW ELDERLY HOUSING INC</u> <u>C/O EMBRACE LIVING COMMUNITIES</u> Doing business as		<b>D</b> Employer identification number 36-3569408	
	Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1900 SPRING ROAD</u> <u>300</u>		<b>E</b> Telephone number <u>(630) 521-8701</u>	
	City or town, state or province, country, and ZIP or foreign postal code <u>OAK BROOK, IL 60523</u>		<b>G</b> Gross receipts \$ <u>693,020.</u>	
	<b>F</b> Name and address of principal officer <u>ANNE M. OLIVA</u> <u>1900 SPRING ROAD, SUITE 300, OAK BROOK, IL 60523-144</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527		<b>J</b> Website: <u>WWW.EMBRACELIVING.ORG</u>		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <u>1984</u>		<b>M</b> State of legal domicile <u>IL</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE WELCOMING HOMES IN COMMUNITIES THAT EMBRACE LIVING.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <span style="float: right;">7.</span>		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <span style="float: right;">6.</span>		
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) <u>5</u> <span style="float: right;">0.</span>		
	<b>6</b>	Total number of volunteers (estimate if necessary) <u>6</u> <span style="float: right;">0.</span>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <span style="float: right;">0.</span>		
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 <u>7b</u>			
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <u>MAR-04-2021</u>	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g) <u>1,283,127.</u>	74,892.	35,285.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>2,130.</u>	1,283,127.	647,501.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Ogden, Utah</u> <u>2,657.</u>	2,130.	1,250.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1,362,806.</u>	2,657.	8,984.
	<b>12</b>		1,362,806.	693,020.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>0.</u>	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u>	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>317,327.</u>	317,327.	161,073.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u>	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>0.</u>	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>1,077,991.</u>	1,077,991.	877,812.
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>1,395,318.</u>	1,395,318.	1,038,885.	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12 <u>-32,512.</u>	-32,512.	-345,865.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <u>3,306,254.</u>	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26) <u>4,694,027.</u>	3,306,254.	2,800,006.
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 <u>-1,387,773.</u>	4,694,027.	4,533,644.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>ANNE M. OLIVA</u>	Date <u>5/7/20</u>
	Type or print name and title <u>ANNE M. OLIVA, EVP/CEO</u>	

<b>Paid Preparer Use Only</b>	Preparer's name <u>KAREN A SCHAEFER</u>	Preparer's signature <u>Karen A Schaefer</u>	Date <u>4/24/20</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00545171</u>
	Firm's name <u>HARAN &amp; ASSOCIATES LTD</u>			Firm's EIN <u>36-3097692</u>	
	Firm's address <u>3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091</u>			Phone no <u>847-853-1234</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

g-b

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

4a (Code \_\_\_\_\_) (Expenses \$ 963,485. including grants of \$ \_\_\_\_\_) (Revenue \$ 693,020. )

TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE WELCOMING HOMES IN COMMUNITIES THAT EMBRACE LIVING.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 963,485.

AD 36 3569408

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions about organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN A. SINDERSON EXECUTIVE V.P. & SECRETARY	.20 39.80			X				0. 218,346.	21,709.	
(2) ANNE M. OLIVA EXECUTIVE VICE PRESIDENT & CFO	.20 39.80			X				0. 181,870.	12,786.	
(3) JOHN DIEHL SENIOR DIRECTOR OF HSNQ OPERAT	0. 40.00					X		0. 120,467.	21,970.	
(4) IRIS BERG SR DIRECTOR OF SOCIAL SERVICES	0. 40.00					X		0. 108,346.	2,121.	
(5) REV. BONNIE CONDON BOARD CHAIR	.20 0.	X						0. 0.	0.	
(6) MR. TODD J. THORSON DIRECTOR	.20 0.	X						0. 0.	0.	
(7) REV. JESSE KNOX DIRECTOR	.20 0.	X						0. 0.	0.	
(8) NICHOLE EDMONDS DIRECTOR	.20 0.	X						0. 0.	0.	
(9) NATHAN BRIGGS DIRECTOR	.20 0.	X						0. 0.	0.	
(10) MARK ENTWISTLE DIRECTOR	.20 0.	X						0. 0.	0.	
(11)										
(12)										
(13)										
(14)										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	35,285.				
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f.					
	h	<b>Total.</b> Add lines 1a-1f		35,285.			
<b>Program Service Revenue</b>			Business Code				
	2a	RENTAL REVENUE	531110	110,638.	110,638.		
	b	TENANT ASSISTANCE PAYMENTS	531110	536,863.	536,863.		
	c						
	d						
	e						
	g	<b>Total.</b> Add lines 2a-2f		647,501.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		1,250.	1,250.		
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		0.				
			0.				
			0.				
b	Less direct expenses						
c	Net income or (loss) from fundraising events		0.				
9a	Gross income from gaming activities See Part IV, line 19		0.				
			0.				
			0.				
b	Less direct expenses						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances		0.				
			0.				
			0.				
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
<b>Miscellaneous Revenue</b>			Business Code				
	11a	MISCELLANEOUS REVENUE	531110	1,152.	1,152.		
	b	LAUNDRY & VENDING REVENUE	531110	7,832.	7,832.		
	c						
	e	<b>Total.</b> Add lines 11a-11d		8,984.			
12	<b>Total revenue.</b> See instructions			693,020.	657,735.		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	105,478.	105,478.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits . . . . .	43,205.	43,205.		
10 Payroll taxes . . . . .	12,390.	12,390.		
11 Fees for services (nonemployees)				
a Management . . . . .	35,040.		35,040.	
b Legal . . . . .	7,500.		7,500.	
c Accounting . . . . .	8,163.		8,163.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	13,221.		13,221.	
14 Information technology. . . . .	0.			
15 Royalties. . . . .	0.			
16 Occupancy . . . . .	78,120.	78,120.		
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	3,526.		3,526.	
20 Interest . . . . .	93,574.	93,574.		
21 Payments to affiliates. . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	415,695.	415,695.		
23 Insurance . . . . .	22,357.	22,357.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS	107,404.	107,404.		
b LEASING EXPENSES	6,120.		6,120.	
c MISCELLANEOUS	1,830.		1,830.	
d MORTGAGE INSURANCE PREMIUM	10,380.	10,380.		
e All other expenses	74,882.	74,882.		
25 Total functional expenses. Add lines 1 through 24e	1,038,885.	963,485.	75,400.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	32,811.
	2	Savings and temporary cash investments	147,101.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	703.	4	2,078.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	3,503.	9	32,174.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,195,801.		
	b	Less accumulated depreciation	10b 4,080,878.	10c	2,114,923.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	624,328.	15	618,020.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,306,254.	16	2,800,006.	
Liabilities	17	Accounts payable and accrued expenses	164,066.	17	44,326.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,529,961.	25	4,489,318.
	26	<b>Total liabilities.</b> Add lines 17 through 25	4,694,027.	26	4,533,644.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-1,387,773.	27	-1,733,638.
	28	Net assets with donor restrictions	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	-1,387,773.	32	-1,733,638.	
33	<b>Total liabilities and net assets/fund balances</b>	3,306,254.	33	2,800,006.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	693,020.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,038,885.
3	Revenue less expenses Subtract line 2 from line 1	3	-345,865.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,387,773.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-1,733,638.

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GLENVIEW ELDERLY HOUSING INC** Employer identification number  
C/O EMBRACE LIVING COMMUNITIES **36-3569408**

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

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

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

*JA*

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	1,203,557.	1,236,742.	1,285,247.	1,358,019.	682,786.	5,766,351.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 Total. Add lines 1 through 3. . . . .	1,203,557.	1,236,742.	1,285,247.	1,358,019.	682,786.	5,766,351.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0.
6 Public support. Subtract line 5 from line 4						5,766,351.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . . .	1,203,557.	1,236,742.	1,285,247.	1,358,019.	682,786.	5,766,351.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	488.	773.	1,242.	2,130.	1,250.	5,883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .	16,377.	3,979.	3,119.	2,657.	8,984.	35,116.
11 Total support. Add lines 7 through 10 . . . . .						5,807,350.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	14	99.29%
15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	15	99.33%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) - 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 - 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) - 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 - 18%.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations Answer (a) and (b) below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c <b>Remainder</b> Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015 . . . . .			
b Excess from 2016 . . . . .			
c Excess from 2017 . . . . .			
d Excess from 2018 . . . . .			
e Excess from 2019 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISC INCOME	16,377.	3,979.	3,119.	2,657.	8,984.	35,116.
<b>TOTALS</b>	<u>16,377.</u>	<u>3,979.</u>	<u>3,119.</u>	<u>2,657.</u>	<u>8,984.</u>	<u>35,116.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization GLENVIEW ELDERLY HOUSING INC C/O EMBRACE LIVING COMMUNITIES

Employer identification number 36-3569408

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

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

- (i) Unrelated organizations, (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) TENANT SECURITY DEPOSITS	18,811.
(2) MORTGAGE ESCROW DEPOSITS	18,349.
(3) RESERVE FOR REPLACEMENT	433,685.
(4) OTHER RESTRICTED DEPOSITS	126,904.
(5) RESIDUAL RECEIPTS RESERVE	20,271.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶	618,020.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MORTGAGE PAYABLE	4,471,104.
(3) TENANT SECURITY DEPOSITS	18,214.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) . . . . . ▶	4,489,318.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 693,020.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,038,885.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information *(continued)*

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>GLENVIEW ELDERLY HOUSING INC</b>	Employer identification number <b>36-3569408</b>
C/O EMBRACE LIVING COMMUNITIES	

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>		
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?	<b>5a</b>		X
<b>b</b> Any related organization?	<b>5b</b>		X
If "Yes" on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?	<b>6a</b>		X
<b>b</b> Any related organization?	<b>6b</b>		X
If "Yes" on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>		X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN A. SINDERSON EXECUTIVE V.P. & SECRETARY	(i)	0.	0.				
	(ii)	218,346.	0.		21,709.	240,055.	
2 ANNE M. OLIVA EXECUTIVE VICE PRESIDENT & CFO	(i)	0.	0.				
	(ii)	181,870.	0.		12,786.	194,656.	
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

THE METHODS USED TO ESTABLISH COMPENSATION FOR THE EXECUTIVE VICE PRESIDENTS FROM THE RELATED ORGANIZATIONS INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER SIMILAR ORGANIZATIONS, A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY AND/OR STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE AND BOARD. THE BOARD OF DIRECTORS OF EMBRACE LIVING COMMUNITIES & AFFILIATES APPOINTS THE EXECUTIVE VICE PRESIDENTS AND DETERMINES THE COMPENSATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2019**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
GLENVIEW ELDERLY HOUSING INC  
C/O EMBRACE LIVING COMMUNITIES

Employer identification number  
36-3569408

GLENVIEW ELDERLY HOUSING INC

GLENVIEW ELDERLY HOUSING INC, DBA PATTEN HOUSE OF GLENVIEW, WAS  
INCORPORATED AS A NOT-FOR-PROFIT CORPORATION IN THE STATE OF ILLINOIS IN  
1984. IT WAS FORMED TO ACQUIRE LAND AND CONSTRUCT BUILDINGS TO HOUSE  
LOW-INCOME ELDERLY AND HANDICAPPED PERSONS AS DEFINED BY THE NATIONAL  
HOUSING ACT OF 1959.

PATTEN HOUSE OF GLENVIEW IS AN 80-UNIT, GOVERNMENT-SUBSIDIZED HOUSING  
COMMUNITY FOR SENIORS AND PHYSICALLY CHALLENGED ADULTS WITH LIMITED  
RESOURCES. LOCATED AT 939 HARLEM AVE, GLENVIEW, ILLINOIS, IT OPENED IN  
1988. APPLICANTS MUST BE AT LEAST 62 YEARS OF AGE OR 18 YEARS OF AGE OR  
OLDER WITH A MEDICALLY DOCUMENTED PHYSICAL CONDITION THAT COULD BENEFIT  
FROM SPECIAL DESIGN FEATURES OF AN "ACCESSIBLE" APARTMENT AND MUST MEET  
FEDERAL INCOME GUIDELINES. AN APPLICANT'S INCOME MUST BE AT OR BELOW THE  
"VERY LOW" INCOME STANDARD ESTABLISHED BY THE FEDERAL DEPARTMENT OF  
HOUSING & URBAN DEVELOPMENT. RENT AT THIS HOUSING COMMUNITY DOES NOT  
EXCEED 30% OF THE RESIDENT'S GROSS MONTHLY INCOME.

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

EMPLOYEES:

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

Name of the organization GLENVIEW ELDERLY HOUSING INC  
C/O EMBRACE LIVING COMMUNITIES

Employer identification number  
36-3569408

ORGANIZATION), SYNERGY PEO LLC AND EMBRACE LIVING COMMUNITIES. ALL FORMS, INCLUDING W-2'S AND REPORTS, ARE ISSUED UNDER THE EIN OF SYNERGY PEO LLC 76-0721382. THE REPORTING ORGANIZATION REIMBURSES EMBRACE LIVING COMMUNITIES FOR ALL EMPLOYEE COMPENSATION EXPENSES.

#### REVIEW

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

#### CONFLICT OF INTEREST

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. TO ENSURE COMPLIANCE WITH THIS POLICY, THE ORGANIZATION REQUIRES THE FOLLOWING: ON AN ANNUAL BASIS, ALL MEMBERS OF THE BOARD OF DIRECTORS, THE EXECUTIVE LEADERSHIP TEAM, MEMBERS OF SENIOR MANAGEMENT, AND EMPLOYEES WITH PURCHASING AND/OR HIRING RESPONSIBILITIES OR AUTHORITY SHALL INFORM, IN WRITING, THE CHAIRMAN OF THE BOARD, THE CHAIR OF THE FINANCE/AUDIT COMMITTEE, AND THE ORGANIZATION'S EXECUTIVE LEADERSHIP TEAM OF ALL REPORTABLE CONFLICTS.

PRIOR TO THE PREPARATION OF THE DISCLOSURE STATEMENTS, THE FINANCE DEPARTMENT SHALL DISTRIBUTE A LIST OF ALL VENDORS WITH WHOM THE ORGANIZATION HAS TRANSACTED BUSINESS AT ANY TIME DURING THE PRECEDING YEAR, ALONG WITH A COPY OF THE DISCLOSURE STATEMENT.

THE EXECUTIVE LEADERSHIP TEAM SHALL REVIEW ALL FORMS COMPLETED BY EMPLOYEES, AND THE FINANCE/AUDIT COMMITTEE CHAIRMAN OF THE BOARD SHALL REVIEW ALL COMPLETED FORMS AND DETERMINE APPROPRIATE RESOLUTION IN

Name of the organization GLENVIEW ELDERLY HOUSING INC  
C/O EMBRACE LIVING COMMUNITIES

Employer identification number  
36-3569408

ACCORDANCE WITH THE NEXT SECTION OF THIS POLICY.

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

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

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

THE EXECUTIVE LEADERSHIP TEAM SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING EMPLOYEES BELOW THE SENIOR MANAGEMENT LEVEL, SUBJECT TO THE APPROVAL OF THE FINANCE/AUDIT COMMITTEE. AN EMPLOYEE OR DIRECTOR MAY APPEAL THE DECISION THAT A CONFLICT, OR APPEARANCE OF CONFLICT, EXISTS AS FOLLOWS:

\*AN APPEAL MUST BE DIRECTED TO THE CHAIR OF THE BOARD. \*APPEALS MUST BE MADE WITHIN 30 DAYS OF THE INITIAL DETERMINATION. \*RESOLUTION OF THE APPEAL SHALL BE MADE BY VOTE OF THE FULL BOARD OF DIRECTORS. \*BOARD MEMBERS WHO ARE THE SUBJECT OF THE APPEAL, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE SUBJECT OF THE APPEAL, SHALL ABSTAIN FROM PARTICIPATING IN, DISCUSSING, OR VOTING ON THE RESOLUTION, UNLESS THEIR DISCUSSION IS REQUESTED BY THE REMAINING MEMBERS OF THE BOARD. FAILURE TO

Name of the organization GLENVIEW ELDERLY HOUSING INC C/O EMBRACE LIVING COMMUNITIES	Employer identification number 36-3569408
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COMPLY WITH THE STANDARDS CONTAINED IN THIS POLICY WILL RESULT IN DISCIPLINARY ACTION THAT MAY INCLUDE TERMINATION, REFERRAL FOR CRIMINAL PROSECUTION, AND REIMBURSEMENT TO THE ORGANIZATION OR TO THE GOVERNMENT, FOR ANY LOSS OR DAMAGE RESULTING FROM THE VIOLATION. AS WITH ALL MATTERS INVOLVING DISCIPLINARY ACTION, PRINCIPLES OF FAIRNESS WILL APPLY. ANY EMPLOYEE CHARGED WITH A VIOLATION OF THIS POLICY WILL BE AFFORDED AN OPPORTUNITY TO EXPLAIN HIS/HER ACTIONS BEFORE DISCIPLINARY ACTION IS TAKEN.

#### SALARIES AND BENEFITS

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

#### DOCUMENTS

THE GOVERNING DOCUMENTS AND THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS AND THE FINANCIAL STATEMENTS OF THE ORGANIZATION ALSO CAN BE FOUND ON THE INTERNET IN WEBSITES FOR NOT-FOR-PROFIT ORGANIZATIONS LIKE WWW.GUIDESTAR.COM.

Name of the organization GLENVIEW ELDERLY HOUSING INC  
C/O EMBRACE LIVING COMMUNITIES

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36-3569408

OFFICER COMPENSATION

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

MANAGEMENT

EMBRACE LIVING COMMUNITIES, A NOT-FOR-PROFIT CORPORATION, IS THE MANAGING AGENT AND RECEIVES MANAGEMENT FEES AS A PERCENTAGE OF THE GROSS RENTS, INCLUDING RENTAL SUBSIDIES AND OTHER INCOME UNDER TERMS OF A MANAGEMENT AGREEMENT APPROVED BY HUD. THE MANAGING AGENT IS RESPONSIBLE FOR THE DAY TO DAY ACTIVITIES OF THE ORGANIZATION SUCH AS MAINTAINING THE BUILDING, RESIDENT SUPPORT, HIRING AND SUPERVISING THE EMPLOYEES. IT ALSO PROVIDES ALL THE NECESSARY BOOKKEEPING AND ACCOUNTING SERVICES AND SUBMITS ALL THE REQUIRED FINANCIAL REPORTS. ALL DECISIONS AND REPORTS ARE PRESENTED AND DISCUSSED WITH THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD OF DIRECTORS.

ATTACHMENT 1

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

GLENVIEW ELDERLY HOUSING INC, DBA PATTEN HOUSE OF GLENVIEW, WAS INCORPORATED AS A NOT-FOR-PROFIT CORPORATION IN THE STATE OF ILLINOIS IN 1984. IT WAS FORMED TO ACQUIRE LAND AND CONSTRUCT BUILDINGS TO HOUSE LOW-INCOME ELDERLY AND HANDICAPPED PERSONS AS DEFINED BY THE NATIONAL HOUSING ACT OF 1959. OUR MISSION IS TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE, WELCOMING HOMES IN COMMUNITIES THAT EMBRACE

Name of the organization GLENVIEW ELDERLY HOUSING INC  
C/O EMBRACE LIVING COMMUNITIES

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ATTACHMENT 1 (CONT'D)

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

LIVING.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	32,174.
TOTALS	<u>32,174.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GLENVIEW ELDERLY HOUSING INC**  
C/O **EMBRACE LIVING COMMUNITIES**

Employer identification number  
**36-3569408**

OMB No. 1545-0047  
**2019**

Open to Public  
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EMBRACE LIVING CHARITIES 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-2166970	FUNDRAISING	IL	501(C)(3)	509(A)	N/A		X
(2) BETHEL AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3696581	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(3) BETHEL AREA HOUSING SOUTH, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3973915	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(4) ELMHURST AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3246979	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(5) ENGLEWOOD AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3696607	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(6) GREENCASTLE OF BARRINGTON, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3267264	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(7) GREENCASTLE OF GARFIELD, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3631071	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GLENVIEW ELDERLY HOUSING INC**  
C/O EMBRACE LIVING COMMUNITIES

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

Employer identification number  
**36-3569408**

OMB No 1545-0047  
**2019**

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	GREENCASCADE OF PALATINE, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3895200	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(2)	GREENCASCADE OF WOODLAWN, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3724265	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(3)	IMMANUEL RESIDENCE, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3724265	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(4)	KENWOOD AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3696608	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	EMBRACE LIVING DEVELOPMENT 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3729609	PROPERTY MGMT	IL	501(C)(3)	509(A)	N/A		X
(6)	EMBRACE LIVING COMMUNITIES 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3487477	PROPERTY MGMT	IL	501(C)(3)	509(A)	N/A		X
(7)	LIFELINK HOUSING CORPORATION 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-2915770	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization **GLENVIEW ELDERLY HOUSING INC**  
**C/O EMBRACE LIVING COMMUNITIES**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

► Attach to Form 990.

**Related Organizations and Unrelated Partnerships**

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

Open to Public  
Inspection

Employer identification number  
**36-3569408**

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MORGAN PARK & BEVERLY AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3359653	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(2)	MORGAN PARK AND BEVERLY HANDICAPPED 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3515819	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(3)	NORTH ORCAHRD PLACE, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3244216	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(4)	PEACE MEMORIAL MANOR, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-2980778	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	SARASOTA AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3696610	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(6)	APOSTLES VILLAGE 1900 SPRING RD STE 300 OAK BROOK, IL 60523 42-2100763	AFFRDBL HSING	FL	501(C)(3)	509(A)	N/A		X
(7)	CONSECRA HOUSING NETWORK 1900 SPRING RD STE 300 OAK BROOK, IL 60523 27-3663119	PROPERTY MGMT	IL	501(C)(3)	509(A)	N/A		X

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

GLENVIEW ELDERLY HOUSING INC

Employer identification number

C/O EMBRACE LIVING COMMUNITIES

36-3569408

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	LIFELINK MISSION FUND 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-33050406	FUNDRAISING	IL	501(C)(3)	509(A)	N/A		X
(2)	MEMORIAL DRIVE COMMUNITY, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 45-2652514	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(3)	GREENCASTLE OF STERLING 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-4209258	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(4)	GREENCASTLE OF NORTH AURORA 1900 SPRING RD STE 300 OAK BROOK, IL 60523 37-1421479	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(5)	BAYONET POINT AREA HOUSING, INC. 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-3696590	AFFRDBL HSING	FL	501(C)(3)	509(A)	N/A		X
(6)	GREENCASTLE OF ALLERTON 1900 SPRING RD STE 300 OAK BROOK, IL 60523 27-1954463	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X
(7)	GREENCASTLE OF BIENTERRA 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-4126791	AFFRDBL HSING	IL	501(C)(3)	509(A)	N/A		X

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

Schedule R (Form 990) 2019

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

GLENVIEW ELDERLY HOUSING INC

C/O EMBRACE LIVING COMMUNITIES

Open to Public  
Inspection

Employer identification number

36-3569408

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	GREENCASTLE OF LOVES PARK 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-4352754	AFFRDBL HSING IL	IL	501(C)(3)	509(A)	N/A		X
(2)	GREENCASTLE OF WOLFORD 1900 SPRING RD STE 300 OAK BROOK, IL 60523 36-308261	AFFRDBL HSING IL	IL	501(C)(3)	509(A)	N/A		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	EMBRACE LIVING COMMUNITIES	O, P	283,418.	AMOUNT BILLED		X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** Supplemental Information

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

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