

Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: KENWOOD AREA HOUSING INC. D Employer identification number: 36-3696608. E Telephone number: (630) 521-8701. F Name and address of principal officer: ANNE M. OLIVA, 1900 SPRING ROAD, SUITE 300, OAK BROOK, IL 60523-148. G Gross receipts \$: 531,731. H(a) Is this a group return for subordinates? Yes X No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3). J Website: WWW.EMBRACELIVING.ORG. K Form of organization: X Corporation. L Year of formation: 1989. M State of legal domicile: IL.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE ACTIVELY AGING ADULTS AFFORDABLE WELCOMING HOMES IN COMMUNITIES THAT EMBRACE LIVING. 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: KAREN A SCHAEFER, Preparer's signature: Karen A Schaefer, Date: 5/14/20, Check self-employed, PTIN: P00545171, Firm's name: HARAN & ASSOCIATES LTD, Firm's EIN: 36-3097692, Firm's address: 3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091, Phone no: 847-853-1234.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)

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