eí	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	: 93492353005008			
				Shor	t Form				OMB No 1545-1150			
	0	90-EZ	Return of O	rganization l		rom li	come '	Tay				
For	m J	90-EZ		•	•				2017			
•			Under section 501(c), 527,	or 4947(a)(1) of the I	nternal Revenue	Code (exc	ept private f	oundations)				
			▶ Do not enter se	ocial security number	s on this form a	s it may l	be made pub	olic.	O I . D. I.I.			
Den	artmeni	t of the Treasury	► Information about			-	-		Open to Public			
-		venue Service							Inspection			
			ar year, or tax year begin	ning 10-01-2017	, and en	iding 09-	-30-2018					
		ıf applıcable s change	C Name of organization ELM HOUSE INC					D Employ	er identification number			
		change -						34-6595				
	Initial r	-	Number and street (or P O be 129 DR MCAULEYS COURT	ox, if mail is not delivered	l to street address)	Room/sur	te	E Telephor	ne number			
	Final re	eturn/terminated	C.b b	t				((419) 874-2376			
_		ed return	City or town, state or province PERRYSBURG, OH 43551	e, country, and ZIP or for	eign postal code			F Group Ex	kemption			
ш.	Applica	tion pending						Number	•			
		<u> </u>					H Check	. □ if the	organization is mot			
G A	ccour	iting Method 🗆	Cash ☑ Accrual Other (s	pecify) ►				d to attach	e organization is not Schedule B			
		•				- 1			Z, or 990-PF)			
		:e: ► <u>N/A</u>	only one) - ☐ 501(c)(3) ☑ 501(s)/ 4) 4 /uncort no) 1 4	047(a)(1) or \square 5	27						
					947(a)(1) 01 🗀 3	27						
		3	Corporation Trust As									
LA	dd lin∙ ⊄500	es 5b, 6c, and 7b	to line 9 to determine grose Form 990 instead of Form	s receipts If gross rec ggn_E7	eipts are \$200,0	000 or mo	re, or if tota	l assets (Pa	rt II, column (B) below)			
	art I		Expenses, and Change									
	aiti	Check if the	organization used Schedule	O to respond to any o	uestion in this P	art I	· · · · ·					
	1		ufts, grants, and similar amo									
	2	Program service	revenue including governm	ent fees and contract	s			2	142,310			
	3	-	es and assessments					3	· · ·			
	4	·	ome					4	217			
	5a	Gross amount fi	rom sale of assets other tha	n inventory	. 5a							
	ь		her basis and sales expense	·	5b							
	c		om sale of assets other than			5a)						
	6	Gaming and fun		Timvencory (Subtract	inic 35 from line	54)						
ō.	a	_	om gaming (attach Schedul	e G if areater than \$1	5,000) 6a							
Revenue	a	Gross income in	om gaming (accach Schedul	e G ii greater than 51								
8	b		om fundraising events (not nts reported on line 1) (atta		of con	tribution:	s from					
~		=	oss income and contributions		6b							
	_	_						_				
	C	•	enses from gaming and fund	=	6c		.h l (-)					
	d		loss) from gaming and fund			a subtrac	t line 6c)	6d				
	7a		nventory, less returns and a									
	b	Less cost of go			<u> 7b </u>			 				
	c	·	(loss) from sales of inventor	y (Subtract line /b fro	m line /a)							
	8	· ·	(describe in Schedule O)	_				8	826			
_	9		. Add lines 1, 2, 3, 4, 5c, 6d					9	143,353			
	10		lar amounts paid (list in Sch	redule O)				10				
	11	Benefits paid to	or for members					11				
6.5	12		compensation, and employe					12				
Expenses	13	Professional fee	s and other payments to inc	lependent contractors				13				
ğ	14		t, utilities, and maintenance					14	34,551			
ш	15	Printing, publica	ations, postage, and shipping					15				
	16	Other expenses	(describe in Schedule O)					16	88,545			
	17	Total expense	s. Add lines 10 through 16					▶ 17	123,096			
٦	18	Excess or (defic	it) for the year (Subtract lin	e 17 from line 9)				18	20,257			
Assets	19	Net assets or fu	nd balances at beginning of	year (from line 27, co	olumn (A)) (must	t agree w	ıth					
As		end-of-year figu	ure reported on prior year's	return)				. 19	156,869			
ž	20	Other changes i	n net assets or fund balance	es (explain in Schedul	e O)			. 20				
-	21	Net assets or fu	nd balances at end of year	Combine lines 18 thro	ough 20			. 21	177,126			
Foi	Pape	erwork Reduction	on Act Notice, see the ser	arate instructions.		Cat N	lo 10642I		Form 990-EZ (2017)			

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		uestion in this	Part II			
	check if the organization used self-curie	o to respond to diff q	acstron in this		eginning of year	• •	(B) End of year
22 Cash sa	vings, and investments			(A) D	33,958	22	4,495
	d buildings				30,000	-	30,000
	sets (describe in Schedule 0)				179,060		221,461
	ssets				243,018		255,956
	abilities (describe in Schedule O)				86,149		78,830
	ets or fund balances (line 27 of column				156,869	$\overline{}$	177,126
Part III	Statement of Program Service	` '	,	ons for Pai		Ť	Expenses
	Check if the organization used Schedule						equired for section 501(c)
What is the	organization's primary exempt purpose?						and 501(c)(4) ganizations, optional for
Describe the	OR ELDERLY/DISABLED organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pr	er, describe the service	s three largest s provided, the	program e number	services, as of persons		ners)
	nal Data Table						
(C===+= # \	T6 thus are accomp		*b!		▶ □		
(Grants \$) 29	It this amour	nt includes foreign gran	ts, cneck nere	• •	. • 🗆	28a	
29						29a	
(Grants \$)	If this amour	nt includes foreign gran	ts, check here		. ▶ ⊔		
30						30a	
(Grants \$)	If this amour	nt includes foreign gran	ts, check here		. ▶ □		
	ogram services (describe in Schedule O)		•			+	
(Grants \$)	• • • • • • • • • • • • • • • • • • • •	nt includes foreign gran	to check here		·	31a	
	ogram service expenses (add lines 28		•		.	32	123,096
Part IV	List of Officers, Directors, Trustees,						'
FUILLY	Check if the organization used Schedule						
			•		1		1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no	ation /1099- o t paid,	(d) Health bend contributions to en benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
FRANK W CO	ОМО	000 00	enter -	0-)			
TRUSTEE/DI	RE						
JAMES L PO		000 00		0			
DIRECTOR							
JAMES T FLA	ANNERY	000 00		0			
DIRECTOR							
RICHARD S	COX	000 00		0			
V PRESIDEI	NT.						
CHARLES H		000 00		0			
CHARLES II	FEVERS	000 00		J			
TREASURER							
RICHARD TO	DBER	000 00		0			
PRESIDENT							
JOSEPH W E	BRAINARD	000 00		0			
DIRECTOR							
KRIS BOTTL	ES	000 00		0			
DIRECTOR							
		1	l		I		5 000 F7 (2017)

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements	ın the)	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	<u></u> 🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37ь		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 •			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	Election occasion with mineria depy of the recarm to med	410\0	74 227	
42a	The organization's books are in care of ▶ <u>JILL SCHUMACHER</u> Located at ▶ 129 DR MCAULEYS CT PERRYSBURG, OH ZIP + 4 ▶			<u> </u>
	Located at V 129 DR MICAULETS CT PERRISBURG, On 21P + 4 V	433.) <u>T</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an effice outside the U.S.2	42 c		No
C	At any time during the calendar year, did the organization maintain an office outside the U S?	42C		No
4-	If "Yes," enter the name of the foreign country Carbon 4047(-)(1) and control to entable broads file a Farm 000 F7 in law of Farm 1041. Charles have			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of			N.a
	Form 990-EZ (see instructions)	45b		No

46 Did th								Page
ie Didith							Yes	No
	e organization engage, directly or indirectlates for public office? If "Yes," complete							
art VI	Section 501(c)(3) organization					46		No
uic vi	All section 501(c)(3) organizations	must answer quest	ons 47-49b and 5	2, and o	complete the table	es for lı	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	uestion in this Part V	I	<u> </u>		Yes	□ No
			24(1)					
	e organization engage in lobbying activiti s," complete Schedule C, Part II		J1(h) election in effe	_	•	47		
18 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E		48		
19a Did th	e organization make any transfers to an e	exempt non-charitable	related organization	>		49a		
b If "Yes	s," was the related organization a section	527 organization? .				49b		
	lete this table for the organization's five h					and key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	pensation from the org	ganization If there is (c) Reportable		nter "None " I) Health benefits,	(e) Fo	stimated	amour
(4)	rame and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contr	butions to employe enefit plans, and	1 ' '		
		devoted to position	MISC)		erred compensation			
		<u> </u>						
						+		
	I number of other employees paid over \$,			· · · •	U	0.000	
	lete this table for the organization's five hensation if there is		idependent contracto	rs wno e	each received more i	tnan \$10	10,000 6	Γ
	(a) Name and business address of e		•	T				
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype of service (c) Comp	ensation	
	(a) Name and pasiness address of e	acn Independent contr	actor	(b) T	ype or service (c) Comp	ensation	_
	(a) Name and basiness address of e	ach Independent contr	actor	(b) T	ype of service (c) Comp	ensation	_
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	_
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	
	(a) Name and Basiness address of C	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	— — —
	(a) Name and basiness address of e	ach independent contr	actor	(b) T	ype or service (c) Comp	ensation	— — —
				(b) T	ype or service (c) Comp	ensation	— — —
d Tota	I number of other independent contractor			(b) T	ype or service (c) Comp	ensation	— — —
5 2 Did	I number of other independent contractor	s each receiving over	\$100,000		> _			— — —
52 Did com	I number of other independent contractor the organization complete Schedule A? N	s each receiving over	\$100,000		• _	► □ Ye	es 🗆 N	
52 Did com nder penalt	I number of other independent contractor the organization complete Schedule A? Number of perjury, I declare that I have examind belief, it is true, correct, and complete	s each receiving over	\$100,000	nust atta	ch a	► □ Ye	es	
52 Did com nder penalt	I number of other independent contractor the organization complete Schedule A? Number of perjury, I declare that I have examind belief, it is true, correct, and complete	s each receiving over	\$100,000	nust atta	ch a	► □ Ye	es	
52 Did com nder penalt	I number of other independent contractor the organization complete Schedule A? Number of perjury, I declare that I have examind belief, it is true, correct, and complete wledge	s each receiving over	\$100,000	nust atta	ch a	► □ Ye	es	
oder penalt nowledge a as any know	I number of other independent contractor the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge	s each receiving over	\$100,000	nust atta	ch a and statements, ared on all information	► □ Ye	es	
oder penalt nowledge a as any know	I number of other independent contractor the organization complete Schedule A? Number of perjury, I declare that I have examind belief, it is true, correct, and complete wledge	s each receiving over	\$100,000	nust atta	ch a	► □ Ye	es	
nder penalt nowledge a as any know	I number of other independent contractor the organization complete Schedule A? Number of pleted Schedule A	s each receiving over	\$100,000	nust atta	ch a and statements, ared on all information 2018-12-19 Date	► □ Ye	es	
nder penalt nowledge a as any know ign ere	I number of other independent contractor the organization complete Schedule A? In pleted Schedule A	S each receiving over IOTE. All Section 501(IOTE of the section of preparer's signature	\$100,000	nust atta	ch a and statements, ared on all information 2018-12-19 Date Check if production if production in production i	► Yeard to the nof which	es	
nder penalt nowledge a as any know ign lere	I number of other independent contractor the organization complete Schedule A? Note of perjury, I declare that I have examind belief, it is true, correct, and complete wiedge ****** Signature of officer RICHARD TOBER PRESIDENT Type or print name and title Print/Type preparer's name ROBERT B KORSNACK JR Firm's name ► BOCK KORSNACK & H	Preparer's signature	\$100,000	nust atta	ch a and statements, ared on all information 2018-12-19 Date Check ☐ if self-employed Firm's EIN ▶ 34-1204	▶ □ Y of the n of which 168	es	
nder penalt nowledge a as any know ign ere	I number of other independent contractor the organization complete Schedule A? In pleted Schedule A ties of perjury, I declare that I have examined belief, it is true, correct, and complete wledge ****** Signature of officer RICHARD TOBER PRESIDENT Type or print name and title Print/Type preparer's name ROBERT B KORSNACK JR Firm's name BOCK KORSNACK & H Firm's address 1607 HOLLAND RD PO	Preparer's signature	\$100,000	nust atta	ch a and statements, ared on all information 2018-12-19 Date Check if production if production in production i	▶ □ Y of the n of which 168	es	
nder penalt nowledge a as any know ign ere	I number of other independent contractor the organization complete Schedule A? Note of perjury, I declare that I have examind belief, it is true, correct, and complete wiedge ****** Signature of officer RICHARD TOBER PRESIDENT Type or print name and title Print/Type preparer's name ROBERT B KORSNACK JR Firm's name ► BOCK KORSNACK & H	Preparer's signature	\$100,000	nust atta	ch a and statements, ared on all information 2018-12-19 Date Check ☐ if self-employed Firm's EIN ▶ 34-1204	▶ □ Y of the n of which 168	es	

Additional Data

Software ID:

Software Version:

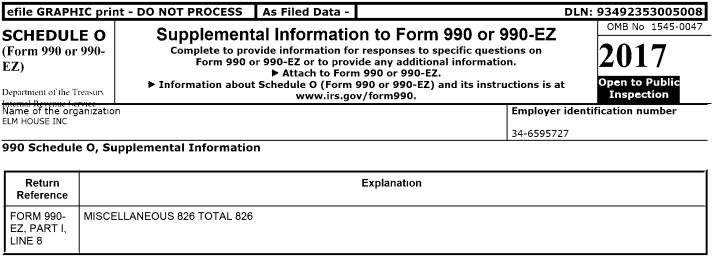
EIN: 34-6595727

Name: ELM HOUSE INC

Evnoncoc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organiz services, as measure number of persons b	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
28 TO PROVIDE RENTAL H OR FAMILIES	HOUSING UNITS AND RELATED FACILITIES FOR ELDERLY AND/OR DISABLED INDIVIDUALS	28a	123,096	
(Grants \$)	If this amount includes foreign grants, check here ▶ □			



990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990-	EXPENSES MORTGAGE INTEREST 2,120 INSURANCE 8,772 REAL ESTATE TAXES 14,116 SNOW REMOVAL 2,4
EZ, PART I,	96 OFFICE SUPPLIES AND EXPEN 382 PROFESSIONAL FEES 5,236 SUPPLIES 12,964 MAINTENANCE 25,66
LINE 16	6 NON-INVESTMENT DEPRECIATION 16.793 TOTAL 88.545

Return Explanation

990 Schedule O, Supplemental Information

FORM 990-	ACCOUNTS RECEIVABLE 2,520 3,013 PREPAID EXPENSES AND DEFERRED CHARGES 2,401 2,380 LAND IMP
EZ, PART II,	ROVEMENTS 14,312 14,312 LESS ACCUMULATED DEPRECIATION 11,847 12,447 BUILDINGS 526,499 582,
LINE 24	329 LESS ACCUMULATED DEPRECIATION 440,565 453,448 BUILDING EQUIPMENT 111,577 95,137 LESS A
	CCUMULATED DEPRECIATION 100,051 83,682 RESTRICTED DEPOSITS/FUNDED RESERVES 74,214 73,867 T
	OTAL 179,060 221,461

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990-	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 18,677 18,415 SECURITY DEPOSITS 11,005 10,378 MORTGAGE AND
EZ, PART II,	OTHER NOTES PAYABLE 56,467 50,037

LINE 26