

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ELM HOUSE INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
129 DR MCAULEYS COURT
City or town, state or province, country, and ZIP or foreign postal code
PERRYSBURG, OH 43551

D Employer identification number
34-6595727
E Telephone number
(419) 874-2376
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 143,353

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 142,310
3	Membership dues and assessments
4	Investment income 217
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8 826
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 143,353
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13
14	Occupancy, rent, utilities, and maintenance 14 34,551
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 88,545
17	Total expenses. Add lines 10 through 16 17 123,096
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 20,257
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 156,869
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 177,126

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	33,958	22	4,495
23 Land and buildings	30,000	23	30,000
24 Other assets (describe in Schedule O)	179,060	24	221,461
25 Total assets	243,018	25	255,956
26 Total liabilities (describe in Schedule O).	86,149	26	78,830
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,869	27	177,126

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

HOUSING FOR ELDERLY/DISABLED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>		32	123,096

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANK W COMO	000 00	0		
TRUSTEE/DIRE				
JAMES L POHLMAN	000 00	0		
DIRECTOR				
JAMES T FLANNERY	000 00	0		
DIRECTOR				
RICHARD S COX	000 00	0		
V PRESIDENT				
CHARLES H ELVERS	000 00	0		
TREASURER				
RICHARD TOBER	000 00	0		
PRESIDENT				
JOSEPH W BRAINARD	000 00	0		
DIRECTOR				
KRIS BOTTLES	000 00	0		
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 2018-12-19 Date
RICHARD TOBER PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ROBERT B KORSNACK JR Preparer's signature Date 2018-12-19 Check if self-employed PTIN P00292974
Firm's name BOCK KORSNACK & HINDS INC Firm's EIN 34-1204168
Firm's address 1607 HOLLAND RD PO BOX 1145 MAUMEE, OH 43537 Phone no (419) 893-3371

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 34-6595727

Name: ELM HOUSE INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO PROVIDE RENTAL HOUSING UNITS AND RELATED FACILITIES FOR ELDERLY AND/OR DISABLED INDIVIDUALS OR FAMILIES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	123,096

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ELM HOUSE INC**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

34-6595727

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 826 TOTAL 826

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MORTGAGE INTEREST 2,120 INSURANCE 8,772 REAL ESTATE TAXES 14,116 SNOW REMOVAL 2,496 OFFICE SUPPLIES AND EXPEN 382 PROFESSIONAL FEES 5,236 SUPPLIES 12,964 MAINTENANCE 25,666 NON-INVESTMENT DEPRECIATION 16,793 TOTAL 88,545

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 18,677 18,415 SECURITY DEPOSITS 11,005 10,378 MORTGAGE AND OTHER NOTES PAYABLE 56,467 50,037