

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- 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) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ 147,190

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																								146,694		
	3	Membership dues and assessments																										
	4	Investment income																								393		
	5a	Gross amount from sale of assets other than inventory														5a												
	b	Less cost or other basis and sales expenses														5b												
	c	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													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c													
8	Other revenue (describe in Schedule O)																								103			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																								147,190			
Expenses	10	Grants and similar amounts paid (list in Schedule O)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																								31,907		
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe in Schedule O)																								75,165		
17	Total expenses. Add lines 10 through 16 ▶																								107,072			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								40,118		
	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)																								177,126		
	20	Other changes in net assets or fund balances (explain in Schedule O)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								217,244		

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	4,495	22	16,318
23 Land and buildings	30,000	23	30,000
24 Other assets (describe in Schedule O)	221,461	24	250,681
25 Total assets	255,956	25	296,999
26 Total liabilities (describe in Schedule O).	78,830	26	79,755
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	177,126	27	217,244

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)		32	107,072

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	1 00	0		
TRUSTEE/DIRE				
JAMES T FLANNERY	1 00	0		
DIRECTOR				
CHARLES H ELVERS	1 00	0		
CO-PRESIDENT				
RICHARD TOBER	1 00	0		
CO-PRESIDENT				
JOSEPH W BRAINARD	1 00	0		
DIRECTOR				
KRIS BOTTLES	1 00	0		
TREASURER				

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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JILL SCHUMACHER Telephone no (419) 874-2376 Located at 129 DR MCAULEYS CT PERRYSBURG, OH ZIP + 4 43551

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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

		Yes	No
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		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 "

(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	2019-02-10 Date
RICHARD TOBER CO-PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT B KORSNACK JR	Preparer's signature	Date 2020-02-10	Check <input type="checkbox"/> 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	107,072

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

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

Department of the Treasury

Name of the organization

ELM HOUSE INC

Employer identification number

34-6595727

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 103 TOTAL 103

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MORTGAGE INTEREST 2,548 INSURANCE 9,266 REAL ESTATE TAXES 15,476 SNOW REMOVAL 3,408 OFFICE SUPPLIES AND EXPEN 773 PROFESSIONAL FEES 3,200 SUPPLIES 6,304 MAINTENANCE 16,804 NON-INVESTMENT DEPRECIATION 17,386 TOTAL 75,165

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 3,013 2,029 PREPAID EXPENSES AND DEFERRED CHARGES 2,380 2,366 LAND IMPROVEMENTS 14,312 14,312 LESS ACCUMULATED DEPRECIATION 12,447 13,046 BUILDINGS 582,329 594,316 LESS ACCUMULATED DEPRECIATION 453,448 466,212 BUILDING EQUIPMENT 95,137 106,665 LESS ACCUMULATED DEPRECIATION 83,682 87,705 RESTRICTED DEPOSITS/FUNDED RESERVES 73,867 97,956 TOTAL 221,461 250,681

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 18,415 26,396 SECURITY DEPOSITS 10,378 10,091 MORTGAGE AND OTHER NOTES PAYABLE 50,037 43,268