As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492041005260 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization ELM HOUSE INC ☐ Address change 34-6595727 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 129 DR MCAULEYS COURT ☐ Final return/terminated (419) 874-2376 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return PERRYSBURG, OH 43551 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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 1 2 2 Program service revenue including government fees and contracts 146,694 3 Membership dues and assessments 3 4 393 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events 6с 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 . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 103 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 147,190 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 13 Professional fees and other payments to independent contractors 14 31,907 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 75,165 17 17 Total expenses. Add lines 10 through 16 107,072 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 40,118 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 177,126 end-of-year figure reported on prior year's return) 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 21 217,244 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instruction Check if the organization used Schedu		uestion in this F	Part II			
		,,,,,,,,,,,,,			eginning of year		(B) End of year
22 Cash, sa	ivings, and investments		[(/ -	4,495	22	16,318
	d buildings		[30,000	23	30,000
24 Other as	ssets (describe in Schedule O)				221,461	24	250,681
	ssets				255,956		296,999
	abilities (describe in Schedule O).				78,830	\neg	79,755
	ets or fund balances (line 27 of colum				177,126	27 T	217,244
Part Ⅲ	Statement of Program Service Check if the organization used Schedu	-			· . 🗆		Expenses equired for section 501(c)
	organization's primary exempt purpose [:] DR ELDERLY/DISABLED)				org) and 501(c)(4) ganizations, optional for ners)
measured by	e organization's program service accomp y expenses. In a clear and concise manr nd other relevant information for each p	ner, describe the service	s three largest pess provided, the	rogram number	services, as of persons		
28 See Addition	nal Data Table						
(Grants \$)	If this amou	ınt ıncludes foreign gran	nts check here		▶ □	28a	
29	II this arriot	int includes loreign gran	its, check here	• •	. , .	29a	
(Grants \$)	If this amou	ınt ıncludes foreign gran	nts, check here		. ▶ 🗆		
30						30a	
(Grants \$)	If this amou	ınt ıncludes foreıgn gran	nts, check here		. ▶ 🗆		
31 Other pr	ogram services (describe in Schedule 0))				+	
(Grants \$)	If this amou	ınt ıncludes foreıgn gran	nts, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 2					32	107,072
Part IV	List of Officers, Directors, Trustees Check of the organization used Schedu						
	(a) Name and title	(b) Average	(c) Reporta	able	(d) Health bene	efits.	(e) Estimated amount
	(4) (14)	hours per week devoted to position	compensat (Forms W-2/: MISC) (if not	on 1099- paid,		nploye and	ee of other compensation
FRANK W CO	ОМО	1 00	enter -0-	0			
TRUSTEE/DI	IRE						
JAMES T FLA	ANNERY	1 00		0			
DIRECTOR							
CHARLES H	ELVERS	1 00		0			
CO-PRESIDE	ENIT						
RICHARD TO		1 00		0			
				·			
CO-PRESIDE JOSEPH W B		1 00		0			
JOSEPH W E	BRAINARD	1 00		U			
DIRECTOR							
KRIS BOTTL	ES	1 00		0			
TREASURER							

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for fact v / check if the organization used Schedule O to respond to any question in this fact v	· · · ·	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	res	No 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)			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)?			No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	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			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	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			
e 41	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
 42a	List the states with which a copy of this return is filed			
	organization's books are in care of DILL SCHUMACHER Telephone no	(419)	874-237	5
	Located at ► 129 DR MCAULEYS CT PERRYSBURG , OH ZIP + 4 ►	43551		
	225 M. Hardell S. C. Territo State (1911)	10001		
			Yes	No
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		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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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	-		
445	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		Yes	<u>No</u>
	of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
U	Instead of Form 990-EZ	44b		No
c	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? If "No," provide an	44d		
45=	explanation in Schedule O	44u 45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	.54		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
	_ , , , , , , , , , , , , , , , , , , ,			

								Yes	No
	organization engage, directly or indirect				opposition to	0			
	tes for public office? If "Yes," complete	<u>, </u>		•	• • •		46		No
	Section 501(c)(3) organization All section 501(c)(3) organizations	_	ons 47- 49b and 52	. and	complete t	he table	s for li	nes 50	and
	51.	,		•	•				
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI				· · · · i	Yes	_ No
5.1.1			N4 (1) 1 1 55 1			2			
	organization engage in lobbying activit " complete Schedule C, Part II	ies or have a section 50	ol(h) election in effect	during	the tax year	• •	47		
Is the c	rganization a school as described in sec	ction 170(b)(1)(A)(ii)?	[f "Yes," complete Sch	edule E			48		
a Did the	organization make any transfers to an	exempt non-charitable	related organization?				49a		
	" was the related organization a section	,					49b		
	te this table for the organization's five	-	mployees (other than	officers	directors t	ructees a	nd key	employ	<i>-</i>
who ea	ch received more than \$100,000 of com	npensation from the org	janization If there is n	one, e	nter "None "		<u> </u>		
(a) N	ame and title of each employee	(b) Average hours per week	(c) Reportable compensation	contr	l) Health ber Ibutions to e	mployee		imated r compe	
		devoted to position	(Forms W-2/1099- MISC)		enefit plans, erred compei				
				1		15411011			
				1					
				-					
						_			
· Total	number of other employees paid over \$	100,000				-			
Comple	te this table for the organization's five	highest compensated in	dependent contractors	· ·	· · ·	►	an \$100	0,000 of	
Comple	. , .	highest compensated in s none, enter "None "			each received			0,000 of	
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							_
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
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Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None "							
Comple	te this table for the organization's five isation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent contra	actor						
Comple	te this table for the organization's five isation from the organization. If there is	highest compensated in s none, enter "None " each independent contra	actor						
Comple comper	te this table for the organization's five isation from the organization. If there is (a) Name and business address of each of the contract of the contract of the organization complete Schedule A?	highest compensated in s none, enter "None " each independent control e	\$100,000	(b) Ty	ype of servic	e (c)	Compe	ensation	
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Comple comper	te this table for the organization's five issation from the organization. If there is a sation from the organization is five is a sation from the organization and business address of a sational five is a sational from the organization complete. Schedule A? I sational for the organization complete Schedule A? I sational for the organization complete Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	ype of servic	e (c)	✓ Ye to the	s \(\bar{\text{N}} \)	
Comple comper I Total Did t compered to the	te this table for the organization's five issation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? Indeed Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	ype of servic	e (c)	✓ Ye to the	s \(\bar{\text{N}} \)	
Comple comper I Total Did t compered to the	te this table for the organization's five issation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A? Indeed Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	ype of service	e (c)	✓ Ye to the	s \(\bar{\text{N}} \)	
Total Did total comper per penaltice wiedge an any know	te this table for the organization's five issation from the organization. If there is (a) Name and business address of each organization completes the organization completes schedule A? I eleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	ype of servic	e (c)	✓ Ye to the	s \(\bar{\text{N}} \)	
Comple comper I Total Did t comper penaltic wiedge an any know	number of other independent contractor he organization complete Schedule A? I bleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	th a and statemed on all info	e (c)	✓ Ye to the	s \(\bar{\text{N}} \)	do my
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Total Did t comper er penaltiveledge an any know	number of other independent contractor he organization complete Schedule A? I bleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) Ty	and statemed on all info	e (c)	Ye to the of which	s \(\bar{\text{N}} \)	do my
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Comple comper	number of other independent contractors of the organization of the organization. If there is a sation from the organization. If there is a sation from the organization of the organization complete. Schedule A? I selected Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over seach receiving o	\$100,000	(b) Ty	wpe of service tha and statement on all info 2019-02-10 Date Check is self-employed	e (c) ents, and rmation of PTIN P00292 34-12041	Ye to the of which	s \(\bar{\text{N}} \)	
Comple comper	number of other independent contractor he organization complete Schedule A? Independent contractor he organization complete Schedule A? Independent contractor he organization complete Schedule A? Independent contractor he organization complete Schedule A	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some seach receiving over seach receiving over some seach receiving over seach receiving o	\$100,000	(b) Ty	ch a and statemed on all info 2019-02-10 Date Check self-employed Firm's EIN	e (c) ents, and rmation of PTIN P00292 34-12041	Ye to the of which	s \(\bar{\text{N}} \)	

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Additional Data

Software ID:

Software Version:

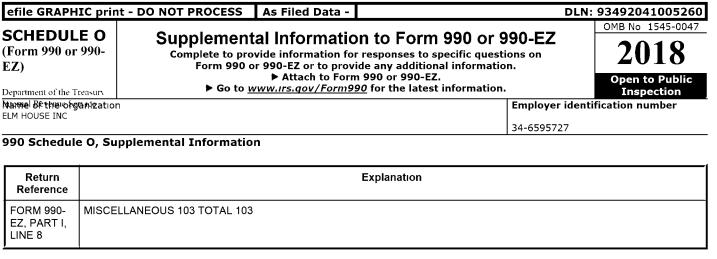
EIN: 34-6595727

Name: ELM HOUSE INC

Evnoncoc

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

Describe the 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.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 TO PROVIDE RENTAL HOOR FAMILIES	DUSING UNITS AND RELATED FACILITIES FOR ELDERLY AND/OR DISABLED INDIVIDUALS	28a	107,072	
(Grants \$)	If this amount includes foreign grants, check here ▶ 🗌			



Return Explanation Reference

990 Schedule O, Supplemental Information

Reference	
FORM 990-	EXPENSES MORTGAGE INTEREST 2,548 INSURANCE 9,266 REAL ESTATE TAXES 15,476 SNOW REMOVAL 3,4
EZ, PART I,	08 OFFICE SUPPLIES AND EXPEN 773 PROFESSIONAL FEES 3,200 SUPPLIES 6,304 MAINTENANCE 16,804

LINE 16 NON-INVESTMENT DEPRECIATION 17.386 TOTAL 75.165

Return Explanation Reference

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

TAL 221,461 250,681

990 Schedule O, Supplemental Information

Return Explanation

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

LINE 26

990 Schedule O, Supplemental Information