

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury

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.

Open to Public

_		ue Service	endar year, or tax year beginning Jul 01, 2017, and e	nding Jun 30,	2018	
<u> </u>				D Employer		on number
		applicable	C Name of organization _Elka Child Educational Center	—— D Employer	100114111000	on number
	Address	change	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite		7.0	
\Box	Name ch	ange	,	35-12974 E Telephone		
\equiv		•	1953 Georgia Street	E relephone	Hamber	
\Box	Initial ret	um	City or town State ZIP code	219-882-	3552	
	Final return	vterminated	Gary IN 46407			
			Foreign country name Foreign province/state/county Foreign posta	1		
\square	Amende	d return		G Gross reco	eipts \$	979474.
\Box	Applicati	on pending	F Name and address of principal officer Gina Hill	H(a) Is this a group return f	or subordinate	s? Yes X No
ш.	4-1		535 Union GARY IN 46403	H(b) Are all subordinate	es included?	Yes No
				1 ` '		
1 1	ax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a lis	st. (see insut	ictions)
JV	Vebsite): ▶		H(c) Group exemption i	number	
- K	iom of o	rganization	X Corporation	ar of formation	M State	of legal domicile
_					1 0	
J	art I		mmary \			
_	1	Briefly d	escribe the organization's mission or most significant activities: Rec	eive state an	d loca	l funding
ဦ	1	lunche	s to qualified children who are income eligible			
Activities & Governance						
ē	2	Chack th	nis box I if the organization discontinued its operations or dispose	d of more than 25%	of its net	assets
ő	3		of voting members of the governing body (Part VI, line 1a).		3	3
~ 5			· · · · · · · · · · · · · · · · · · ·		4	3
Š	4		of independent voting members of the governing body (Part VI, line 1b)			
Ę	5	lotal nu	mber of individuals employed in calendar year 2017 (Part V, line 2a).		5	25
÷క్ట	6	Total nu	mber of volunteers (estimate if INTERNAL REVENUE SERVICE		6	
Ř	7a	Total un	related business revenue from Part VIII, column (G), line 12		7a	
	b	Net unre	elated business taxable income from Form 990-1, line 34	<u> </u>	7b	
				Prior Year		Current Year
9	8	Contribu	itions and grants (Part VIII, line 1h)	10727	7 <u>55.</u>	<u>851106.</u>
5	9	Program	service revenue (Part VIII, line 2g)	1044	194.	128368.
Revenue	10	Investme	ent income (Part VIII, column (SERVIGE GENTER DIRECTOR	7	715.	
œ	111	Other re	venue (Part VIII, column (A), lines 5, 6@@@@@@@pandAye)			
	12	Total revi	enue—add lines 8 through 11 (must equal Part VIII) golumb (A) line 12)	11779	164	979474.
	13	Grante a	and similar amounts paid (Part IX, column (Å), lines 1–3).		/ - -	
	14	Donofito	paid to or for members (Part IX, column (A), line 4)			
	•				-	620700
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10).	6698	56.	639799.
Ę.	16a		onal fundraising fees (Part IX, column (A), line 11e)			
Expenses	Ь		draising expenses (Part IX, column (D), line 25) ▶ 4616.	<u> </u>		
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	4089	26.	368868.
	18	Total exp	penses. Add lines 13~17 (must equal Part IX, column (A), line 25).	10787	82.	1008667.
	19	Revenue	eless expenses. Subtract line 18 from line 12	991	82.	-29193.
៦ ខ្ល				Beginning of Current	Year	End of Year
Net Assets Fund Balanc	20	Total ass	sets (Part X, line 16)	5958	83.	558194.
A B	21		pilities (Part X, line 26)	1196		111198.
25	22		ts or fund balances Subtract line 21 from line 20	4761		446996.
	rt II		nature Block		93.1	
			7. I declare that I have examined this return, including accompanying schedules and statement	ints, and to the heat of m	v koovledes	
			ct, and complete Declaration of preparer (other than officer) is based on all information of w			
					5/2018	
Sig	n	│ 	Signature of officer		7, 2010	
He	re		•	Date		
				President		
			Type or print name and title			T
n - 1		Print	Type preparer's name Peparer's signature	Date	eck X if	PTIN
Pai		n: -	nne Roberson	I I	leck [△] r lf-employed	
Pre	parer	Γ	nne Roberson	100/20/20		
Us	Only		sname ► LAND & COMPANY CPA	Firm's EIN		
			saddress ▶ 9901 South Western A CHICAGO IL 6	0643 Phone no	773-941	-5415
May	the IR	RS discus	s this return with the preparer shown above? (see instructions)			Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

	990(2017) Elka Child Educational Center	<u> 35-1297478</u>	Page 2
₽a	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III .		
1	Briefly describe the organization's mission:		
-	Receive state and local funding to provide child care and school		
	lunches to qualified children who are income eligible		
2	Did the organization undertake any significant program services during the year which were not listed on		
2		Yes	X No
	,	res	V MO
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	F	
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured b	У
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to other	s,
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ 1008667. including grants of \$) (Revenue	e \$)
	Receive state and local funding to provide child care and school	• • • • • • • • • • • • • • • • • • • •	/
	lunches to qualified children who are income eligible		

4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
-			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	:\$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	:\$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	÷\$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	· \$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	· \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue	; \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
4c		: \$ 	
4c	Other program services (Describe in Schedule Q)	: \$	
)	

If "Yes," complete Schedule G, Part III

ABOD

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 . . . Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a . Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II , , , , , , 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017) Elka Child Educational Center
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	امدا		.,
26	990-EZ? If "Yes," complete Schedule L, Part I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		Х
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ľ	
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		:	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ł	
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete scriedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	İ	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		ĺ	
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	-	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20		v
	13' Note. All 1 of the 330 liters are required to complete Schedule O.	38		Х

_EIKa Chi	.id Educational	Center	33-129/4/8	Page
Statements Re	garding Other IRS	Filings and Tax Compliance		

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<u> </u>
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 25	 		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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	١.		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	-	—	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa_		 ^- -
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŀ		
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			İ
a	Initiation fees and capital contributions included on Part VIII, line 12	1		1
b	Section 501(c)(12) organizations. Enter	1		
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 !		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		,	l
	the organization is licensed to issue qualified health plans]		l
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

X

Rege 6

Sect	ion A. Governing Body and Management				<u> </u>
Ject	NOT AS COTOTHING DOUG AND INCHASCENTENT.	· · · · ·		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 3		1.00	<u> </u>
10	If there are material differences in voting rights among members of the governing body, or		7		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.].		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3		٠	ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		\dashv .		• .
2	any other officer, director, trustee, or key employee?	manip with	2	—	X
3	Did the organization delegate control over management duties customarily performed by or under	r the direct	1		<u> </u>
3	supervision of officers, directors, or trustees, or key employees to a management company or of				Ų
4			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets /	5		X
6 ~-	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	_		
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the control of the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to the organization reserved to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subject to approval by) members to (or subje	ers,			
_	stockholders, or persons other than the governing body?	. :	7b	 -	X
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during	- '		
	the year by the following:		<u> </u>	<u> </u>	
a	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9	l	Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue	Code)		
4.0			40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of suc		406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e ming the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		420		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	· ·	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	II Yes,	422	, l	
40	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and app				·
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation	ni anu decision?	150		<u> </u>
a	The organization's CEO, Executive Director, or top management official.		15a 15b		
b	Other officers or key employees of the organization		מכו	^	-
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	naamant		•	
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a taxable patitly during the year?	ngement	46-		التي ا
L	with a taxable entity during the year?	Nueto ita	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evi				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa the organization's exempt status with respect to such arrangements?	_	16b		
Sect	ion C. Disclosure		1100		L
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	190-T (Section 501/	c)(3)e c	nlv)	
10	available for public inspection. Indicate how you made these available. Check all that apply	100-1 (Oculon 101)	کرری)ی د	/ i ii y /	
		plain ın Schedule C))		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	•		and	
13	financial statements available to the public during the tax year	s, sommet of filteres	Policy	, and	
20	State the name, address, and telephone number of the person who possesses the organization's	hooks and records	_		
20					
	Elka Child Care Educ Cn 1953 Georgia GARY IN 46407	217 002 3	···		

_				7
P	a	n	a	•

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor ar	ny related organi	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	ee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than one employee (box, unless person is both an officer complete (key employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than one employee) (do not check more than officer more than officer) (do not check more than officer) (d				is both	ns r	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Julius Hıll Presıdent	Í			x				65000.	0	0
(2) Gina Hill Vice-Pres	40			x				62000.	0	0
(3) T Harrison Sec Treasurer	40			x				45000.	0	0
(4)							·			
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	Р	art VII 🖁	Section A. Officers, Directors, 1	rustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınued)
Product for relation of the components of the	t	,		Average hours per	unle: er an	Pos neck ss pe d a c	more rson lirect	is boti or/trus	h an tee)	Reportable compensation	Reportable compensation	Estimated amount of	
[16]. [17]. [18]. [19]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [28]. [29]. [29]. [29]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [28]. [29]. [29]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [28]. [29]. [29]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [28]. [29]. [29]. [29]. [20]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [25]. [26]. [27]. [28]. [28]. [29]. [29]. [29]. [20]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [29]. [29]. [29]. [20]. [20]. [20]. [21]. [22]. [23]. [24]. [25]. [26]. [27]. [28]. [29]. [29]. [29]. [20]. [20]. [20]. [20]. [20]. [21]. [22]. [23]. [23]. [24]. [25]. [26]. [27]. [28]. [29]. [29]. [29]. [20]. [21]. [22]. [23]. [24]. [25]. [25]. [26]. [27]. [28]. [29]. [29]. [20]. [hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations	compensation from the organization and related
(19) (20) (21) (22) (23) (24) (25) 1 b Sub-total (2 Total from continuation sheets to Part VII, Section A (24) (25) (27) (28) 2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is presented employee on line 1a? If "Yes," complete Schedule J for such individual (25) (26) 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (21) (29) (20) (21) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (25) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)												
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	(24)					·							
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	5	Did any pe	erson listed on line 1a receive or ac									dıvıdual	5 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received	Sec			103, complete	ocne	duit	, , ,	0, 3	ucii j				3
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received		Complete compensa	this table for your five highest comp										i's tax
				dress								vices (
more than \$100,000 of compensation from the organization	2				nited	to th	1056	e list	ted a	bov	e) who received		

Form 990 (2017) Program Service Revenue and Other Similar Amounts

t V	/111				. ,				
		Check if Schedule O contain	s a response	Or	note to any line	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from
					_		function revenue	revenue	tax under section: 512-514
1	1a	Federated campaigns .		1a					
1	þ	Membership dues .		<u>1b</u>		ļ			
	С	Fundraising events		<u>1c</u>					
1	d	Related organizations .	-	1d					
	е	Government grants (contribution	· ·	1e	825106.				
-	f	All other contributions, gifts, gra							
		similar amounts not included ab	<u>_</u>	1f	26000.				
	g	Noncash contributions included in I Total . Add lines 1a–1f	ines ra-ri	\$		851106.			
-	h	Total. Add lines Ta-TI	<u></u>	<u></u>	Business Code	831106.			
١,	2a	Private Fee			624410	30514.	30514.		·
		Other			624410	74154.	74154.		
	c	Rental Income			624410	23700.	23700.		1
İ	đ								
	е								
	f	All other program service reven							
上	g				▶	128368.			
3	3	Investment income (including di	vidends, inter	res	t, and				
١.		•			•			 	· · · · · · · · · · · · · · · · · · ·
4		Income from investment of tax-e	exempt bond	pro	_				
5	•	Royalties .	(ı) Real		▶ (II) Personal			 - 	
١,	۰-	Gross rents	(i) iteal		(ii) i ersonai				
`	6a b	Less rental expenses .							
	C	Rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	_					
	d	Net rental income or (loss)			•			·	
7	7a	Gross amount from sales of	(i) Securities	S	(II) Other				
	-	assets other than inventory							
	b	Less. cost or other basis		_					
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)			•			 	
8	8a	Gross income from fundraising						1	
		events (not including \$							
		of contributions reported on line	TC)	_					
	b	See Part IV, line 18 Less direct expenses		a b					
	C	Net income or (loss) from fundra	aisına events	-					.
ءِ		Gross income from gaming activ	•					 	
`	-	See Part IV, line 19		а					
	b	Less direct expenses	•	b					
		Net income or (loss) from gamir	ng activities.						
10	0a	Gross sales of inventory, less							
		returns and allowances		а				1	
	b	Less: cost of goods sold		þ	L				
<u> </u>	С	Net income or (loss) from sales	of inventory .	· ·	<u> • • • • • • • • • • • • • • •</u>			ļ	<u> </u>
L		Miscellaneous Revenue			Business Code				
11									
	þ								
	ر ت	All other revenue .							
	d	Total. Add lines 11a–11d	•						-
١.,	`	Total revenue Securetructions	•	•		070474	120360	 -	

Form 990 (2017) Elka Child Educational Center Part IX , Statement of Functional Expenses

,	Section .	501(c)(3) and 50	01(c)(4) organizatio	ons must complete all colu	mns All other org	janizations mu <u>st com</u>	plete column (/	4).

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Form 990 (2017) Elka Child Educational Center Part X , Balance Sheet

1 Cash—non-interest-bearing 5,557.6 1 5,0359. 2 Savings and temporary cash investments 32.291. 3 27648. 3 Pledges and grants receivable, net 32.291. 3 27648. 4 Accounts receivable, net 32.291. 3 27648. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees and spossoring organizations (see instructions) Complete Part II of Schedule L 5 6 Loans and other receivables from the disqualified persons (see defined under section 4560(N)II), persons described in section 4596(N)(II), person describen (section 4596(N)III), person describen (section 4596(N)IIIIII), person describen (section 4596(N)IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1		Check if Schedule O contains a response of	or note to any line in this Part >	<	<u> </u>	
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Par	Reconciliation of Net Assets				
1	, Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	794	74.
2	Total expenses (must equal Part IX, column (A), line 25).	2	10	086	67.
3	Revenue less expenses Subtract line 2 from line 1	3	_	291	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	761	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	469	96.
Pari	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			L	
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b >	<u>΄</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	a			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

20**17**

Open to Public Inspection

Department of the Treasury Internal Revenue Service implete if the organization is a section softeness organization of a section 4347(a)(1) nonexempt chartesis to

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Elka Child Educational Center Inc

Employer identification number 35-1297478

r	a Chilla Educational	center in	•			00-129/4/0		
Par				mplete th	ns part)	See instructions		
	organization is not a private founda							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	hospital's name, city, and state	•					, 	
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	he benefit of a colle nplete Part II)	ege or university owne	d or opera	ated by a	governmental unit d	lescribed in	
6	A federal, state, or local gover	nment or governme	ental unit described in	section	170(b)(1)	(A)(v).		
7	X An organization that normally a described in section 170(b)(1			rom a gov	vernmenta	al unit or from the ge	eneral public	
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete Pa	art II)				
9	An agricultural research organ	ization described in	section 170(b)(1)(A)	(ix) opera	ated in coi	njunction with a land	d-grant college	
·	or university or a non-land-gra university	nt college of agricu	Iture (see instructions)	Enter th	e name, o	city, and state of the	college or	
10	An organization that normally							
	receipts from activities related support from gross investment							
	acquired by the organization a							
11	An organization organized and							
12	An organization organized and	d operated exclusiv	ely for the benefit of, to	o perform	the funct	ions of, or to carry o	out the purposes	
	of one or more publicly suppor Check the box in lines 12a thro							
а	Type I. A supporting organi							
	the supported organization organization You must co	mplete Part IV, Se	ctions A and B.	-	-			
b	Type II. A supporting organ							
	control or management of the organization(s) You must			same per	sons that	control or manage ti	ne supported	
С	Type III functionally integr	•		d in conne	ection with	n, and functionally in	ntegrated with,	
	its supported organization(s	s) (see instructions)	You must complete	e Part IV,	Sections	A, D, and E.		
d	Type III non-functionally i							
	that is not functionally integ requirement (see instruction	rated i ne organiza as). You must con	ation generally must sa onlete Part IV. Sectio	atisty a dis	Stribution in D. and P	requirement and an art V	attentiveness	
е	Check this box if the organi	•	•		-		Type III	
	functionally integrated, or T	ype III non-function				31 . 31 .		
f	Enter the number of supported	•	•					
<u> </u>	Provide the following information (i) Name of supported organization	on about the suppor	rted organization(s). (iii) Type of organization	l (iv) to the	organization	(v) Amount of monoton	(vi) Amount of	
	(i) Name of supported organization	(11) = 114	(described on lines 1–10		ur governing	(v) Amount of monetary support (see	other support (see	
			above (see instructions))	docu	ment?	instructions)	instructions)	
				Yes	No			
(A)				100				
(B)					<u> </u>			
(C)								
(D)								
(E)								
Total								
· viai							I	

Page 2

Schedule A (Form 990 or 990-EZ) 2017 Elka Child Educational Center Inc 35-12

Part:II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction·A. Public Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	882497.	1075734.	1125898.	1177249.	979474.	5240852.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	882497.	1075734.	1125898.	1177249.	979474.	5240852.
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			L	<u> </u>		5240852.
	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
_	, , , , ,	(a) 2013 882497.	(b) 2014 1075734.	(c) 2015 1125898.	(d) 2016 1177249.	(e) 2017 979474.	(f) Total 5240852.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,	002497.	1073734.	1123090.	11//249.	9/94/4.	J2400J2.
	rents, royalties, and income from similar sources		681.	729.	715.		2125.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					:	
11	Total support. Add lines 7 through 10						5242977.
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	>
Sec	tion C. Computation of Public Sur	nort Percenta	nge .				
14	Public support percentage for 2017 (line 6, co	olumn (f) dıvıded b	y line 11, column ((f))		14 15	99.96% 99.97%
	33 1/3% support test—2017. If the organiza and stop here. The organization qualifies as	a publicly support	ed organization .		•		► X
	33 1/3% support test—2016. If the organization and stop here. The organization qualifie	s as a publicly sup	ported organizatio	n		•	>
17a	10%-facts-and-circumstances test—2017. is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	s the "facts-and-cii	rcumstances" test,	check this box and	stop here. Expla	ain in	▶ □
b	10%-facts-and-circumstances test—2016. 15 is 10% or more, and if the organization metaplain in Part VI how the organization meets supported organization	neets the "facts-ar	nd-circumstances"	test, check this bo	x and stop here.		▶□
18	Private foundation. If the organization did nonstructions	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization	Employe	er ident	ification number
Ell	ka Child Educational Center Inc	35-12	2974	78
	Organizations Maintaining Donor Advised Funds or Other Similar Fu			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6			
	(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets he	eld in done	or adv	sed
•	funds are the organization's property, subject to the organization's exclusive legal con		o. aav	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra		can b	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor			
	purpose conferring impermissible private benefit?	, or ioi a.	,	Yes No
Dar	t II Conservation Easements.	• •		
rai		,		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education) Preservation	ion of a hi	storic	ally important land area
	Protection of natural habitat Preservati	ion of a ce	ertified	I historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ution in th	e form	of a conservation
	easement on the last day of the tax year.	ſ		Held at the End of the Tax Year
а	Total number of conservation easements .	ľ	2a	
b	Total acreage restricted by conservation easements		2b	,
С	Number of conservation easements on a certified historic structure included in (a).	Ţ	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on	a		
	historic structure listed in the National Register	[2d	
3	Number of conservation easements modified, transferred, released, extinguished, or t	terminate	d by th	ne organization during
	the tax year ▶			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	ion, hand	ling of	
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conserva	tion ea	sements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation (easem	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	its of sect	ion 17	0(h)(4)(B) <u>(i)</u>
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easements in its rever	nue and e	xpens	se statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's f	financial s	statem	ents that describes
	the organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, o		Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8			
1a	if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it			
	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or	resea	rch in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statement			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	evenue st	ateme	nt and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or	resea	rch in furtherance
	of public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar as		inanc	al gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to thes			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
h	Accets included in Form 900. Port V			• •

Part	III Organizations Maintaining (Collec	ctions of A	rt, Hi	storic	al Trea	asures, or C	Other	Similar Asset	s (contu	nued)	
,3												
•	collection items (check all that apply).											
а	Public exhibition			d		Loan	or exchange i	orogra	ams			
b	Scholarly research			е		Other						
	= .	one		_	ш							
C	Preservation for future generati		alla atrana an		مط میماد	* b.a	further the ea		ation's avamnt n		Dort	
4	Provide a description of the organizat XIII	ion's c	collections ar	ıa exp	olain no	w triey	further the or	ganız	ation's exempt p	urpose ii	Part	
5	During the year, did the organization sassets to be sold to raise funds rather									☐ Y		No
Dor				iii lou t	uo part	01 1110 0					<u> </u>	
Par	Escrow and Custodial Arrar	_		n Ea	-m 000	Dort	N/ line 0 or	ronc	ated on amoun	t on Ear	~	
	Complete if the organization a	IISWE	ileu iles o	III FOI	1111 990	J, Part	iv, line 9, or	repu	nteu an amoun	t on For	11	
	990, Part X, line 21.		d					-46		 		
1a	Is the organization an agent, trustee,				nediary	for cor	itributions or	otner	assets not	☐ Y	· –	No
h	included on Form 990, Part X? If "Yes," explain the arrangement in P		 Il and comple		o follou	una tah	lo.			L ''	;s	NO
b	ii res, explain the arrangement in P	ail Aii	ii and comple	21 6 1111	e ioliow	nig lab	ile.			Amount		
С	Beginning balance							1	c	Airiourit		
d	Additions during the year	•		•	•				d			
e	Distributions during the year		•						e			
f	Ending balance		• •	•			•		lf			
20	Did the organization include an amou	nt on 1	Earm 000 D	~ • V	luna 21	for on	araw ar ayata		<u> </u>		s X	No
2a									· ·	Ш"	≋⊨	NO
b	If "Yes," explain the arrangement in P	art XII	II Check her	e it th	е ехріг	ination	nas been pro	viaea	on Part XIII .			<u> </u>
Part				_								
	Complete if the organization a			1						 	,, .	
		(a)	Current year	1 0	(b) Prior y	/ear	(c) Two years	back	(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance			1						_		
b	Contributions			-						_		
С	Net investment earnings, gains,											
	and losses		<u> </u>	 			!					
d	Grants or scholarships			-					<u> </u>			
е	Other expenditures for facilities											
	and programs .											
T	Administrative expenses											
g	End of year balance			-1 11-			1 (- \) -	-1-1				
2	Provide the estimated percentage of t			0 0 a 18		ne ig, d	column (a)) ne	eio as				
a	Board designated or quasi-endowmer Permanent endowment		00%	009	<u>′o</u>							
b		 □:	0.00%									
С	Temporarily restricted endowment The percentages on lines 2a, 2b, and			•								
3a	Are there endowment funds not in the		•		nizatioi	a that a	ro hold and a	dmini	stored for the			
Ja	organization by.	poss	ession or the	orga	ilizatioi	i illat a	re neid and a	OIIIIIII	stered for the		Yes	No
	(i) unrelated organizations									3a(i)	103	110
	(ii) related organizations		•		•		•	•	•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	· mani:	zations listed	l as re	aured	on Sch	nedule R?			3b		
4	Describe in Part XIII the intended use	-			-				•			
Part				511 0 0	11401111	ioni ian						
T GITE	Complete if the organization a			n For	rm 990) Part	IV line 11a	See	Form 990 Part	t X line	10	
	Description of property		(a) Cost or o				st or other) Accumulated		ook valu	
	Description of property		(a) Cost of o		-15		s (other)	,,	depreciation	(4) 5	Jon Talu	-
1a	Land				-	118	8,880.			118	3,88	0.
b	Buildings						9,517.		126,395.		3,12	
C	Leasehold improvements						0,146.		137,525.		2,62	
d	Equipment			-			5,188.		101,913.		3,27	
е	Other						3,001.		151,081.		1,92	
Total	l. Add lines 1a through 1e (Column (d)	must	equal Form	990,	Part X,	columi	n (B), line 10d	:)	•	439	9,81	8.

Fart VII =	Investments—Other Securities. Complete if the organization answer	ered "Yes" on Form 99() Part IV line 11h See Form	990 Part X line 12
. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
				· <u> </u>
				.,
(H)	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.	<u> </u>	<u> </u>	
Part VIII	Complete if the organization answer	arad "Vac" on Form 000	Dart IV line 11c See Form	000 Part V line 13
			(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)▶			· - ····
Part IX	Other Assets.			
	Complete if the organization answer), Part IV, line 11d. See Form	
- Annui		escription		(b) Book value 26, 453.
(1) Annui	СУ			20,433.
(2)				
(3)				
(5)				
(6)		······································		· , , .
(7)				-
(8)		·		
(9)	, , ,,			
	(b) must equal Form 990, Part X, col (B) lin	e 15)	>	26,453.
Part X	Other Liabilities.	_		
	Complete if the organization answer	ered "Yes" on Form 990), Part IV, line 11e or 11f See	e Form 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (2)	#1			
	(b) must equal Form 990, Part X, col (B) line 25)	1		Latina and the state of the sta
2. Liability for u	incertain tax positions. In Part XIII, provide th	e text of the footnote to the	organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Fart XI * Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
ft.	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements.		1 979,474.		
2	`Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1			
а	Net unrealized gains (losses) on investments .	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.) .	2d	- A-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-		
е	Add lines 2a through 2d .	•	2e		
3	Subtract line 2e from line 1		3 979,474.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 979,474.		
Par			r Return.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a			
1	Total expenses and losses per audited financial statements		11,008,667.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities .	2a	2.1		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d	•	2e		
3	Subtract line 2e from line 1	1 1	<u>31</u> ,008,667.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4.5		
	Other (Describe in Part XIII)	4b	1. T. T.		
b	·	•	7		
С	Add lines 4a and 4b		4c		
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	4c 51 ,008,667.		
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.		5 1,008,667.		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	5 1, 008, 667. Part V, line 4; Part X, line		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b; lines 1b and 2b	5 1, 008, 667. Part V, line 4; Part X, line ormation		
c 5 Par Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to p	Part IV, lines 1b and 2b; lines 1b and 2b	5 1, 008, 667. Part V, line 4; Part X, line ormation		
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SCHEDULE O (Fornt 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Elka Child Educational Center Inc	35-1297478
Part VI line 11	
Part VI Line 11	
The Board of Directors reviews the 990	
Part VI Section b	
The organization makes its governing documents, confl	ict of
interest policy, and financial statements availabe to	the
public upon request	
public apon logaces	•••••
Part VI Section A Number 2	
Gina Hill is the daughter of Julius Hill	
	•••••