COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

<u>Penalties</u>: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

<u>Private foundation exempt</u>: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

* *	PUBLIC	DISCLOSURE	COPY	* *
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of th Internal Revenue

<u>99</u>0

Form

ecurity numbers on this form as it may be made public.

OMB No. 1545-0047 D **Open to Public** Inspection

he Treasury	Do not enter social se
e Service	Information about Formation

orm 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Ba	Check if	C Name of organization	_	D Employer identi	fication number
	Addre	ss Elim Christian Services			
	Name Chang		36-22	76614	
F	Initial		Room/suite	E Telephone numb	
	Final	12020 C Control Ave	noom/suite	1 ·	89-0555
L	⊥return termir ated			G Gross receipts \$	22,750,874.
	Amen		H(a) Is this a group	, ,	
	_lreturn ∏Applio	,	for subordinate		
	pendi	same as C above	H(b) Are all subordinates		
<u> </u>		empt status: $X = 501(c)(3)$ $501(c)()$ $4947(a)(1) c$	1	a list. (see instructions)	
-		$e: \blacktriangleright www.elimcs.org$	or 527	,,	
-		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption of formation: 1950	M State of legal domicile: IL
_	art I	Summary			
		Briefly describe the organization's mission or most significant activities: Elim pr	owides a	ducational	
S	'	vocational and residential services to disabled persons.	.oviues e	educacionai,	
nan					
Activities & Governance		Check this box if the organization discontinued its operations or disposed in the second sec			
ĝ		Number of voting members of the governing body (Part VI, line 1a)			·
ø		Number of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			
tivit	6	Total number of volunteers (estimate if necessary)	6		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		3,120,394	, ,
Revenue		Program service revenue (Part VIII, line 2g)		19,780,385	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		110	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<78,079	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		22,822,810	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		250,178	,
		Benefits paid to or for members (Part IX, column (A), line 4)	0		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		17,133,970	. 17,525,554.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	344.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,120,226	4,792,260.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,504,374	. 22,499,671.
	19	Revenue less expenses. Subtract line 18 from line 12		318,436	. 27,568.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		26,759,668	. 25,405,795.
dBs	21	Total liabilities (Part X, line 26)		12,883,519	. 11,502,078.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		13,876,149	. 13,903,717.
Pa	art II	Signature Block			

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 Robert Hooker, Vice President of Type or print name and title	Finance	Date	
Paid	Print/Type preparer's name Francis K. Brown II	Preparer's signature π	Date Check PTIN 4/10/2018 if self-employed P004650	540
Preparer	Firm's name 🕒 Capin Crouse LLP		Firm's EIN 🕨 36–39908	92
Use Only	Firm's address 🖕 972 Emerson Parkway- Ste	e A		
	Greenwood, IN 46143		Phone no.317-885-2620	
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Ye	s 🗌 No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2016) Elim Christian Services	36-2276614	Page 2
Pa	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: Elim's mission is to be a ministry that enables individuals with		
	special needs to achieve their highest God-given potential.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	l	Yes X No
	If "Yes," describe these new services on Schedule O.	- 1	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? l	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a	e mossured by	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 15,590,532. including grants of \$ 181,857.) (Reve	enue \$	16,644,472.)
	Special education programs: Students with special needs were provided		·
	educational services. The students' special needs included learning		
	disabilities, mental retardation, autism, and physical disabilities.		
4b	(Code:) (Expenses \$ 3,335,093. including grants of \$) (Reve	enue \$	2,622,832.)
	Day programs for the developmentally disabled: Adults with		,
	developmental disabilities were provided daytime services consisting of		
	rehabilitation, vocational training, developmental training, supported		
	employment and work in a sheltered workshop setting.		
40	(Code:) (Expenses \$ 526,802. including grants of \$) (Reve	anue \$	310,233.)
70	Outreach Services: Services provided in local private schools for		
	remedial help for children not needing a separate setting. Support and		
	consulting also provided for special education schools around the		
	world.		
<u> </u>	Other program can jaco (Decerite in Set - 1.1. C.)		
40	Other program services (Describe in Schedule O.))
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 19,452,427.)
-10			

Form	990	(2016)	

Elim Christian Services

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

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19

x

complete Schedule G, Part III

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	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			
	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		X
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	23	x	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	л	
2-70	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	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
	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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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 entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		А
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		л	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
U	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 organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
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	38	х	
		-	000	(0010)

Elim Christian Services

Form **990** (2016)

36-2276614

Form	990 (2016) Elim Christian Services 36-2276614		P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 2a 764			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
a		9a		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
, N	amounts due or received from them.) 11b			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. z a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand 13c			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990	(2016)
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Form	990 (2016) Elim Christian Services	36-22766	14	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below, and fo	or a "No" i	respon	se
	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
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or 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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S				х
5	Did the organization become aware during the year of a significant diversion of the organization's as				х
6	Did the organization have members or stockholders?				х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
D			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		15		
			8a	x	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		uo		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		9		21
000	tion B. Tonoico (mis Section D requests information about policies not required by the internal re	evenue coue.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	before ming the form			
			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y		125		
C			12c	x	
13	in Schedule O how this was done			x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			x	
15	Did the process for determining compensation of the following persons include a review and approva				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
~	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization			X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
108			16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		10a		<u>л</u>
D					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?		16b		
Sec	exempt status with respect to such arrangements?				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CO, CT, FL, GA	A TI, KS KY MD MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T		lv) availat		
10	for public inspection. Indicate how you made these available. Check all that apply.		y availat		
		in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	and finan	cial	
19		muct of interest policy,	anu man	udi	
20	statements available to the public during the tax year.	oke and records.			
20	State the name, address, and telephone number of the person who possesses the organization's bo Brian Boss, Director of Finance - 708-389-0555	ions and records:			
	13020 S Central Ave, Palos Heights, IL 60463				

Form 990 (2016) Elim Christian Services	36-2276614	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) Dr. Fred Wezeman	1.00									
Chairman		х		х				٥.	٥.	٥.
(2) Mike Alles	1.00									
Vice Chairman		х		х				٥.	٥.	٥.
(3) Ken Vander Wal	1.00									
Treasurer		х		х				0.	٥.	0.
(4) Dr. Mackenzi Huyser	1.00									
Secretary		х		х				0.	0.	0.
(5) Karen DeVries	1.00									
Trustee		х						0.	0.	0.
(6) Paul Buikema	1.00									
Trustee		х						0.	0.	0.
(7) Dr. Bert DeJong	1.00									
Trustee		х						0.	0.	0.
(8) KC Hagstrom	1.00									
Trustee		х						0.	0.	0.
(9) David Rumbuc	1.00									
Trustee		Х						0.	0.	0.
(10) Bill Zandstra	1.00									
Trustee		Х						0.	0.	0.
(11) Barbara Van Prooyen	1.00									
Trustee		Х						0.	0.	0.
(12) Beverly Ozinga	1.00									
Trustee		Х						0.	0.	0.
(13) Joel Tameling	1.00									
Trustee	1.00	Х						0.	0.	0.
(14) Dr. William Lodewyk	40.00									
President	1.00			х				161,628.	0.	23,432.
(15) Robert Marsh	40.00									
Vice President	1.00			х				143,367.	0.	27,587.
(16) Robert Hooker	40.00									
Vice President of Finance	1.00			х				139,656.	0.	22,492.
(17) Sharon Duncan	40.00	1								
Vice President of Programm				Х				120,728.	0.	4,895.

Form 990 (2016) Elim Christia	n Services								36-2276	614		Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than	nne	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	n	ar	nount	of
	week		cer ar	nd a d	recto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	or di	e			ated		organization	(W-2/1099-MIS	C)		rom th	
	related organizations	ustee	truste		a	pens		(W-2/1099-MISC)				aniza	
	below	ual tr	ional		ploye	t com (ee						d rela [:] anizat	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizai	10115
(18) Michael Otte	40.00	_			l ⊻		ш						
Dir. Children's Services						x		117,821.		٥.		21	,955.
1h Cub total								683,200.		0.		100	,361.
1b Sub-total c Total from continuation sheets to Part VI								005,200.		0.		100	, 301. 0.
d Total (add lines 1b and 1c)								683,200.		0.		100	,361.
2 Total number of individuals (including but n							no r	received more than \$100),000 of reportabl	e			-
compensation from the organization													5
										1		Yes	No
3 Did the organization list any former officer,											-		
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-					for a state of the state of	the organization		4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithi	i	year.				
(A) Name and business	address							(B) Description of s	services	С)) ompe		on
Hillner Industrial Maintenance													
PO Box 42, Willow Springs, IL 60480								Janitorial service	s			275	,711.
Country House Restaurant													
5400 W 127th Street, Alsip, IL 60803	Como 1							Food services				236	,000.
Darwill, PO Box 5998, Dept. 20-8039, Stream, IL 60197	Carol							Printing and maili	ng			177	,752.
Med Call								i i i i i i i i i i i i i i i i i i i				177	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
430 W. Erie, Chicago, IL 60654								Nursing services				110	,298.
2 Total number of independent contractors (i		ot li	mite	d to		se lis 4	steo	d above) who received n	nore than				
\$100,000 of compensation from the organized	Lauun 🚩					x							

art V		2016) Elim Christ Statement of Revenue	lan Serv	lces			36-227661	4 Pag
		Check if Schedule O contains	a response	or note to any line	e in this Part VIII			Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
1	а	Federated campaigns	1a					
3	b	Membership dues	1b					
	с	Fundraising events	1c	187,584.				
3	d	Related organizations	1d	488,985.				
	е	Government grants (contributions)	1e					
5	f	All other contributions, gifts, grants, an						
		similar amounts not included above \dots	1 f	2,248,880.				
ź	-	Noncash contributions included in lines 1a-1f						
5	h	Total. Add lines 1a-1f			2,925,449.			
				Business Code				
2	-	Special education fees		611600	16,644,472.			-
2		Day program fees		611600	2,711,945.	, ,		
	-	Discovery center fees		900099	310,233.	,		
2	-	Other Program Revenue		900099	30,353.	30,353.		
	e							
		All other program service revenue			19,697,003.			
3		Total. Add lines 2a-2f			19,097,003.			
		other similar amounts)	-					
4		Income from investment of tax-exe						
5		Royalties	•	' F				
J			(i) Real	(ii) Personal				
6	а	Gross rents	(i) Hear					
		Less: rental expenses		<u> </u>				
		Rental income or (loss)						
		Net rental income or (loss)						
			Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		►				
		Gross income from fundraising eve						
		including \$ 187,584	• of					
		contributions reported on line 1c).	See					
		Part IV, line 18		100,795.				
		Less: direct expenses		76,542.				
		Net income or (loss) from fundraisi		····· •	24,253.			24,2
9	а	Gross income from gaming activiti						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a						
10	а	Gross sales of inventory, less retur		27 627				
	L	and allowances						
		Less: cost of goods sold			<119,466.	> <119,466.>		
	C	Net income or (loss) from sales of Miscellaneous Revenue	ivencory .	Business Code	<rr><115,400.<td>~ \113,400.></td><td>·</td><td></td></rr>	~ \113,400.>	·	
11	2							
	a b							+
	с С							+
		All other revenue						1
		Total. Add lines 11a-11d						
	-	Total revenue. See instructions.			22,527,239.	19,577,537.		24,2

Form 990 (2016) Elim Christian Services

Page 10

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	174,851.	174,851.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,006.	7,006.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	698,548.		698,548.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,513,711.	12,550,498.	775,476.	187,737.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	301,210.	273,774.	22,781.	4,655.
9	Other employee benefits	1,950,662.	1,826,860.	107,677.	16,125.
10	Payroll taxes	1,061,423.	946,756.	101,200.	13,467.
11	Fees for services (non-employees):				
а	Management				
b	Legal	20,748.	739.	20,009.	
	Accounting	49,633.		49,633.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			CO 055	44 004
	column (A) amount, list line 11g expenses on Sch 0.)	536,561.	424,620.	69,957.	41,984.
12	Advertising and promotion	6,312.	2,209.	1 11 01 5	4,103.
13	Office expenses	251,282.	98,125.	141,217.	11,940.
14	Information technology	53,069.	4,046.	47,464.	1,559.
15	Royalties	011 405	020,405	F 2 C 00	E 201
16		911,497.	830,486.	73,620.	7,391.
17	Travel	25,075.	15,429.	4,581.	5,065.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26 461	22.276	2 6 2 9	E E 7
19 00	Conferences, conventions, and meetings	36,461. 238,380.	32,276. 238,380.	3,628.	557.
20	Interest	230,300.	230,300.		
21	Payments to affiliates	1,388,903.	1 053 131	335,772.	
22 22	Depreciation, depletion, and amortization	609,283.	1,053,131. 505,584.	97,988.	5,711.
23 24	Insurance Other expenses. Itemize expenses not covered	005,205.	505,504.	57,500.	5,711.
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Printing	237,747.	86,618.	79.	151,050.
b	Vehicles and equipment	178,622.	158,718.	19,904.	
с	Educational materials	147,658.	147,598.	60.	
d	Training and tuition	31,686.	23,781.	7,905.	
е	All other expenses	69,343.	50,942.	18,401.	
25	Total functional expenses. Add lines 1 through 24e	22,499,671.	19,452,427.	2,595,900.	451,344.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

632010 11-11-16

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

34

Form 990 (
Part X	Balance	e Sheet

Elim Christian Services

Total liabilities and net assets/fund balances

Page 11

	Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			3,535,350.	1	3,411,323
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			1,109,750.	3	1,000,000
4	Accounts receivable, net		1,394,219.	4	1,559,948	
5	Loans and other receivables from current and fe	ormer office	ers, directors,			
	trustees, key employees, and highest compens	ated emplo	oyees. Complete			
	Part II of Schedule L		5			
6	Loans and other receivables from other disqual	ified persor	ns (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
2	employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
Assels	Notes and loans receivable, net				7	
8 ۲	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			362,425.	9	126,646
10;	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	40,840,764.			
	b Less: accumulated depreciation	10b	21,532,886.	20,357,924.	10c	19,307,878
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			26,759,668.	16	25,405,795
17	Accounts payable and accrued expenses	1,087,169.	17	838,934		
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			11,796,350.	20	10,663,144
21	Escrow or custodial account liability. Complete				21	
g 22	Loans and other payables to current and forme	r officers, c	lirectors, trustees,			
Ĭ	key employees, highest compensated employe	es, and dis	qualified persons.			
	Complete Part II of Schedule L				22	
- 23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate	d third par	ties		24	
25	Other liabilities (including federal income tax, pa	yables to r	elated third			
	parties, and other liabilities not included on line	s 17-24). Co	omplete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			12,883,519.	26	11,502,078
	Organizations that follow SFAS 117 (ASC 958	3), check h	ere 🕨 🗴 and			
s	complete lines 27 through 29, and lines 33 ar	nd 34.				
Net Assets or Fund Balances 6 2 8 2 7 2 1 0 8 2 1 2 8 2 2 8 2 2 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Unrestricted net assets			12,356,059.	27	12,382,130
28	Temporarily restricted net assets			1,520,090.	28	1,521,587
2 29					29	
	Organizations that do not follow SFAS 117 (A	check here 🕨 🗌				
5	and complete lines 30 through 34.					
2 30	Capital stock or trust principal, or current funds				30	
§ 31	Paid in or capital surplus, or land, building, or ea				31	
32	Retained earnings, endowment, accumulated ir				32	
ž 33	Total net assets or fund balances			13,876,149.	33	13,903,717
34	Total liabilities and net assets/fund balances			26,759,668.	34	25,405,795

25,405,795. Form **990** (2016)

26,759,668.

34

Form	1990 (2016) Elim Christian Services	36-2276614		Pa	ge 12
	rt XI Reconciliation of Net Assets				<u> </u>
	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	22	,527	,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,499	,671.
3	Revenue less expenses. Subtract line 2 from line 1	3		27	,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	,876	,149.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	13	,903	,717.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis 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 of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2016)

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.

47(a)(1)	nonexe	empt cl	naritab	le trust.
Attach	to Earm	000 -	Earm	000 E7

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

Name	of the organization						Employer	identification number	
	Elim C	Christian Servic	es				3	6-2276614	
Par	t I Reason for Public	Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instruction	S.		
The o	ganization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)				
1 [A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 [X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
з [
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 [5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local go	• •	nental unit described in s	section 1	70(b)(1)(A)	(v).			
7	An organization that norma	•					the general	public described in	
	section 170(b)(1)(A)(vi). (C	-		. en a ge			general		
8	A community trust describe	-	(1)(A)(vi) (Complete Par	ни)					
9	An agricultural research or				ed in conii	inction with a	land-arant	college	
J L	or university or a non-land-	-			-		-	-	
	university:	grant conege of agric			name, or	y, and state o	r the colleg		
10 [An organization that norma	ally receives: (1) more	than 33 1/3% of its sur	port from	contributi	one mombor		and gross receipts from	
	activities related to its exer							-	
	income and unrelated busin		(less section 511 tax) th	om busine	esses acqu	lired by the o	ganization	atter June 30, 1975.	
.	See section 509(a)(2). (Co	• •	i velu te test feu sublis se			O(-)(A)			
11 L	An organization organized	-	•	•					
12 L	An organization organized	-	•	-			•		
	more publicly supported or	-						Check the box in	
	lines 12a through 12d that				-		-		
а	Type I. A supporting orga		-	•	-				
	the supported organization			a majority	of the dire	ctors or trust	es of the s	supporting	
	organization. You must o								
b	Type II. A supporting org					-		-	
	control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
	organization(s). You mus	-							
С	Type III functionally inte						Illy integrat	ed with,	
	its supported organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)	
	that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D	, and Part	V.			
е	Check this box if the orga	anization received a	written determination fro	m the IRS	6 that it is a	а Туре I, Туре	: II, Type III		
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.				
f	Enter the number of supported	organizations							
g	Provide the following information	· · · ·							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)	

Schedule A (Form 990 or 990-EZ) 2016 Elim Christian Services

36-2276614

Page **2**

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,038,111.	3,586,226.	3,568,870.	3,120,394.	2,925,449.	16,239,050.
2	Tax revenues levied for the organ-						
	ization'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	3,038,111.	3,586,226.	3,568,870.	3,120,394.	2,925,449.	16,239,050.
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)						130,473.
6	Public support. Subtract line 5 from line 4.						16,108,577.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	3,038,111.	3,586,226.	3,568,870.	3,120,394.	2,925,449.	16,239,050.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	743.	188.	159.	110.	0.	1,200.
9	Net income from unrelated business				-		, -
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	91,896.	109,357.	118,245.	122,196.	100,795.	542,489.
11	Total support. Add lines 7 through 10		,	,	,		16,782,739.
	Gross receipts from related activities,	etc (see instructi	ns)			12	99,938,868.
	First five years. If the Form 990 is for		,	d fourth or fifth ta			,,,
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2016 (olumn (f))		14	95.98 %
	Public support percentage from 2015		•			15	94.95 %
	33 1/3% support test - 2016. If the c						,,,
	stop here. The organization qualifies						
h	33 1/3% support test - 2015. If the c		U U				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances tes	•	•		•		
N.	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	in alla not check a		a, 100, 17a, 0r 17b	, check this box a	ind see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization,
	check this box and stop here						>
-	ction C. Computation of Publ						
15	Public support percentage for 2016 (column (f))		15	%
16	Public support percentage from 2015					16	%
-	ction D. Computation of Inve						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly :	supported organiz	ation	▶∟
b	33 1/3% support tests - 2015. If the	•					
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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10b

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2		~		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u></u>	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
D.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	on its supported organizations (in res, describe in rait of the fole played by the organization in this regard.	30		

Schedule A (Form 990 or 990-EZ) 2016 Elim Christian Services

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdietrikustiene	(iii) Diatrikutakla
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
 b				
	From 2013			
	From 2014			
-	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Special event re	evenue
2012 Amount: \$	91,896.
2013 Amount: \$	109,357.
2014 Amount: \$	118,245.
0045 5 1 1	
2015 Amount: \$	122,196.
2016 Amount: \$	100,795.

Schedule A, Part II:

The organization is a school as described under 170(b)(1)(A)(ii) and is

not required to complete a public support schedule. Schedule A, Part

II is completed to verify the School can qualify under public charity

status section 170(b)(1)(A)(vi) and qualifies to use the first listed

special rule for Schedule B reporting.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Organization type (check one):

Schedule B

(Form 990, 990-F7.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Elim	Christian	Services

Employer	identification	number
----------	----------------	--------

OMB No. 1545-0047

16

36-2276614

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of Org	yanizaron		proyer ruentification number	
Elim Chr	istian Services		36-2276614	
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$488,985	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$100,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$78,632	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
Name of organization

Employer identification number

Elim Christian Services

36-2276614

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

lim Choi	stian Services		36-227	5614
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the fol us, charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or (10) that tota	
a) No.	Use duplicate copies of Part III if addition	nal space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
-	Transferee's name, address, a	(e) Transfer of g	ift Relationship of transferor to tr	ansforco
-	Transferee S frame, audress, a			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
	Transferee's name, address, a	(e) Transfer of g	ift Relationship of transferor to tr	ansferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tr	ansferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	ow gift is held
		(e) Transfer of g	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tr	ansferee
-				

SCHEDULE D

(Form	990)
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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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
0046
2016
Open to Public
Inspection

	nent of the Treasury Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.irs	s aov/form99	Open to Public Inspection
-	e of the organizati				oloyer identification number
Nam		Elim Christian Services			36-2276614
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	
		n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		It end of year			
5		on inform all donors and donor advisors in		ed funds	
	•	on's property, subject to the organization's	•		Yes No
6		on inform all grantees, donors, and donor a			
		poses and not for the benefit of the donor of			
	impermissible priv		· · · ·	-	
Par		ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7	
1		servation easements held by the organizat			
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a histo	orically impor	tant land area
	Protection of	of natural habitat	Preservation of a cert		
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
с	Number of conser	vation easements on a certified historic str			
		vation easements included in (c) acquired			
	listed in the Natior	nal Register		2d	
3		vation easements modified, transferred, re			n during the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements i	t holds?		Yes 📖 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	ements during the year
	▶				
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easemer	nts during the year
	▶\$				
8		vation easement reported on line 2(d) above			
)(4)(B)(ii)?			Yes LI No
9		be how the organization reports conservat			
		ole, the text of the footnote to the organiza	tion's financial statements that describes	the organizat	tion's accounting for
Dor	conservation ease	ements. ations Maintaining Collections o	f Art Historical Tracquires or O	thar Simil	or Accoto
Fai		f the organization answered "Yes" on Form			ar Assels.
10		elected, as permitted under SFAS 116 (AS		nant and hal	
Id	•	s, or other similar assets held for public ext			
					service, provide, in Fart All,
h		tnote to its financial statements that descr elected, as permitted under SFAS 116 (AS		and balance	sheet works of art historical
b	-				
	relating to these it	r similar assets held for public exhibition, e	ducation, or research in furtherance of put		stovide the following amounts
	-				\$
		ided on Form 990, Part VIII, line 1 ed in Form 990, Part X			⊅ \$
2	.,	received or held works of art, historical tre	asures or other similar assets for financia		·
-		unts required to be reported under SFAS 1		. gan, provid	
а	-	on Form 990, Part VIII, line 1			\$
u				💌	*

632051 08-29-16

\$ ►

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization accussion, and other records, check any of the following that are a significant use of its collection Remains acquisition accession, and other records, theck any of the following that are a significant use of its collection Remains a Public exhibition d Loan or exchange programs b Scholarly research 0 Other c Provide accipition of the organization sciencitors and explain how they further the organization's exempt purpose in Part XIII. b During the year, did the organization scienctions and explain how they further the organization's exempt purpose in Part XIII. Provide accessing on the organization answered 'Yes' on Form 990, Part IV, line 9, or responde an anount on Form 990, Part XII. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here If the organization answered 'Yes' on Form 990, Part XII. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here If the organization include an amount on Form 990, Part XI, line 21, for escrew or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here If the organization include an amount on Form 990, Part XI, line 21, for	Sche	dule D (Form 990) 2016 Elim Christ	ian Services					36-2	227661	.4	Page 2
celeck at list apply: d Loan or exchange programs a Debic exhibition d Loan or exchange programs b Scholarly research e Other Provide a description of the organization solectors and explain how they further the organization's exempt purpose in Part XIII. The organization accelectors Image: Constraint of the organization accelectors Part I Escrow and Custodial Arrangements. Complete if the organization collectors Yes No Part I Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. No In Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part XIII. Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Dart Deforming of year balance	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar A	Asset	S(contin	ued)
a Public exhibition during the year of the organization and constraints of the organization's overlap purpose in Part XIII. a Beginning of year balance in Part XIII and complete the following table: a Beginning of year balance in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning balance in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning balance in Deat XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning balance in Deat XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Beginning of year balance in Deat XIII and complete the following table: b If Yes, 'explain the arrangement in Part XIII and complete the following table: c Begin displaints arrangement in Part XIII and complete the following table: c Begin displaints arrangement in Part XIII and complete the following table: b Contributions during the year in Deat XIII and complete the torganization analyse and year in Deat XIII and intervent table in the organization analyse and year in Deat XIII and table year i	3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	nificant use	of its co	ollection	items
b Scholary research e Other		(check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 80, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Distributions during the year 1d Indiana 2b Deter organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Det organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1b Contributions <t< td=""><td>а</td><td>Public exhibition</td><td>c</td><td>ы []</td><td>Loan or exc</td><td>hange progra</td><td>ams</td><td></td><td></td><td></td><td></td></t<>	а	Public exhibition	c	ы []	Loan or exc	hange progra	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X, Ime 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ime 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ime 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ime 21. Is the organization include an amount on Form 990, Part X, Ime 21. In the part XIII. Dust building during the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization include and part part (c) Invo years back (d) four years back Gonthoruson In the organization include an amount to Form 980, Part X, Ime 21. Part V Endowment Funds. Complete if the organization include and part part Id Current year (c) INV years back (d) Intre years back (e) Four years back Id Grants or facilities ad program Id Administrative expenses Id Administrative expenses Id Administrative expenses Id Administrative explains the associations Intermediary for the organization include and individent Part Part Provide the estimated percentage of the current year end balance (Ime 1g, column (a)) held as: Board disginated or qualiandowment 96 Permount eaction into its possession of the organization isolection Part Part Bandowment 96 Permodent eaction (into 2, 20, and 22 should aquali 100%. Sa Are there eathowment IND 96 P	b	Scholarly research	e	•	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ives No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ives No 1 Is the organization an agent. Itrustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id <	с	Preservation for future generations									
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 21. Ives	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar a	assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d d Additions during the year 1d a Did thoroganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Contributions (a) Current year (b) Prior year V (c) Two years back (c) Three years back (c) Four years back. (c) Four years back (c) Four years back (c) Four years back (c) Three years back (c) Four years back. c Not investment earnings, gans, and losses (a) Current year end balance (line 1g, column (a) held as: a a Bedind organization inse Xa. 20, and 2c should equal 100%. Seat the estimated percentage of the current year end balance (line 1g, column (a) held as: a Beard designated organizations ga(t) b Permoanent e				<u> </u>							No No
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back if a Beginning of year balance (b) Orthor year (c) Two years back if (d) Three years back if (d) Three years back if a doministrative expenses a Contributions		reported an amount on Form 990, Pa	rt X, line 21.								
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a										
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b Contributions Image: Second S			(a) Current year	(b) F	Prior year	(c) I wo yea	rs back (d	d) Three years	раск	(e) Four	years back
c Net investment earnings, gains, and losses	1a										
d Grants or scholarships	b										
e Other expenditures for facilities and programs	с										
and programs											
f Administrative expenses	е	-									
g End of year balance											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) are the related organization's endowment funds. Yes 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1 1 1 1 1 1 1 1 1 1											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-										
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c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) urrelated organizations 3a(i)	a L			_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization set as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Equipment (d) Equipment (f) Subject (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 1 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 618, 203. 618, 203. 618, 203. b Buildings 33, 265, 014. 15, 351, 710. 17, 913, 304. 1 c Leasehold improvements 5, 302, 164. 4, 813, 401. 488, 763. e Other 1, 655, 383. 1, 367, 775. 287, 608.	С	· · · · · · · · · · · · · · · · · · ·									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment c Other (c) Accumulated (c) Accumula	0-				at ava balda	un al un alum iun instan	un al fau ila				
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.	3a		ession of the organiz	ation th	at are neid a	nd administe	ered for the	e organizatio	n	Б	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203. 618,203.		-									Tes NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements 488,763. d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 618,203. 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.	h	(ii) related organizations	tiona listad os raqui		Cobodulo D2						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 618,203. 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements 488,763. d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.	0									30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land618,203.618,203.618,203.618,203.b Buildings33,265,014.15,351,710.17,913,304.c Leasehold improvements5,302,164.4,813,401.488,763.e Other1,655,383.1,367,775.287,608.	Par		0	ownen	iunus.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 618,203. 618,203. 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.				0 Part l	V line 11a S	See Form 990) Part X li	ine 10			
basis (investment) basis (other) depreciation 1a Land 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements 488,763. d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.											value
1a Land 618,203. 618,203. b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.		Description of property					.,			U) BOOK	value
b Buildings 33,265,014. 15,351,710. 17,913,304. c Leasehold improvements d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.	10	Land		inong	52313	. ,	ucpi	- Sincion			618 203
c Leasehold improvements					33	,	1	5 351 710	-		,
d Equipment 5,302,164. 4,813,401. 488,763. e Other 1,655,383. 1,367,775. 287,608.						, ,		,,10	+	÷,,	,
e Other					5	302 164		4 813 401	-		488 763
									_		, , , , ,
				t X. colu		, ,		••••	-		,

Schedule D (Form 990) 2016

36-2276614	Page 3
50 <u>22</u> /0011	F aue V

Complete if the organization answered "Yes" a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market valu
Financial derivatives	()		,
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Complete if the organization answered "Yes" (a)	Description	TTU. See Form 990, Part A, line TS.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4 = 1		
o (Column (b) must squal form 000 Dort V set (D)	5 76 I		💌
	9 15.)		•
art X Other Liabilities.			20.05
other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, li	ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, li	ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, li	ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, li	ne 25.
art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, li	ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, li	ne 25.
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, li	ne 25.
art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, li	ne 25.
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, li	ne 25.
art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, li	ne 25.

Sche	dule D (Form 990) 2016 Elim Christian Services			36-2276614	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With Re	evenue per R	eturn.	
	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	22,750,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
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	223,635.		
е	Add lines 2a through 2d			2e	223,635.
3	Subtract line 2e from line 1			3	22,527,239.
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	٥.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,527,239.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With E	xpenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	22,723,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d		2d	223,635.		
е	Add lines 2a through 2d			2e	223,635.
3	Subtract line 2e from line 1			3	22,499,671.
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			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,499,671.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and	2b; Part V, line	4; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal informat	on.		

Part XI, Line 2d - Other Adjustments:		
Cost of goods sold	147,093.	
Fundraising expenses	76,542.	
Total to Schedule D, Part XI, Line 2d	223,635.	
Part XII, Line 2d - Other Adjustments:		
Cost of goods sold	147,093.	
Fundraising expenses	76,542.	
Total to Schedule D, Part XII, Line 2d	223,635.	

Elim Christian Services

nedule D (Form 990) 2016 Elim Christian Services	36-2276614	Pag
Declue D (Form 990) 2016 Elim Christian Services Art XIII Supplemental Information (continued)		

|--|

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047 2016

Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organizatio	n

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Elim Christian Services

Employer identification number .4

Part I

36	-22	7661

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	Elim includes its non-discriminatory policy in all printed			
	materials used in the enrollment of new students and adult			
	clients.			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		x
	Admissions policies?	5b		X
с	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a		x
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
U.	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	00		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
•	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	-		Z) 201

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.					
	Also provide any other additional information.					

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						, or if the	OMB No. 1545-0047		
Name of the organization		entification number							
Elim Chr	istian Services					36-227661	4		
	es. Complete if the organization answ	vered "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not		
required to complete this									
 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writter key employees listed in Form 990 	ons f Solicit g Special on or oral agreement with any individua 0, Part VII) or entity in connection with ndividuals or entities (fundraisers) pure	ation of ation of al fundra al (incluo profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Ye			
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual (ii) Activity (iii) Did fundraiser base custody (iv) Gross			(iv) Gross receipts from activity	tò (Amount paid or retained by fundraiser ted in col. (i)	by) to (or retained by)		
		Yes	No						
Total			•						
3 List all states in which the organiz or licensing.	ation is registered or licensed to solici	t contrib	outions	s or has been notifie	d it is	exempt from	registration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events		
					None	(d) Total events (add col. (a) through	
			Dutch Fest	5K Run		col. (c))	
Ð			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	256,700.	31,679.		288,379.	
	2	Less: Contributions	167,410.	20,174.		187,584.	
	3	Gross income (line 1 minus line 2)	89,290.	11,505.		100,795.	
Direct Expenses	4	Cash prizes		110.		110.	
	5	Noncash prizes		4,042.		4,042.	
	6	Rent/facility costs	28,832.	741.		29,573.	
	7	Food and beverages	23,326.			23,326.	
	8	Entertainment	1,590.			1,590.	
	9	Other direct expenses	16,580.	1,321.		17,901.	
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		▶	76,542.	
	11	Net income summary. Subtract line 10 from I	24,253.				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1 Gross revenue						
S	2 Cash prizes						
Direct Expenses	3 Noncash prizes						
Direct E	4 Rent/facility costs						
	5 Other direct expenses .						
	6 Volunteer labor		Yes % No	Yes%	Yes%		
	7 Direct expense summar	/. Add lines 2 through 5 in c	column (d)		►		
	8 Net gaming income sum	mary. Subtract line 7 from	line 1, column (d)				
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						
	a Were any of the organization o If "Yes," explain:			•	year?	Yes No	

Sch	nedule G (Form 990 or 990-EZ) 2016 Elim Christian Services 36-2	36-2276614		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
¢	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
_	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	I, lines 9	, 9b, 1	0b, 15b,

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go Compl	Grants and Oth vernments, ar lete if the organizatio	nd Individual on answered "Yes" Attach to For	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	a	OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organizati	on		ion about Schedule I	(Form 990) and its				Employer identification number
	Elim Christiar	n Services						36-2276614
Part I General In	nformation on Grants a	nd Assistance						
1 Does the organiz	zation maintain records t	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction
	ward the grants or assis							X Yes No
	IV the organization's pro							
	d Other Assistance to	-				anization answered "	/es" on Form 990, Par	t IV, line 21, for any
	hat received more than S		(c) IRC section	(d) Amount of		(f) Method of	(a) Description of	(b) Durpage of grapt
.,	Idress of organization vernment	(b) EIN	(if applicable)	cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
13020 S Central A								
Palos Heights, IL	60463	36-3104674	501(c)(3)	174,851.	0.			General support
2 Enter total numb	per of section 501(c)(3) a	nd government or	rganizations listed in th	he line 1 table	I		L	▶ <u>1.</u>
	er of other organizations							0.
	Reduction Act Notice							Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) Elim Christian Services

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grants are provided to families paying tuition to Elim. Monitoring is done

by ensuring the student remains enrolled at Elim for the time the tuition

grant is provided. Cash does not change hands. The student's account is

credited for the grant amount. Elim Christian Services Foundation (ECSF),

a related organization, is given funds to hold for Elim for debt reduction

until the Elim bond matures. The board monitors the use of the funds.

sc	HEDULE J	Compensation Information	OMB No	o. 1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	116	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			
	tment of the Treasury	► Attach to Form 990.		to Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990. Inst Employer identifica	bection	mbor
man	e of the organization	Elim Christian Services	36-2276614	lion nu	mber
Da	rt I Question	s Regarding Compensation	30-2270014		
10	action			Yes	No
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form	990	103	
iu		line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or c		naluse		
	Travel for com				
		cation and gross-up payments Health or social club dues or initiation fee			
		spending account			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
	•	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	-	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	,	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's		
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to		
	establish compens	ation of the CEO/Executive Director, but explain in Part III.			
	Compensation	n committee Written employment contract			
	Independent of	compensation consultant I Compensation survey or study			
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee		
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а	Receive a severand	ce payment or change-of-control payment?	4a		х
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?	4b		Х
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on		
	contingent on the r				
					X
	Any related organiz	ation?			Х
		or 5b, describe in Part III.			
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on		
	contingent on the r				
а	The organization?		6a		X
b		ration?	6b	-	X
		or 6b, describe in Part III.			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		nes 5 and 6? If "Yes," describe in Part III			X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t			
_		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9		id the organization also follow the rebuttable presumption procedure described in			
		n 53.4958-6(c)?			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990	2016

36-2276614

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Dr. William Lodewyk	(i)	160,028.	0.	1,600.	6,691.	16,741.	185,060.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Robert Marsh	(i)	143,367.	0.	0.	5,859.	21,728.	170,954.	0.
Vice President	(ii)	Ο.	0.	0.	0.	0.	. 0.	0.
(3) Robert Hooker	(i)	136,556.	Ο.	3,100.	5,751.	16,741.	162,148.	0.
Vice President of Finance	(ii)	Ο.	Ο.	Ο.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

(For Depar	EDULE K m 990) tment of the Treasury al Revenue Service		Complete if the orga	anization answere explanations, and	d any additional in	990, Part IV formation ir	, line 24a. n Part VI.	. Provide descri				Op Ins	2 en to specti		c
Nam	e of the organizat											identif	ficatio	on nun	nber
_		Elim Christian	1 Services							3	6-227	6614			
Par			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		(100)			(0.5		() D		4.20-	h - h - 14	(1) D	<u> </u>
	(a)	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) De	eleaseo	(h) On of is			ncing
										Yes	No	Yes	No	Yes	
								Refunding of	the 8/23/07	res		res	NO	res	INO
Λ.	Illinois Finar	nce Authority	86-1091967	None	11/01/13	14 5	577,000.	1 -	0/25/0/		x		x		x
					11/01/10		,	, point							
в															
С															
D															
Par	t II Proceeds				•	•				•					
					A			В	С				D		
1	Amount of bond	ls retired			3	,843,600.									
2		Is legally defeased													
3	Total proceeds	of issue			14	,577,000.									
4	Gross proceeds	in reserve funds													
5		est from proceeds													
6	Proceeds in refu	Inding escrows													
7	Issuance costs	from proceeds				177,000.									
8	Credit enhancer	ment from proceeds													
9		expenditures from proceed													
10		tures from proceeds													
11		ceeds				,400,000.									
12		proceeds													
13	Year of substan	tial completion													
					Yes	No	Yes	No	Yes	No	_	Yes		No	
14		issued as part of a current									_				
15		issued as part of an advar				X					_				
16		ocation of proceeds been r									_				
17		maintain adequate books and reco	ords to support the final allocation	on of proceeds?	Х										
Par	t III Private Bu	siness Use						-							
_	Was the survey'	ation a national in a matter	when on a mansher of a		A	Ne	Ver	B	C	Nc	—	Ver		N-	
1	•	ation a partner in a partner	• ·		Yes	No X	Yes	No	Yes	No	+-	Yes		No	
		operty financed by tax-exe			·····	Δ					+-				
2	,	ase arrangements that may	, ,			х									
	ponu-intanced p	property?				23	1								

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2016 Elim Christian Services

36-2276614

Page 2

Part III Private Business Use (Continued)			30-22	70014				Page 2
		A		В		с	[D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?	Х							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	Х							
c Are there any research agreements that may result in private business use of bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		x						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		•		•				
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nongualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage								
· ·		Α		В		с	[D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		х						
2 If "No" to line 1, did the following apply?		•		•				
a Rebate not due yet?	Х							
b Exception to rebate?		x						
c No rebate due?		x						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was						1		<u>. </u>
performed								
3 Is the bond issue a variable rate issue?		x						
4a Has the organization or the governmental issuer entered into a qualified								<u> </u>
hedge with respect to the bond issue?		x						
b Name of provider		1		I		1		<u> </u>
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								<u> </u>
• was the neuge terminated :				1				ــــــــــــــــــــــــــــــــــــــ

Elim Christian Services

rt IV Arbitrage (Continued)								
	A		В		C	<u>`</u>		<u> </u>
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
Name of provider			I					
C Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						
Has the organization established written procedures to monitor the requirements of section 148?	х							
rt V Procedures To Undertake Corrective Action							•	
	A		В		(>	C)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	x							

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov,	/form990.	Open to Public Inspection
Name of the organization			dentification number
Form 990, Part VI,	Section A, line 1:		
The Executive Comm	ittee is comprised of the officers of the Board		
(Chairman, Vice Cha	airman, Treasurer, and Secretary) and has the authority		
to recommend action	ns to the Board and to make decisions on behalf of the		
Board between board	d meetings that may be necessary for the operation of the		
corporation.			
Form 990, Part VI,	Section B, line 11b:		
The Form 990 is pro	epared by an independent CPA firm, reviewed in detail by		
management and the	n distributed to every member of the governing body prior		
to filing with the	IRS.		
Form 990, Part VI,	Section B, Line 12c:		
Board members and	officers annually disclose any potential conflicts of		
interest. The admin	nistrative assistant to the Executive Director reviews		
the conflict of in	terest statements and monitors throughout the year.		
Should any potentia	al conflicts of interest be disclosed, the board member		
or officer would be	e asked to refrain from participation in any decision		
with regard to mat	ters affected by the relationship.		
Form 990, Part VI,	Section B, Line 15:		
The Executive Comm	ittee annually reviews and determines the compensation		
for the President a	and other officers of the organization. Comparability		
data used in the do	etermination process included 3 different compensation		
studies and inform	ation regarding the salary of officers at similarly		
-	ions. The process for establishing compensation and the		
632211 08-25-16	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	uule U (Form	990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Elim Christian Services	36-2276614
deliberation are recorded in the meeting minutes.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL, AK, AR, CO, CT, FL, GA, IL, KS, KY, MD, MA, MS, NH, NJ, NM, NY, ND, OH, OK, MI, MN, OR, PA, RI	
SC, UT, VA, WA, WV, WI	
Form 990, Part VI, Section C, Line 19:	
Elim Christian Services makes its governing documents, conflict of interest	

policy, and financial statements available upon request.

Form 990, Part XII, Line 2c

The organization's Board assumes responsibility for oversight of the

audit of its financial statements and selection of its independent

accountant. This process has not changed since the prior year.

SCHEDULE R (Form 990)		Related Organizations lete if the organization answered Atta			36, or 37.			201 Open to P	6
Department of the Tre Internal Revenue Ser	easury vice Info	rmation about Schedule R (Form 9	990) and its instructions is a	t www.irs.gov/for	m990.			Inspect	ion
Name of the org	ganization Elim Christian Servi	ces					ployer ident 36-2276614		umber
Part I Iden	tification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
Nam	(a) ne, address, and EIN (if applicable) of disregarded entity	(b) (c) (d) (e Primary activity Legal domicile (state or foreign country) Total income End-of-yea						(f) t controlling entity	g
		-							
		-							
		-							
Part II orga	tification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	because it had one	or more	related tax-e	xempt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
	ian Services Foundation - 13020 South Central Ave, Palos 60463	Supporting Organization	Illinois	501(c)(3)	1 '	Elim Cl Service	hristian es		x
		-							
		-							
		-							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

OMB No. 1545-0047

Т

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		amount in box 20 of Schedule	partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)	1b	Х	
c Gift, grant, or capital contribution from related organization(s)		Х	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	-
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o Sharing of paid employees with related organization(s)	10	X	+
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Elim Christian Services Foundation	В	0.	
(2) Elim Christian Services Foundation	с	٥.	
(3) Elim Christian Services Foundation	E	0.	
(4) Elim Christian Services Foundation	N	0.	
(5) Elim Christian Services Foundation	0	0.	
(6) Elim Christian Services Foundation	Q	0.	

Schedule R (Form 990) 2016 Elim Christian Services

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)				(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General o	Percentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior alloca	opor- nate tions?	amount in box 20	managing partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes NO	-

Schedule R (Form 990) 2016

Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	E					Enter filer's identifying number					
Type or	Name of exempt organization or other filer, see instructions. E					Employer identification number (EIN) or					
print	Elim Christian Services	rices					36-2276614				
File by the due date for	the tte for Number, street, and room or suite no. If a P.O. box, see instructions. S 13020 S Central Ave					Social security number (SSN)					
filing your											
return. See instructions.	City, town or post office, state, and ZIP code. For a fe					_					
	Palos Heights, IL 60463	<u>-</u>	,								
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)				0 1	Τ			
Application Return Application						Return					
Is For	Code Is For				c						
Form 990) or Form 990-EZ	01	Form 990-T (corporation)				07				
Form 990)-BL	02	Form 1041-A				08				
Form 472	20 (individual)	03	Form 4720 (other than individual)				09	09			
Form 990	m 990-PF 04 Form 5227					10					
Form 990	0-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11				
Form 990)-T (trust other than above)	06	Form 8870				12				
	Brian Boss, Director o										
	ooks are in the care of 🕨 13020 S Central Ave -	Palos H	eights, IL 60463								
	none No. 708-389-0555		Fax No. 🕨								
	organization does not have an office or place of busines										
• If this	is for a Group Return, enter the organization's four digit	-						;			
box 🕨	If it is for part of the group, check this box $ig>$										
1 I request an automatic 6-month extension of time until May 15, 2018 , to file the exempt organization ret						ation retu	rn				
for	the organization named above. The extension is for the	organizati	on's return for:								
Þ	calendar year or										
	X tax year beginningJUL 1, 2016				·						
2 If th	The tax year entered in line 1 is for less than 12 months, c	check reas	on: Initial return	Final retur	'n						
	Change in accounting period										
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				3a							
	nonrefundable credits. See instructions.				\$		0	•••			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$		0	••			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							~				
	using EFTPS (Electronic Federal Tax Payment System).			<u>3c</u>	\$	70 50 /		•••			
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	8453-EO a	nd Form 88	3/9-EO foi	paymer	۱t			
instructio	110.										

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

OMB No. 1545-1709