```
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q-R)

PROFESSIONAL FUNDRAISING CONSULTANTS:
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:
T) NAME, TITLE: RYAN DOWD, EXECUTIVE DIRECTOR  
  J) NAME, TITLE: NEIL MCMENAMIN, ASSOCIATE DIRECTOR 
  V) NAME, TITLE: MICHELLE KALLEVIK, DIRECTOR

V. CHARITABLE PROGRAM DESCRIPTION:  CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) 
  CODE CATEGORIES
W) DESCRIPTION: HOUSING FOR THE POOR
X) DESCRIPTION:
Y) DESCRIPTION:
```
IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

- **WEST SUBURBAN BANK, 2020 FELDOTT LANE, NAPERVILLE, IL 60540**
- **OLD SECOND NATIONAL BANK, 37 SOUTH RIVER STREET, AURORA, IL 60506**
- **HARRIS BANK, 320 W. DIEHL RD, NAPERVILLE, IL 60563**

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: **THE ORGANIZATION - 630-897-2156**

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


BE SURE TO INCLUDE ALL FEES DUE:
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.

**Micheal J. Schroedl**
President or Trustee (Print Name)  
Signature  
Date  

**Seay Sebold**
Treasurer or Trustee (Print Name)  
Signature  
Date  

**Jeff Schroeder**
Preparer (Print Name)  
Signature  
Date
Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable:

<table>
<thead>
<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Final return</th>
<th>amended return</th>
<th>Application pending</th>
</tr>
</thead>
</table>

C Name of organization:

PUBLIC ACTION TO DELIVER SHELTER INC.
D/B/A HESED HOUSE

D Employer identification number:

36-3285644

E Telephone number:

630-897-2156

G Gross receipts:

6,401,805.

H(a) Is this a group return for subsidiaries?

Yes [X] No

H(b) Are all subordinates included?

Yes [X] No

J Website:

WWW.HESEDHOUSE.ORG

K Form of organization:

[X] Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation:

1984 [ ] State of legal domicile:

IL

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:

TO FEED THE HUNGRY, CLOTHE THE NAKED, SHELTER THE HOMELESS, AND GIVE PEOPLE THE CHANCE TO HOPE

2 Check this box [X] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part VI, line 2a)

6 Net unrelated business income from Form 990-T, column (C), line 12

7a Net unrelated business taxable income from Form 990-T, line 38

Part II

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Part III

Expenditures

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11a)

17 Total fundraising expenses (Part IX, column (D), line 25)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Part IV

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part V

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.

Signature of officer

RYAN DOWD, EXECUTIVE DIRECTOR

Type or print name and title

Preparer's name

JEFF SCHROEDER

Preparer's signature

01/06/20

Check [ ] tele-employees [ ]

PTIN

P01245303

Firm's name

SASSETTI LLC

Firm's EIN

36-2239746

Firm's address

6611 NORTH AVENUE

OAK PARK, IL 60302

Phone no. (708) 386-1433

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Form 990 (2018)

830001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

2018.05020 PUBLIC ACTION TO DELIVER 6665

16350106 707170 6665

Form 990 (2018)