

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01016608

Report for the Fiscal Period:

Beginning 07/01/2019

& Ending 06/30/2020

MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-3285644

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 10/05/1984

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	PUBLIC ACTION TO DELIVER SHELTER INC. D/B/A HESED HOUSE 659 SOUTH RIVER STREET AURORA, IL 60506	Year-end amounts	
		A) ASSETS	A) \$ 6,367,375.
		B) LIABILITIES	B) \$ 619,020.
		C) NET ASSETS	C) \$ 5,748,355.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	71.222%	D) \$ 5,905,124.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	27.921%	E) \$ 2,314,937.
F) OTHER REVENUES	0.858%	F) \$ 71,101.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 8,291,162.

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE	84.033%	H) \$ 6,122,610.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	84.033%	J) \$ 6,122,610.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	84.033%	L) \$ 6,122,610.
M) MANAGEMENT AND GENERAL EXPENSE	8.496%	M) \$ 619,034.
N) FUNDRAISING EXPENSE	7.471%	N) \$ 544,344.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 7,285,988.

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	100%	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: RYAN DOWD, EXECUTIVE DIRECTOR		T) \$ 98,077.
U) NAME, TITLE: JOE JACKSON, MANAGING DIRECTOR		U) \$ 76,812.
V) NAME, TITLE: CAROLYN SPRAWKA, DIVISION DIRECTOR		V) \$ 70,848.

V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION: HOUSING FOR THE POOR		W) # 131
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

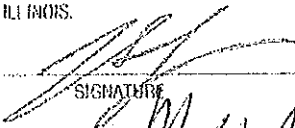
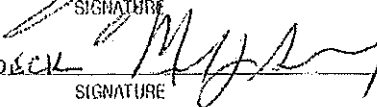

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM ITC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	<u>WEST SUBURBAN BANK, 2020 FELDOTT LANE, NAPERVILLE, IL 60540</u>		
	<u>OLD SECOND NATIONAL BANK, 37 SOUTH RIVER STREET, AURORA, IL 60506</u>		
	<u>HARRIS BANK, 320 W. DIEHL RD, NAPERVILLE, IL 60563</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>THE ORGANIZATION - 630-897-2156</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HERETO TO THE JURISDICTION OF THE STATE OF ILLINOIS.

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.

*	<u>JOE JACKSON</u> PRESIDENT OF TRUSTEE (PRINT NAME)	 SIGNATURE	<u>01-26-2001</u> DATE
*	<u>MICHAEL J. SCHROEDER</u> TREASURER OF TRUSTEE (PRINT NAME)	 SIGNATURE	<u>1/27/21</u> DATE
	<u>JEFF SCHROEDER</u> PREPARED (PRINT NAME)	 SIGNATURE	<u>1-25-21</u> 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 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Applications pending

C Name of organization
PUBLIC ACTION TO DELIVER SHELTER INC.
D/B/A HESED HOUSE
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
659 SOUTH RIVER STREET
City or town, state or province, country, and ZIP or foreign postal code
AURORA, IL 60506

D Employer identification number
36-3285644

E Telephone number
630-897-2156

G Gross receipts \$ **8,343,368.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.HESEDHOUSE.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1984** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	89
	6 Total number of volunteers (estimate if necessary)	6	7500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,087,109.	Current Year 8,181,284.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,356.	-11,556.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,579.	82,657.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,241,044.	8,252,385.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,282,657.	2,715,087.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 505,567.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,856,661.	4,532,124.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,139,318.	7,247,211.	
19 Revenue less expenses. Subtract line 18 from line 12	101,726.	1,005,174.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,963,471.	End of Year 6,367,375.
	21 Total liabilities (Part X, line 26)	264,499.	619,020.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,698,972.	5,748,355.

Part 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: **JOE JACKSON, EXECUTIVE DIRECTOR** Date: _____

Paid Preparer Use Only

Print/Type preparer's name JEFF SCHROEDER	Preparer's signature JEFF SCHROEDER	Date 01/25/21	Check if self-employed <input type="checkbox"/>	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) Yes No