Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Inspection

A F	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and	ending	JUN 30, 2016	
Во	heck if	C Name of organization		D Employer identif	cation number
а		PUBLIC ACTION TO DELIVER SHELTER INC.		1	
	Addres change	D/B/A HESED HOUSE	_		•
	Name change	Doing business as		36-3	285644
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	er
]Fınal ⊒retum/	659 SOUTH RIVER STREET		630-	897-2156
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,497,764.
	Amend return	AURORA, III 00300		H(a) Is this a group r	etum
	Application	F Name and address of principal officer KIAN DOND		for subordinates	s? Yes X No
	pendin	1659 SOUTH RIVER STREET, AURORA, IL 605	06	H(b) Are all subordinates in	ncluded? Yes No
		mpt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or5	if "No," attach a	list (see instructions)
		e: ▶ WWW.HESEDHOUSE.ORG		H(c) Group exemption	
		organization; X Corporation Trust Association Other	\ <u>L</u> Ye	ear of formation: 1984	M State of legal domicile: IL
_ε Pa	rt i	Summary			
d)		Briefly describe the organization's mission or most significant activities $MISS$			
JUC.		CLOTHE THE NAKED, SHELTER THE HOMELESS, A			
Activities & Governance		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mo	ore than 25% of its net as	
OVE	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
2	ł	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
es	,	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	77
iviti	l	Total number of volunteers (estimate if necessary)		. 6	6000
Act		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
	<u>b</u> _	Net unrelated business taxable income from Form 990-T, line 34		7b	
				Prior Year	Current Year
e n	1	Contributions and grants (Part VIII, line 1h)	+	4,711,125.	5,367,886.
Jen 1	ĺ	Program service revenue (Part VIII, line 2g)	-	7,999.	8,417.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ł	143,779. 400,748.	22,546.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		23,958.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,263,651.	5,422,807.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	CEI	ED 3	0.
	14	Selection of the componentian employee hopefits (Port IX column (A) Intel 5 10)		<u> </u>	1,787,737.
Expenses	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)	3 13∤	$2017^{1}, 833, 249.$	0.
en	l loa	Total fundraising expenses (Part IX, column (D), line 25)	22		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	SOEN	, UT _{3., 4} 92, 476.	3,462,502.
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,325,725.	5,250,239.
	l	Revenue less expenses Subtract line 18 from line 12	ŀ	-62,074.	
- S		The tendence of tendence of the tendence of tendence of tendence of tendence o		Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	Ī	3,532,499.	3,594,701.
ASS	21	Total liabilities (Part X, line 26)	, t	260,537.	180,735.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	Ī	3,271,962.	3,413,966.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ements, and to the best of m	y knowledge and belief, it is
true,	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepa	rer has any knowledge.	
				1_	
Sig	n	Signature of officer		Date	
Her	e	RYAN DOWD, EXECUTIVE DIRECTOR	/		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	1	JAMES ROBBS James E. Roll	<u>ل بہ</u>	AN 2 7 2017 self-empl	
Prep	parer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746
Use	Only	Firm's address 6611 NORTH AVENUE			
		OAK PARK, IL 60302		Phone no. (708) 386-1433

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2015)

No

X Yes

		e 2
Par	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.	
	MISSION IS TO FEED THE HUNGRY, CLOTHE THE NAKED, SHELTER THE HOMELESS,	
	AND GIVE PEOPLE THE CHANCE TO HOPE AGAIN.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	he pnor Form 990 or 990-EZ?	No
	f "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
`	revenue, if any, for each program service reported	
 4a	Code) (Expenses \$4 , 577 , 686 . including grants of \$) (Revenue \$\$ 32 , 375	. 1
- •a	PROVIDE FOOD, EMERGENCY SHELTER, A DAYTIME DROP-IN CENTER, A	• '
	PRANSITIONAL LIVING FACILITY, PERMANENT HOUSING ASSISTANCE AND	
	ADDITIONAL SUPPORT TO INDIVIDUALS AND FAMILIES THROUGH CASE MANAGEMENT	
	SERVICES PROVIDED BY ON-SITE STAFF AND COMMUNITY PARTNERSHIPS. DURING	
	THE YEAR OVER 900 HOMELESS INDIVIDUALS WERE ASSISTED, OVER 70,000 SAFE	
	NIGHTS WERE PROVIDED, AND OVER 187,000 MEALS WERE SERVED.	
		
		_
4b	Code) (Expenses \$	
-10	Code	'
		
		—
		
		
		
4c	Code) (Expenses \$including grants of \$ //) (Revenue \$	
		_ ′
		_
		_
		
		_
	-,	
		
	<u>. </u>	
4 4	Other program services (Describe in Schedule O)	
40		
4d	Expenses \$ Including grants of \$ A In	
40 	(Expenses \$ including grants of \$	

Form 990 (2015) D/B/A HESED
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A .	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1]	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>_x</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		l J	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>_x</u>
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	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1 %	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	4		ą,
	as applicable	1	*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	-	
Q	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
-	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	or more? If "Yes," complete Schedule F, Parts I and IV .	14b	L	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to)		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		,_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 -	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ļ	,,	[
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	 -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			_v
	complete Schedule G. Part III	19	990	(2015)
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D/B/A HESED HOUSE

Porm 990 (2015) D/B/A HESED HOUSE
Part IV Checklist of Required Schedules (continued) Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 19 if "Yes," complete Schedule I, Parts I and II	21_		X
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZOU	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	200		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20_		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	[i	į	
		27		X
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		200	<u> </u>
20		*	1	î.
_	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	%	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	260	_	-^-
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		Х
200	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	-
29	Did the organization receive more than \$25,000 in horizont contributions? If "yes," complete schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	 -	
30		200		х
24	contributions? If "Yes," complete Schedule M	30		 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
30	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	· •	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>	<u> </u>	 ^ -
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255	-	
26	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?			v
07	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	x	
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	990	(2015)

Form	990 (2015) D/B/A HESED HOUSE 36-3285	644	Р	age 5
Par				
	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 3		ÿ ,	**
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ı i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1.	` #
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		i	*
	filed for the calendar year ending with or within the year covered by this return 2a 77	200		, ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		*	3 3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	`	X
b	If "Yes," enter the name of the foreign country ►		1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	2.	*	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	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_	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>'</u>		
	were not tax deductible?	6b_	 -	ļ
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
а	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	 -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ '	ļ	
	to file Form 8282?	<u>7c</u> ∗) 1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year Out the average transfer of the description of the file of the second	<i>></i>	<u> </u>	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of care, bests, careliness, or other varieties, did the organization file a Form 1009 C2.	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	1	* 4
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	 	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	*	رة ا	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		╁╧┷┙
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	100	1	1 !
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i	1	\ \ \
11	Section 501(c)(12) organizations. Enter	 	ļ	
а	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against] '		
	amounts due or received from them)	1	1	
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the

> X 14a

Form 990 (2015)

36-3285644 D/B/A HESED HOUSE Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. [X]Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. W 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7<u>a</u> b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10<u>a</u> 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filling the form? 11a Á b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply X Own website X Upon request Other (explain in Schedule O) ___ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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19540126 707170 6665

60506

State the name, address, and telephone number of the person who possesses the organization's books and records:

BECKY O'HANLON - 630-897-2156

SOUTH RIVER STREET, AURORA

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	box,	not cl	Posi Posi heck r ss per ad a di	nore son :	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN BALL	1.00									
CHAIRMAN		X	Ш	Щ			<u> </u>	0.	0.	0.
(2) MICHAEL SCHROECK	1.00	l	١.			1				
TREASURER		X		Ш			_	0.	0.	0.
(3) TOM LYSAUGHT	1.00									
SECRECTARY		X	_		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) JAMES DOLINAR	1.00					ľ				
VICE-CHAIRMAN		Х	L	<u> </u>		_	<u> </u>	0.	0.	0.
(5) MARK HANSON	1.00]	}		1				
DIRECTOR	1 00	Х	Ш	_			┡	0.	0.	0.
(6) JIM SAPPINGTON	1.00	,,								0
DIRECTOR	1 00	Х	-		<u> </u>	-	├-	0.	0.	0.
(7) RICK GUZMAN	1.00		l i				ļ			
DIRECTOR	1 00	Х	<u> </u>			_	<u> </u>	0.	0.	0.
(8) TIM SKELLY	1.00									
DIRECTOR	1 00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) SOCORRO BREDEWEG	1.00	ا پ		ĺ						_
DIRECTOR		X	-	-	<u> </u>	-	├-	0.	0.	0.
(10) SHAWN COLLINS	1.00	. ,					1	1	,	
DIRECTOR (11) JOHN CROSS	1.00	X	<u> </u>	 -	<u> </u>	├-	\vdash	0.	0.	0.
DIRECTOR	1.00	х				1		0.	0.	_
(12) DAWN PULGINE	1.00	^	 	-	┝╌	├-	⊢	ļ	ļ <u>-</u> -	0.
DIRECTOR	1.00	X						0.	o.	0.
(13) LARRY HJORTH	1.00	₽	┝╌	-	┝	├	┢	- ·	<u>-</u> -	
DIRECTOR	1.00	x				l		0.	0.	0.
(14) DEACON PHIL REHMER	1.00	<u> </u>			 	╁╌	┢	<u> </u>	ļ — — <u> </u>	
DIRECTOR	1.00	x			1	ł	1	0.	o.	0.
(15) SEAN SEBOLD	1.00	+	 	\vdash	<u> </u>	┢╌	\vdash	†	ļ	· · · · ·
DIRECTOR		x						0.	0.	0.
(16) RYAN DOWD	37.50	 	T		\vdash	 	\vdash	† - -	``	·
EXECUTIVE DIRECTOR	1	1		x	1	l	l	0.	0.	0.
(17) MICHAEL COBB	37.50	\vdash	T			\vdash	\vdash	<u> </u>	<u>~</u>	
FMR EXECUTIVE DIRECTOR	<u> </u>	1	1	х		ł	1	110,698.	0.	0.
522007 12-18-15										Form 990 (2015)

532007 12-16-15

Par	t VII Section A. Officers, Directors, Trus			200	and	LHi	nhas	+ 0	ompensated Employee		.05		age o
<u> </u>	(A)	(B)	loy	ces,	<u>and</u> (C	.)	giies	<u>. C</u>	(D)	<u>s (conunuea)</u> (E)		(F)	
	Name and title	Average			Posi		1		Reportable	Reportable)	Estimate	-d
	Name and the	hours per		not ch unles					compensation	compensation	,	amount	-
		week		er an					from	from related		other	0.
		(list any	cto	} [ĺ			the	organizations	- 1	compensa	tion
		hours for	r dire	}		}	ed		organization	(W-2/1099-MIS	C)	from the	е
	••	related	stee o	ruste		١	eusa		(W-2/1099-MISC)		ļ	organizati	
		organizations	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee					and relate	
		below line)	dviđ	ittet	Officer	e m	phest	Former	1]	organizatio	ons
		iiie)	<u> </u>	Ë	ē	Ş.	₹5.	Fo					
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1h	Sub-total		Щ.				ــــــــــــــــــــــــــــــــــــــ		110,698.		0.		0.
	Total from continuation sheets to Part VI	I Section A							0.		0.		0.
	Total (add lines 1b and 1c)	i, Section A							110,698.		0.		0.
- <u>u</u>	Total number of individuals (including but n	ot limited to th	080	lieto	d ab	0000	N wh	0.50		000 of reportable			
~	compensation from the organization	or innited to th	USE	IISLE	u ab	ove	y wii	O IE	ceived more than \$100,	ooo or reportable			1
	compensation from the organization						_	_				Yes	No
3	Did the organization list any former officer,	director or to	ıctor	, ko		anla		ا م	highest companyated on	anlovos on	1	- 1.00 N	- - -
3	•		Siet	, KU	y en	npio	iyee,	Or i	nignest compensated en	npioyee on	ŀ	- 1	X
	line 1a? If "Yes," complete Schedule J for s					.		-44-			1	3	
4	For any individual listed on line 1a, is the su	=		-					•	ne organization			**************************************
_	and related organizations greater than \$150										. }	4 8	Х
5	Did any person listed on line 1a receive or a					-		elate	ed organization or individ	lual for services		, , , , , , , , , , , , , , , , , , ,	*/
<u> </u>	rendered to the organization? If "Yes." com	nplete Schedule	e J f	o <u>r su</u>	ch r	oe <i>r</i> s	on					5	Х
	tion B. Independent Contractors												
1	Complete this table for your five highest co	•	•							•	ensat	tion from	
	the organization Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin		ear			
	(A)	- dd	37/						(B)		_	(C)	_
	Name and business	address	N	ONE				-	Description of s	ervices		Compensation	
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2	Total number of independent contractors (i	ncluding but no	ot lir	nitec	to	thos	se lis	ted	above) who received me	ore than			
	\$100,000 of compensation from the organi	•				_ (<u>)</u>	_	, 		-		
								_				F 990 (

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business revenue revenue 65,000. butions, Gifts, Grants Federated campaigns Membership dues 1b Fundraising events 420,660 1c Related organizations 1d Government grants (contributions) ,024,167 All other contributions, gifts, grants, and similar amounts not included above 1f 3,858,059 g Noncash contributions included in lines 1a-1f \$ 2,243,000. Total. Add lines 1a-1f 367 886 **Business Code** 2 a RESIDENT FEES 900099 8,417. 8,417. f All other program service revenue Total. Add lines 2a-2f 8,417. Investment income (including dividends, interest, and other similar amounts) 22,546. 22,546. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including $\qquad 420,660.$ of contributions reported on line 1c) See Part IV, line 18 74,957 b Less direct expenses 74,957. c Net income or (loss) from fundraising events 0. 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 23,958. 23,958. d All other revenue e Total. Add lines 11a-11d 23,958. Total revenue. See instructions. 422,807. 32,375. 0. 22,546

532009 12-16-15

Form 990 (2015) D/B/A HESED HOUSE
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-		this Part IX		
	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			<u> </u>	
2	Grants and other assistance to domestic	-	•		
	individuals See Part IV, line 22				
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,	110,698.	05 127	10 177	12 201
_	trustees, and key employees	110,090.	85,237.	12,177.	13,284
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	1,348,766.	1,033,509.	146,867.	168,390
7 8	Pension plan accruals and contributions (include	1,340,700.	1,033,303.	140,007.	100,390
0	section 401(k) and 403(b) employer contributions)			}	
9	Other employee benefits	328,273.	243,730.	54,466.	30,077
10	Payroll taxes		243,730.	34,400.	30,011
11	Fees for services (non-employees)				
'' a	Management				
b	Legal			 	
C	Accounting	18,015.		18,015.	-
d				20,013.	
e	Professional fundraising services. See Part IV, line 17		* 3 4	* **	
f	Investment management fees		<u> </u>		
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	16,950.	80.	16,870.	
12	Advertising and promotion			,	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	217,685.	223,637.	-22,562.	16,610
17	Travel	16,063.	10,961.	4,931.	171
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_ 		
19	Conferences, conventions, and meetings				
20	Interest	1,844.		1,844.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	220,193.	216,446.	3,747.	
23	Insurance	38,472.	20,189.	18,283.	
24	Other expenses. Itemize expenses not covered 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.)				
2	PROGRAM MATERIALS AND E	2,511,158.	2,510,958.	200.	<u> </u>
b	CDECTAL DOCTEON BYDENCE	209,873.	98,489.	7,061.	104,323
C	CHINDI TEC	190,714.	133,118.	42,342.	15,254
d	COMPERTATION	21,535.	1,332.	19,590.	613
_	All other expenses	, , , , , ,			
25	Total functional expenses Add lines 1 through 24e	5,250,239.	4,577,686.	323,831.	348,722
<u></u> 26	Joint costs Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.]	
	Check here If following SOP 98-2 (ASC 958-720)				n

D/B/A HESED HOUSE

Par		Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			, <u>_</u>
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	155,865.	1	106,007.
- 1	2	Savings and temporary cash investments		2	39,278.
ı	3	Pledges and grants receivable, net	164,304.	3	410,186.
Ì	4	Accounts receivable, net	9,517.	4	4,509
-	5	Loans and other receivables from current and former officers, directors,			
- [trustees, key employees, and highest compensated employees. Complete	<u>-</u>		
		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined under	ır 💮	- Inches	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary		, **	
ω l		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
8	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,265.	တ	36,343
l	10a	Land, buildings, and equipment, cost or other		*	`
ł		basis Complete Part VI of Schedule D 10a 4,749,16	3.	20	
	b	Less accumulated depreciation 10b 2,520,05	1. 2,234,573.	10c	2,229,112
	11	Investments - publicly traded securities		_11	769,266
- 1	12	Investments - other securities See Part IV, line 11	945,975.	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 equal line 34)	3,532,499.	16	3,594,701
-	17	Accounts payable and accrued expenses	206,982.	17	131,715
	18	Grants payable		_18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D	W y 2000	21	<u>·</u>
s	22	Loans and other payables to current and former officers, directors, trustees,		2 ·	
Liabilities		key employees, highest compensated employees, and disqualified persons	* * * * * * * * * * * * * * * * * * *	`	# \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
텔		Complete Part II of Schedule L	53,555.	22	40 020
_	23	Secured mortgages and notes payable to unrelated third parties		23	49,020
- [24	Unsecured notes and loans payable to unrelated third parties		24	
ı	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		05	
1	26	Total liabilities. Add lines 17 through 25`	260,537.	_25 _26	180,735
_	20	Organizations that follow SFAS 117 (ASC 958), check here X an		_20_	100,733
\		complete lines 27 through 29, and lines 33 and 34.	u		ļ
8 8	27	Unrestricted net assets	3,072,482.	27	3,230,569
틸	28	Temporarily restricted net assets	199,480.	28	183,397
<u> </u>	29	Permanently restricted net assets		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here	┐		
Net Assets or Fund Balances		and complete lines 30 through 34.	-		
tsc	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا کے	32	Retained earnings, endowment, accumulated income, or other funds	,	32	<u> </u>
2 	33	Total net assets or fund balances	3,271,962.	33	3,413,966
- 1	34		3,532,499.	•	3,594,701
	34	Total liabilities and net assets/fund balances	3,532,499.	34	3,59 Form

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

Form	1.990 (2015) D/B/A HESED HOUSE 3	36-328564	14 Pa	age 12
Pa	rt XI Reconciliation of Net Assets			
	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)		<u> 122,8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)		250,2	
3	Revenue less expenses Subtract line 2 from line 1		<u>172,5</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		<u>271,9</u>	
5	Net unrealized gains (losses) on investments	5 -	<u>-30,5</u>	64.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod 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,			
		io 3,4	<u>413,9</u>	66.
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 O	<u> </u> -	<u> </u>	ليب
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	a [;		1 `.
	separate basis, consolidated basis, or both:	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>	<u>*</u>	7
ь	Were the organization's financial statements audited by an independent accountant?		2b X	2007
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	SIS,		١. ا
	consolidated basis, or both	l _a	Ĭ	
	X Separate basis Consolidated basis Both consolidated and separate basis		. li	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au		2c X	╀╩┷┙
	review, or compilation of its financial statements and selection of an independent accountant?	·		
0	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	I '		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?			X
L		<u> </u>	3a	+^-
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	I	a.) '
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1 .

532012 12-16-15 Form 990 (2015)

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SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
PUBLIC ACTION TO DELIVER SHELTER INC. Employee

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

D/B/A HESED HOUSE 36-3285644 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9) organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 D/B/A HESED HOUSE

36-3285644 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.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	_(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	4296176.	4389474.	4326631.	4711125.	4947226.	22670632.
2	Tax revenues levied for the organ-				-		
	ızatıon'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	4296176.	4389474.	4326631.	4711125.	4947226.	22670632.
5	The portion of total contributions			** *			
	by each person (other than a		<i>*</i> * * *				
	governmental unit or publicly	4 4		** ** ** **	1 1 1 1 1 1 1 1 1 1		
	supported organization) included			/ N 2 %	4 1 4 7		
	on line 1 that exceeds 2% of the			. () (W - W	
	amount shown on line 11,					A CONTRACTOR	
	column (f)		* * * *		(a, a) 3 /		
6	Public support. Subtract line 5 from line 4	* / 🛝 1.	N N /		3	. 10 %	22670632.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	4296176.	4389474.	4326631.	4711125.	4947226.	22670632.
8	Gross income from interest,			_			
	dividends, payments received on		1				-
	securities loans, rents, royalties	i					
	and income from similar sources	34,106.	30,473.	43,794.	26,611.	22,546.	157,530.
9	Net income from unrelated business						
	activities, whether or not the	ļ					
	business is regularly carried on						
10	Other income Do not include gain						:
	or loss from the sale of capital			}			
	assets (Explain in Part VI.)	13,550.	15,283.	5,381.	4,999.	23,958.	63,171.
11	Total support. Add lines 7 through 10	* * /	4 2 X X	* * *		<i>*</i>	22891333.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tai	x year as a section	501(c)(3)	
500	organization, check this box and stop tion C. Computation of Public		centage				▶
				-) (0)	·		00 04
	Public support percentage for 2015 (li	• • • • • • • • • • • • • • • • • • • •	•	oiumn (t))	1	14	99.04 %
	Public support percentage from 2014	•	•	No. 40 11	4 := 00 4/001	15	98.95 %
BOI	33 1/3% support test - 2015. If the c			i line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
ı.	stop here. The organization qualifies a		•	no 10 c= 10 :	luna 45 - 00 4 /051		▶ X
O	33 1/3% support test - 2014. If the cand stop here. The organization quality				iinė 15 is 33 1/3%	or more, check thi	s dox
17-	and stop here. The organization quality		-		10 16 10		▶∟∟
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					t vi now the organ	iization
L	meets the "facts-and-circumstances" t					7	100/ -::
O	10% -facts-and-circumstances test						
	more, and if the organization meets the organization meets the "facts-and-circ						,
12	Private foundation. If the organization						
10	, rivate iounidation, it the organizatio	ii did Hot Check a t	JOX OIT III (E. 13, 168	i, 100, 17a, or 17b			
					Sche	dule A (Form 990	UI 99U-EA) 2015

532022 09-23-15

36-3285644 Page 3

Schedule A (Form 990 or 990-EZ) 2015 D/B/A HESED HOUSE Part, III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed bel	low, please comp	olete Part II)					
Calendar year (or fiscal year beginning in) ► 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(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 performed, 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 business 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							
7a 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							
8 Public support. (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	į į		*		
alendar year (or fiscal year beginning in) ➤ 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(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 carned 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 for the form 100 is for 100 is for the form 100 is for the form 100 is for 100 is f	the organization's	s first second th	rd fourth or fifth to	y vear as a section	n 501/c\	(3) organiza	
check this box and stop here				- year as a section		(3) Organiza	<u> </u>
Section C. Computation of Public			1 201		TT		
15 Public support percentage for 2015 (lin	= -	-	column (f))		15		
16 Public support percentage from 2014 Section D. Computation of Invest			<u> </u>		16		
17 Investment income percentage for 201			ine 13 column (fl)		17		
18 Investment income percentage for 20			10, Column (1))		18	-	
19a 33 1/3% support tests - 2015. If the c			on line 14, and line	15 is more than		and line 17	
more than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the c	d stop here. The	e organization qua	alifies as a publicly s	supported organi	zation		▶□
line 18 is not more than 33 1/3%, chec							
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 1	9a, or 19b, check th	is box and see in	struction	s	
532023 09-23-15				Sc	hedule A	(Form 990	or 990-EZ) 20

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d 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 11a or 11b 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?
- 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
	2	No **
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532024 09-23-15

		<u>36-3285644</u>	<u>Pa</u>	ige 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			_ ```` ```
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			3,6
а		<u> </u>	—濼}	الــــّــــا
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	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		
Sec	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	2 200	8	
•	·	∤ * ∶ ₩	*	3 3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	\$	íx l	*
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 . 1	· · .	
	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		199	
	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	<i> </i>		À
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	l A	<i>]</i> [ď l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			â
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
<u> </u>	tion of Type in outporting organizations		1	
		r »	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	288	,	. `\
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI_ how control		1	*
	or management of the supporting organization was vested in the same persons that controlled or managed	3		á
	the supported organization(s).	1_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	7	33	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		3	3
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	* 4	3	<u> </u>
		1	- 28	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	ķ e
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	 - 		Sil 4
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	wie.	2000
3	By reason of the relationship described in (2), did the organization's supported organizations have a	l 🔬 l	1	**
	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	100	<i>j</i> >	1
	supported organizations played in this regard.	3		
Sec	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 year (see instr			
' a	The organization satisfied the Activities Test. Complete line 2 below	ucaonaj		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity			
2	Activities Test Answer (a) and (b) below	r	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			, l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	{ }		, I
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
-^- ь	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	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			\vdash
_	activities but for the organization's involvement.	_2b		 -
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		L
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		
	The state of the s			

	dule A (Form 990 or 990-EZ) 2015 D/B/A HESED HOUSE			6-3285644 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E	,
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	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	T		
	collection of gross income or for management, conservation, or	1		
	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		
Sect	ion 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)	***		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1 *		
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,	I		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		A. *	
	emergency temporary reduction (see instructions)	6		<u></u>
7	Check here if the current year is the organization's first as a non-functionally-	ıntegra	ited Type III supporting organ	nızatıon (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509		minations .	6-3285644 Page 7
Щ-	on D - Distributions	(a)(3) Supporting Orga	anizations (continued)	Current Veer
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	mot purposes		Current Year
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	es or supported organization	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	he organization is responsive		
Ü	(provide details in Part VI) See instructions	ne organization is responsive	•	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	and o amount divided by and o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	1 7 F 4	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)	* ***		
3	Excess distributions carryover, if any, to 2015	# "N ' & %	N . A. Y .	* * *
а		, &	V V \ W	1. 1 7. 7
b		* * * * * * * * * * * * * * * * * * *	N A	
С		1 1 1	Y * , *	
d	From 2013		1 1 V	/ * 1: 4
е_	From 2014		* * * *	** _ *
f	Total of lines 3a through e			*
g	Applied to underdistributions of prior years		 	6 Y Y W Y
h	Applied to 2015 distributable amount		1 .4 d 2 -8 sa	
i_	Carryover from 2010 not applied (see instructions)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7. \$			
a_	Applied to underdistributions of prior years	. 7 2 1		
b	Applied to 2015 distributable amount	W to the St T	1. 4x 4 2 30 20	
c	Remainder Subtract lines 4a and 4b from 4		1 5 <u>4 % 1 </u>	
5	Remaining underdistributions for years prior to 2015, if		1	
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)		,	
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	* *	3 N N	
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c	<u> </u>	 	
8	Breakdown of line 7	 		
a	<u> </u>	ļ		
b	<u></u>	ļ	 	
_	Excess from 2013	 		
	Excess from 2014	 	 	
е	Excess from 2015	L	<u> </u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 D/B/A HESED HOUSE	36-3285644 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	17b, Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V.
		·
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SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

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.urs.gov/form990.

PUBLIC ACTION TO DELIVER SHELTER INC. Employer identification number

Inspection

OMB No 1545-0047

Name of the organization

	D/B/A HESED HOUSE	36-3285644
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Fun	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fundamental forms and donor advisors in writing that the assets held in donor advised fundamental forms.	do
3		
_	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	<u>-</u>
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Pa	Impermissible private benefit?	Yes No
		, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	\ \
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year▶	_
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
_	•	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
-	` \ \$	acomonic carmy are year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Yes · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
Ŭ	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements	gamzation 5 doodanting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	·
	the text of the footnote to its financial statements that describes these items.	, pane 30, 1100, pro 1100, mr and 1111,
b	V. 1	alance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sei	
	relating to these items.	rvice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1	L \$
	•••	► \$ ► 6
^	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	.
а	, , , , , , , , , , , , , , , , , , ,	> \$
<u>b</u>	Assets included in Form 990, Part X	. • \$

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2015.05020 PUBLIC ACTION TO DELIVER

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Schedule D (Form 990) 2015

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

	Using the organization's acquisition, accession (check all that apply)								(D€
a		on, and other record	ls, check any of t	he following the					
a	(check all that apply)		,	ne lollowing tha	t are a si	gnificant u	ise of its c	ollection ite	∍ms
b	Public exhibition	C	Loan or	exchange progr	ams				
-	Scholarly research	6	Other_						
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the organization	on's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical t	reasures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma							Yes	No
Part	IV Escrow and Custodial Arrang	gements. Compl	ete if the organiz	ation answered	"Yes" on	Form 990	, Part IV,	line 9, or	_
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribu	tions or other as	sets not	ıncluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
								Amount	
C	Beginning balance					1c	-		
d.	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow of	or custodial acco	unt liabil	ity?		Yes	O No
	If "Yes," explain the arrangement in Part XIII								
Part	Endowment Funds. Complete	f the organization ar	nswered "Yes" o	n Form 990, Par	t IV, line	10			
		(a) Current year	(b) Prior yea	r (c) Two yea	ırs back	(d) Three	ears back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions		ļ					ļ	
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								·
f.	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as					
а	Board designated or quasi-endowment 🕨		%						
b	Permanent endowment -	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are hel	d and administe	red for th	ne organiza	ation	_	 _
	by [.]							Y	es No
	(i) unrelated organizations							3a(ı)	\rightarrow
	(ii) related organizations	•						3a(ıi)	
	If "Yes" on line 3a(ii), are the related organiza	-		R?				3b	
_	Describe in Part XIII the intended uses of the		wment funds						
Parl									
	Complete if the organization answered				_				
	Description of property	(a) Cost or o basis (investi	1 '	Cost or other asis (other)		ccumulate preciation		(d) Book v	/alue
1a	Land			117,986.					,986.
р	Buildings		3,	975,519.	1,	915,7	17.	2,059	,802.
С	Leasehold improvements								
d	Equipment			655,658.		604,3	34.	51	,324.
<u>e</u>	Other								
Total.	Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. column (B). Iu	ne 10c.)				2,229	,112.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 D/B/A HESED	HOUSE		36-3285644 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	st or end-of-year market value
(1) Financial derivatives	 	ļ	
(2) Closely-held equity interests	<u> </u>		
(3) Other			
(A)			
(B)			
(C)	 		
(D)		<u> </u>	
(E)		 	
<u>(F)</u>	 -	 	
(G)		 	
(H)			<i>A A</i> 359 .
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
	F 000 D-+ N/ L	44 - O F 000 P. + V. b 4	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		st or end-of-year market value
	(b) Book value	(c) Nethod of Valuation. Go	st of end-or-year market value
(1)		 	
(2)		 	
(3)		 	
(5)		 	
(6)		 	
(7)			
(8)		-	
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		· * * *	
Part IX Other Assets.		(
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 1	15
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u> 2 15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"			(, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		Alta analysis of the state of t	
Liability for uncertain tax positions. In Part XIII, provide	trie text of the foothote to	ine organization's financial state	amente that renorte the
organization's liability for uncertain tax positions under		_	-

532053 09-21-15

Schedule D (Form 990) 2015 D/B/A HESED HOUSE		36-3285644 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a	
1 Total revenue, gains, and other support per audited financial statements		1 5,886,656.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		* 1
a Net unrealized gains (losses) on investments	$ _{2a} _{-30,563}$.	
b Donated services and use of facilities	2a -30,563. 2b 419,455.	
c Recoveries of prior year grants	2c	1 4
d Other (Describe in Part XIII)	2d 74,957.	
e Add lines 2a through 2d		2e 463,849.
3 Subtract line 2e from line 1		2e 463,849. 3 5,422,807.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	*
c Add lines 4a and 4b	401	4c 0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	9	5 5,422,807.
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per F	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
Total expenses and losses per audited financial statements		1 5,744,651.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		3,7,2,032.
Described as a second second final base	_{2a} 419,455.	
		1 1
011	2b 2c	***
	2d 74,957.] *
A.111.	20 7 7 7 3 7 8	494 412
		2e 494,412. 3 5,250,239.
 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 		3 3,230,233.
Land Control of the C	امدا	
	4a 4b	
	40	4c 0.
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 0. 5 5,250,239.
Part XIII Supplemental Information.		3 3723072331
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV lines 1h and 2h Part V line 4	L Part X line 2 Part XI
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
miles 24 and 15, and 1 are miles 24 and 15 7 need complete and part to provide any ad-		
· · · · · · · · · · · · · · · · · · ·		
PART X, LINE 2:		
PADS HAS BEEN CLASSIFIED AS "NOT A PRIVATE F	OUNDATION" AND HA	S BEEN
· · · · · · · · · · · · · · · · · · ·		
DETERMINED TO BE EXEMPT FROM INCOME TAXES UN	DER SECTION 501(C	()(3) OF THE
INTERNAL REVENUE CODE PURSUANT TO A LETTER D	ATED OCTOBER 5, 1	.984.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES I	S INCLUDED IN THE	FINANCIAL
·		
STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
DIDDOM BURNIN COOMS		74 057
DIRECT EVENT COSTS		74,957.
DADM VIT IING ID OMIGD ADIIGMUDUMG.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
הדפעית פונפאות כהכתכ		74,957.
DIRECT EVENT COSTS 532054 09-21-15		74,957. Schedule D (Form 990) 2015
LONG CO. LO.		Concurred truth 2201 40 13

edule D (Form 990) 2015	D/B/A HESED HOUS	E	36-32856	44 Page
edule D (Form 990) 2015 Irt XIII Supplemental Info	ormation (continued)			
				
				
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	ı		•	
				
				
			<u> </u>	

532055 09-21-15

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection 3

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PUBLIC ACTION TO DELIVER SHELTER INC.

Employer identification number

D/B/A HESED HOUSE 36-3285644 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations e l а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2015

	chedule G (Form 990 or 990 EZ) 2015 D/B/A HESED HOUSE 36-3285644 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						
Pe	1111	of fundraising event contributions and gro					
		or tandraiding over continuous and gre	(a) Event #1	(b) Event #2	(c) Other events		
			KENTUCKY			(d) Total events (add col. (a) through	
			DERBY	FALL EVENT	5	col. (c))	
Φ			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	254,403.	59,779.	181,435.	495,617.	
_	2	Less Contributions	210,770.	51,328.	158,562.	420,660.	
	3	Gross income (line 1 minus line 2)	43,633.	8,451.	22,873.	74,957.	
_		areas mastris (into 1 minus into 27		<u> </u>			
	4	Cash prizes	<u> </u>				
Se	5	Noncash prizes .					
xpens	6	Rent/facility costs					
Direct Expenses	7	Food and beverages			 -		
د	8	Entertainment					
	9	Other direct expenses	43,633.	8,451.	22,873.	74,957.	
	10	Direct expense summary Add lines 4 through	9 in column (d)		. ▶	74,957.	
		Net income summary Subtract line 10 from li			<u></u>	0.	
<u>"</u>	irt l		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than		
	Ι	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add	
en O	l		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))	
Revenue							
<u> </u>	1	Gross revenue					
Ses	2	Cash prizes					
Expenses		Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•		
_	8	Net gaming income summary Subtract line 7	from line 1, column (d)				
	_				·		
		ter the state(s) in which the organization condu	_	-1-1-0			
		the organization licensed to conduct gaming ac			•	Yes No	
L	, 11	No," explain			-		
							
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No	
٠	_			-			
5320	82 09	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015	

	PUBLIC ACTION TO DELIVER SHELTER INC.		
		3285644	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12	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	L No
13	Indicate the percentage of gaming activity conducted in.	1 1	
а	The organization's facility .	13a	
	An outside facility .	13b	%
14,	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	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		
Ī	, , , , , , , , , , , , , , , , , , ,		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	lines 9, 9b, 10	b, 15b,
			
			
	-	•	
	-		
	· · · · · · · · · · · · · · · · · · ·		
	*		
5320	83 09-14-15 Schedule G (Fo	rm 990 or 990)- EZ) 2015

28

nedule G (Form 990 or 990 F7)	PUBLIC ACTION D/B/A HESED HO	OUSE	DIIDDIDI INC	36-328	356 44 Page
nedule G (Form 990 or 990 EZ) art IV Supplemental Info	rmation (continued)			33 320	, o o 1 2 rage
					
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection

Name of the organization PUBLIC ACTION TO DELIVER SHELTER INC. Employer identificat									nber	
	D/B/A_HESED_HOUSE						36-3285644			
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method of noncash contr			s	
1	Art - Works of art	Ļ	<u></u>							
2	Art - Historical treasures	 _	<u></u>							
3	Art - Fractional interests									
4	Books and publications	X				rimated				
5	Clothing and household goods	X	***	796,823	ES'	<u> TIMATED</u>	FMV			
6	Cars and other vehicles .			! 						
7	Boats and planes	<u> </u>	<u> </u>			_ 				
8	Intellectual property	<u> </u>	<u> </u>	<u> </u>	Щ.					
9	Securities - Publicly traded	<u> </u>		L						
10	Securities - Closely held stock	ļ								
11	Securities - Partnership, LLC, or	1			1					
	trust interests									
12	Securities - Miscellaneous	ļ <u>-</u>								
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other				_					
15	Real estate - Residential	<u> </u>		<u></u>	_					
16	Real estate - Commercial	·	·		_+_					
17	Real estate · Other	}								
18	Collectibles	<u>x</u>		1 205 42	7 12 01	TTMAMED	FMV			
19	Food inventory	<u> </u>		1,285,42	1 60					
20	Drugs and medical supplies	<u>├</u>	 	31,300	, E 3	TIMATED	LMV			
21	Taxidermy	 -	<u> </u>			_				
22	Historical artifacts				- 					
23	Scientific specimens			<u></u>	+-					
24 25	Archeological artifacts Other ► (CHILDREN'S TO)	X	0	58 500) FC	TIMATED	FMV			
26	Other (OTHER)	X	0			TIMATED	FMV			
20 27	Other (COMPUTERS)	X	0			TIMATED	FMV			
28	Other (COLLEGE)			23,00	7.00					
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions						
	for which the organization completed Form 82		-							
		-c, . a , .	22, 12					Yes	No	
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 thr	ouah 28	. that it				
	must hold for at least three years from the date	-		•	•		1 '			
	exempt purposes for the entire holding period?						30a		X	
b	If "Yes," describe the arrangement in Part II									
31	to the contract of the contrac								Х	
	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?		-				32a		Х	
b	If "Yes," describe in Part II									
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is	checke	d,		1		
	describe in Part II.						_1	l	L	

532141 08-21-15

LHA

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

Schedule M (Form 990) (2015)

Schedule M	I (Form 990) (2015)	D/B/A	HESED	HOUSE				36-328	644	⊃age 2
Part II	Supplementa is reporting in Par this part for any a	l Informati t I, column (b	On. Provid	le the informati	on required by ons, the number	Part I, lines 30ter of items recei	o, 32b, and 33, ved, or a comb	and whether th	e organization	1
					-			~	 	
					 _					
			<u>.</u> .	-		<u>-</u> .				
							<u> </u>			
										
	-		<u></u> -	<u> </u>						
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	<u></u>									
			<u></u>							
532142 08-21-	15							Schedule	M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

15 Open to Public <u> Ínspection</u>

OMB No 1545-0047

Name of the organization

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

Employer identification number 36-3285644

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO HOPE AGAIN.
FORM 990, PART VI, SECTION B, LINE 11:
ONCE THE 990 FORM AND REALTED SCHEDULES ARE COMPLETED AND AVAILABLE IN
ELECTRONIC FORMAT, THEY ARE EMAILED TO THE FINANCE AND BOARD CHAIRS FOR
REVIEW. DURING THIS INITIAL REVIEW, ANY CORRECTIONS DEEMED NECESSARY WILL
BE MADE. UPON COMPLETION OF THE INITIAL REVIEW, THE FORM 990 AND RELATED
SCHEDULES ARE PRESENTED TO THE ENTIRE BOARD FOR ADDITIONAL REVIEW. IF NO
FURTHER REVISIONS ARE REQUESTED, MANAGEMENT WILL PRESENT A RECOMMENDATION
TO ACCEPT THE FORM 990 AND RELATED SCHEDULES TO THE WHOLE BOARD AND ONCE SO
APPROVED, SUBMIT THE FORM 990 AND RELATED SCHEDULES TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST IS REGULARLY DISCUSSED, PARTICULARLY BY THE EXECUTIVE
COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED BY A PROCESS OVERSEEN BY THE
CHAIRMAN OF THE BOARD, WHICH INCLUDES EVALUATION TOOLS COMPLETED BY THE
EXECUTIVE COMMITTEE AND OTHERS. INCREASES, IF ANY, ARE BASED ON THE
EVALUATIONS, AVERAGE RAISES WITHIN THE ORGANIZATION AND A REVIEW OF
AVAILABLE SALARY SURVEYS.
FORM 990, PART VI, SECTION C, LINE 19:

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

532211 09-02-15

FINANCIAL INFORMATION IS MADE AVAILABLE ON OUR WEBSITE AND UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization PUBLIC ACTION TO DELIVER SHELTER INC. D/B/A HESED HOUSE	Employer identification number 36-3285644
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ALL INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
	OCHGG EDOM
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT FOR THE AUDIT PR	COCESS FROM
THE PRIOR YEAR	
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