Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury

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

Open to Public Inspection

_		nue Service	► Go to www.irs.gov/Forms	390EZ for instructi	ons and the la	itest informati	ion. (U				
A	For the	2017 calend	ar year, or tax year beginning	July 1	, 2017,	and ending		une 30		•	
В	Check if a	If applicable C Name of organization 23 D Em							entification num	ber ?	
, 📮	Address o	change	Zacchaeus House Inc					3	7-145605		
님	Name cha		Number and street (or P O box, if mail is not	delivered to street add	dress) ?	Room/suite	E Telep	hone n	umber		
)님		Initial return 12242 S Parnell Ave						773-568-7822			
ĺ	Amended		City or town, state or province, country, and	ZIP or foreign postal c	ode	$\mathcal{C}_{\mathcal{C}}$	F Grou	ір Ехеі	mption		
	Application	on pending	Chicago, Illinois 60628		_	<u>し</u> ク	Num	nber 🕨	?1		
G	G Accounting Method ☑ Cash ☐ Accrual、Other (specify) ► ☐ H Check I								f the organizati	on is not	
1 7	Website: ▶ required								ach Schedule E	?	
J 1	J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 9							90, 990)-EZ, or 990-Pf	-).	
			· Corporation Trust	☐ Association	Other						
			7b to line 9 to determine gross receipts.			nore, or if total	assets				
(Pa	ırt II, col		w) are \$500,000 or more, file Form 990 ins					▶ \$			
P	art I	Revenu	ie, Expenses, and Changes in N	let Assets or F	und Balanc	es (see the	ınstruc	tions	for Part I)	2	
		Check If	the organization used Schedule O	to respond to a	ny question i	n this Part I		<u> </u>	<u> </u>	. 🗆	
?	1	Contribution	ons, gifts, grants, and similar amount	s received				1		80,889	
?1	2	Program s	ervice revenue including government	t fees and contrac	cts			2	· .	0.00	
?1] 3	Membersh	nip dues and assessments					3		0.00	
?	4	Investment	t income					4		0.00	
	5a	Gross amo	ount from sale of assets other than in	ventory	5 a		0.00				
	b	Less: cost	or other basis and sales expenses .		5b		0 00				
	C	Gain or (los	ss) from sale of assets other than inv	entory (Subtract	ıne 5b from li	ne 5a)		5c		0.00	
	6	Gaming an	nd fundraising events								
	a	Gross inc	ome from gaming (attach Schedu	ule G if greater	than						
Ę	ì	\$15,000) .			· · 6a		0 00				
Revenue	b	Gross inco	ome from fundraising events (not incli	uding \$	80,889 of	contribution	s				
ě		from fundr	raising events reported on line 1) (at	tach Schedule G	ıf the						
		sum of suc	ch gross income and contributions ex	kceeds \$15,000)	· · 6b		4,855				
2	С	Less: direc	ct expenses from gaming and fundrai	sing events .	6с		0.00				
<u> </u>	d	Net incom-	e or (loss) from gaming and fundrai	ising events (add	lines 6a and	d 6b and sub	otract				
,)		line 6c) .					[6d		4,855	
4	7a	Gross sale	s of inventory, less returns and allow	ances	7a		0.00				
)	b	Less: cost	of goods sold		7b		0 00				
į	С	Gross prof	fit or (loss) from sales of inventory (Su	ubtract line 7b fro	m line 7a) .			7c		0.00	
	8	Other reve	nue (describe in Schedule O)				[8		0.00	
j	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8	<i></i> .	<u> </u>	. ▶	9		85,744	
<u> </u>	10		d sımılar amounts paid (list ın Schedu					10		0 00	
	11						[11		0.00	
Sa	12	Salaries, of	ther compensation, and employee be	enefits 🌃			[12		22,451	
S E	13	Profession	al fees and other payments to indepe	endent contracto	rs ?:	· · · ·	[13		4,670	
Expenses	14	Occupancy	y, rent, utilities, and maintenance .	REC	FIVED	.	[14		20,869	
ũ	15	Printing, pu	ublications, postage, and shipping.	, , , , , C	LIVE	78/· · ·	[15		1,594	
	16	Other expe	enses (describe in Schedule O) 🌃 .	· 4 :	ጥ ድ ኃበተ ደ ·	ŏ	[16		0.00	
	17		enses. Add lines 10 through 16	. 1221	0 6 2018	0.8	. ▶_	17		49,584	
S	18	Excess or ((deficit) for the year (Subtract line 17	from line 9)		<u> </u>	[18		36,160	
set	19	Net assets	or fund balances at beginning of y	ear (from Ine 27	Joelumr (A)	(must agree	with				
Asi		end-of-yea	ar figure reported on prior year's retui	rn) .L 			[19		83,984	
Net Assets	20	Other chan	nges in net assets or fund balances (e	explain in Schedu	le O)		[20		0.00	
Z	21		or fund balances at end of year. Cor	•		<u></u>	<u>. ▶</u>	21		120,144	
For	Paper		ion Act Notice, see the separate instru			No 10642I			Form 990-E	Z (2017)	

	Check if the organization used Schedule	O to respond to a	iny question in this	Part II		🗆
				(A) Beginning of year	$\overline{}$	(B) End of year
20	Cook source and investments		-	89,403	├	104,27
22 23	Cash, savings, and investments			0 00	-	0.00
24	Land and buildings			0 00		0.00
25	· · · · · · · · · · · · · · · · · · ·			89,403	-	104,27
26	Total assets			0 00		0.00
	· · · · · · · · · · · · · · · · · · ·			89,403	-	120,14
27 Part	Net assets or fund balances (line 27 of column				21	120,14
art		•				Expenses
/L _+	Check if the organization used Schedule is the organization's primary exempt purpose?			Part III L	(Red	guired for section
						(c)(3) and 501(c)(4)
	ibe the organization's program service accompli				. ~	anizations, optional fo ers)
	easured by expenses. In a clear and concise mass benefited, and other relevant information for ea		e services provided	i, the number of	00110	si 3 /
	ns benefited, and other relevant information for ea	ach program title.				Τ
28		·				
-						
_ 7		· · · · · · · · · · · · · · · · · · ·				
_	Grants \$ 0 00) If this amount	includes foreign gra	ants, check here .	<u>· · · ▶ ⊔</u>	28a	0.00
29						
-						
-		·				1
	Grants \$ 0.00) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	0.0
30 _	•••••					
-						İ
-						i
	Grants \$ 0 00) If this amount				30a	00
	Other program services (describe in Schedule O)					
7	Grants \$ 0.00) If this amount	unaludas faraiga are				
			ants, check here .		31a	+
	Total program service expenses (add lines 28a	through 31a)		🕨	32	0.0
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key	through 31a) / Employees (list eac	h one even if not com	▶ pensated—see the ir	32 nstruc	0.0 ctions for Part IV)
	Total program service expenses (add lines 28a	through 31a) / Employees (list eac	h one even if not comp ny question in this	pensated—see the in	32 nstruc	0.00 ctions for Part IV)
	IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) y Employees (list each O to respond to a (b) Average	h one even if not com	pensated—see the in Part IV	32 nstruc	0.00 ctions for Part IV)
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key	through 31a) y Employees (list each O to respond to a (b) Average hours per week	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc 	0.00 ctions for Part IV)
	IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) y Employees (list each O to respond to a (b) Average	h one even if not comp ny question in this (c) Reportable 22 compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc 	0.00 ctions for Part IV)
art	IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) Femployees (list each O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc 	0.00 ctions for Part IV)
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Part Alfred Jouse Osep Presid awre Cosco uster	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Coleman Director N Perry Jent Ince J Smith Cook Director	through 31a) Femployees (list each of the content of the co	h one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 30,484	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32 nstruc 	0.00 ctions for Part IV)
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
-		indications for Fair v., officer in the organization about periodate of to respond to any question in the	71 411	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V	?
,	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
		· · · · · · · · · · · · · · · · · · ·	35a 35b	_	<u>/</u>	
	C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>	
;	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	
;	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b			
;	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<u> </u>	?;
;	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				T
	b	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			?;
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		-		
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u> </u>	
4	41	List the states with which a copy of this return is filed ▶				
4	42a	The organization's books are in care of ▶ Telephone no. ▶				
	b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	- -	Yes	Na	
	b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO	
		If "Yes," enter the name of the foreign country: ▶			1	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	l	<u> </u>	
4	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	 ———————————————————————————————————	. •	• 🗆	
4	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
,	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		~	
•	b b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	104		<u> </u>	
	-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		_	

1	•							
Form 99	90-EZ (2017)						F	age 4
						• 0470-740	Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"							
Part			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 40	<u> </u>	
	All section 501(c)(3) organization		estions 47-49b a	nd 52, and co	mplete the	e tables t	for lin	es
	50 and 51.							_
	Check if the organization used Sc	hedule O to respon	d to any question	in this Part VI	· · ·	<u> </u>	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) ele	ction in effect	during the	tax	res	NO
	year? If "Yes," complete Schedule C, Pa							~
48	Is the organization a school as described							
49a	Did the organization make any transfers						+	~
ь 50	If "Yes," was the related organization a s Complete this table for the organization's			other than offu		. 49b		d kev
50	employees) who each received more tha							
		(b) Average	(c) Reportable	1 '	benefits,	(e) Estimate		
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI	SC) benefit plans,	to employee and deferred	other cor		
NONE				compe	nsation		_	
NONE	•	1			Ì			
			-					
		-						
			<u> </u>					
	Total number of other employees paid or		· · · ·	ONE	ماموم ممماس			41
51	Complete this table for the organization \$100,000 of compensation from the organization			ent contractors	s who each	received	more	tnan
	(a) Name and business address of each indepen	dent contractor	(b) Type of	service	(c)	Compensati	ion -	
			(4) 1) [4]					
						_		
			·[_		
			-					
			 					
			<u></u>					
	Total number of other independent contri	_		. •		NE		
52	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ection 501(c)(3) o	-		⊢a . ▶ 		No
Under p	enalties of perjury, I declare that I have examined this							
	rect, and complete Declaration of preparer (other tha							
Ci	June h. Bury				onembur	1,20	18	
Sign Here	Sighalure of officer JOSEPH N PERRY			Dat				
. 101 6	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN		
Drop	oror				self-employ			

Preparer Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization **ZACCHAEUS HOUSE INC** **Employer identification number** 37-1456051

Par	tl R	eason for Public Chai	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The c	A chu	on is not a private founda irch, convention of church lool described in section	nes, or association	on of churches descri	bed in s e	ection 17	0(b)(1)(A)(i).	00
3 4	A me	spital or a cooperative hos dical research organization tal's name, city, and state	n operated in co					(iii). Enter the
5		ganization operated for to the control on 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7								
8	☐ A cor	nmunity trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	receir suppo acqui	ganization that normally rots from activities related ort from gross investment from gross investment ared by the organization a	to its exempt full income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom i)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its
11	☐ An or	ganization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	of on	ganization organized and e or more publicly suppo k the box in lines 12a thro	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	th	ype I. A supporting organ ie supported organization upporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	yority of t	rted organization(s), he directors or trust	typically by giving ees of the
b	Of Of	ype II. A supporting organication or management of forganization(s). You must of the must be supported in the must be sup	the supporting o complete Part I	rganization vested in V, Sections A and C	the same	persons	that control or man	age the supported
С	☐ Ty	ype III functionally integ s supported organization(rated. A support s) (see instructio	ting organization oper ns). You must comp	rated in c l <mark>ete Part</mark>	onnection IV, Secti	n with, and functions ions A, D, and E.	ally integrated with,
d	th re	ype III non-functionally i at is not functionally integrationally integrations.	grated. The orga ns). You must c	nization generally muse omplete Part IV, Sec	st satisfy ctions A	a distribi and D, ar	ition requirement an nd Part V.	d an attentiveness
е	□ c fu	heck this box if the organ inctionally integrated, or T	ization received Type III non-func	a written determination tionally integrated supports	on from the operating of the operation o	ne IRS that organizat	at it is a Type I, Type ion.	e II, Type III
f		ne number of supported o						
g	Provide	the following information	about the supp	orted organization(s).				
	(i) Name o	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total			Mark Co.					

	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	ion A. Public Support	quality unde	er the tests is	sted below, p	lease comple	te rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(a) 2014	(8) 2010	(6) 2510	(4) 2017	(6, 25.5	(i) rotal
	membership fees received. (Do not						
	ınclude any "unusual grants.")		ļ				
2	Tax revenues levied for the				,		
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities					·	
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3				 _		
5	The portion of total contributions by				}		
	each person (other than a			/			
	governmental unit or publicly supported organization) included on			/			
	line 1 that exceeds 2% of the amount]				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		/	<i>Y</i>			
Secti	ion B. Total Support						
Calen	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from]			
	similar sources						
9	Net income from unrelated business		/				
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	/see instructiv				12	
13	First five years. If the Form 990 is for the	· /	•				n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Support		<u>е</u>				
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test-2018. If the organize						check this
	box and stop here. The organization quali			=			· · • 🟲 🗆
b	331/3% support test – 2017. If the organization of						ore, check · · ► □
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization med						
	Part VI how the organization meets the "f	acts-and-circ	umstances" te	st. The organi	zation qualifies	as a publicly	• • —
	organization						• 🗀
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m						
	supported organization						► □
18	Private foundation. If the organization did	not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, checl	k this box and	
	Instructions						. ▶ □

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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

Sect	ion A. Public Support	andor the te	oto notou bon	July picaso oc	inplote i air		
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	129,591	87,496	75,163	68,991	80,889	442,130
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	0.00	0 00	0 00	0 00	0 00	0.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0.00	0.00	0.00	0 00	0 00	0 00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0 00	0 00	0.00	0 00	0 00	0.00
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0 00	0 00	0.00	0 00	0.00
6	Total. Add lines 1 through 5	129,591	87,496	75,163	68,991	80,889	442,130
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0 00	0 00	0 00	0.00	0 00	0.00
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	0.00	0.00	0.00	0 00	0 00	0.00
8 8	Add lines 7a and 7b	000	0.00	0 00	0 00	0 00	0 00
Secti	on B. Total Support						442,130
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	129,591	87,496	75,163	68,991	80,889	442,130
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0 00	0 00	0.00	0 00	0 00	0 00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.00	0.00	0.00	0 00	0 00	0 00
С	Add lines 10a and 10b	0.00	0.00	0 00	0.00	0 00	0 00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0 00	0.00	0.00	0.00	0.00	0.00
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 00	0.00	0.00	0 00	0.00	0.00
13	Total support. (Add lines 9, 10c, 11, and 12.)	129,591	87,496	75,163	68,991	80,889	442,130
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			3, column (f))		15	1 %
16	Public support percentage from 2017 Sch					16	1 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I	ine 10c, colum	n (f), divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2017					18	0 %
19a	331/3% support tests-2018. If the organi						
b	17 is not more than 331/3%, check this box a 331/3% support tests—2017. If the organization	ation did not ch	neck a box on I	ine 14 or line 19	9a, and line 16	is more than 3	3 ¹ /3%, and
••	line 18 is not more than 331/3%, check this b	•	=				=
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations				
			Yes	No	_
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.	<u></u>	<u></u>		
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).	2		~	j
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		~	İ
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.	3b			
С	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.	3c			ĺ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a			j
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.	4b			
С	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.	4c		Ь—	7
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	5a			Ī
	designated in the organization's organizing document?	5b 5c		-	
6	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 .	6			j
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7			Ì
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).	8			į
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 .	9a			
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 .	9b			Ì
С	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.	9c			j
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.	10a			•
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.)	10b			j

Dage	
raye	•

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		-	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ļ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		
	or management of the supporting organization was vested in the same persons that controlled or managed			لــــا
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations		.	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļJ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_4	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	Yes	
2	Activities Test. Answer (a) and (b) below.	Г	162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	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		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
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					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	-				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
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					
Section C-Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionall instructions).	y ınt	egrated Type III supporti	ng organization (see			

<u>Part</u>	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			<u> </u>
_ <u>a</u> _	From 2014			
	From 2015			
	From 2016			
• • • • • • • • • • • • • • • • • • • •	From 2017			
_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
— <u>s</u> h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
e				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

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

Name of the organization					Employer identifi	cation number				
Zacchaeus House Inc		37-1456051								
Part I Fundraising Activities Form 990-EZ filers are	. Complete if the not required to	ne organiza complete	ation ansv this part.	vered "Yes" on	Form 990, Part IV,	line 17.				
a Mail solicitations	☐ Internet and email solicitations									
d In-person solicitations	d In-person solicitations									
2a Did the organization have a wri or key employees listed in Form	n 990, Part VII) o	r entity ın c	onnection v	with professional	fundraising services	? ☐ Yes ☑ No				
b If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pi	ursuant to agreen	nents under which th	ne fundraiser is to be				
(i) Name and address of individual or entity (fundraiser)			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization					
1 NONE -		Yes	No							
2										
3						<u> </u>				
4	-	 			<u></u>					
5										
6										
7										
8										
9										
10										
Total	<u> </u>	<u> </u>	▶							
3 List all states in which the organ registration or licensing.	anization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notifi	ed it is exempt from				
		. 								
1										

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

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-			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			Luncheon Benefit	Christmas Appeal	None	(add col (a) through				
			(event type)	(event type)	(total number)	col (c))				
Revenue	1	Gross receipts	4,855	2,375	0 00	7,230				
Œ	2	Less: Contributions	0.00	0.00	0.00	0.00				
	3	Gross income (line 1 minus line 2)	4,855	2,375	0.00	7,230				
nses	4	Cash prizes	0.00	0.00	0.00	0.00				
	5	Noncash prizes	0.00	0.00	0.00	0.00				
	6	Rent/facility costs	0.00	0.00	0.00	0.00				
Direct Expenses	7	Food and beverages	0.00	0.00	0.00	0.00				
Direct	8	Entertainment	0.00	0.00	0.00	0.00				
	9	Other direct expenses .	0.00	0.00	0.00	0.00				
	10	Direct expense summary. Ad				0.00				
Da	11 rt III	Net income summary. Subtra Gaming. Complete if the				0.00				
F 6	rt III	\$15,000 on Form 990-E2		erea res on Forms	990, Part IV, line 19,	or reported more than				
—				(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))				
eve										
<u> </u>	1	Gross revenue	000							
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Jirect	4	Rent/facility costs								
_	5	Other direct expenses .				1				
	_		☐ Yes %	☐ Yes%	☐ Yes%					
	6 Volunteer labor		☐ No	□ No	No					
	7	Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u></u> . ▶					
9	_	nter the state(s) in which the org	nanization conducts de	ming activities: None						
_	a Is	the organization licensed to co		in each of these states						
10		ere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes No "Yes," explain:								

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11	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	☑ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	revenue?	☐ Yes	☑ No
b			
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
Ь	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 ▶\$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
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