

December 19, 2014

Mr. David Neary  
Executive Director  
DuPage Habitat for Humanity  
1600 East Roosevelt Road  
Wheaton, Illinois 60187

Dear Mr. Neary:

We have placed a client copy of the tax returns (listed below) in your portal. Your tax returns will remain in the portal for 75 days for you to download to your computer and retain for your records. In addition, we are mailing you with the necessary e-file authorization form for you to sign and return (envelope enclosed). Also enclosed, for your signature and filing, is the state tax return which cannot be e-filed.

The federal income tax return for the year ended June 30, 2014 for DuPage Habitat for Humanity will be electronically filed; accordingly, we are enclosing the following:

FORM 8879-EO – IRS *e-file* SIGNATURE AUTHORIZATION FOR AN  
EXEMPT ORGANIZATION  
06/30/14 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
FORM 990 (*Electronic copy only*)  
06/30/14 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION  
ANNUAL REPORT – FORM AG990-IL

We must receive your signed authorization (Form 8879-EO) before we can electronically transmit your federal return. Please return the signed authorization to Selden Fox as soon as possible before February 15, 2015. Upon receipt of your signed authorization, we will electronically transmit your federal return to the Internal Revenue Service.

The original state return should be signed, dated and filed in accordance with the filing instructions.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions concerning the returns or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.

Edward G. Tracy  
Vice President

EGT/dkf

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2014

<b>Prepared for</b>	DUPAGE HABITAT FOR HUMANITY 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187
<b>Prepared by</b>	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	RETURN SIGNED FORM 8879-EO TO US BEFORE FEBRUARY 15, 2015.
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

# 2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**DUPAGE HABITAT FOR HUMANITY**

**36-4003119**

Name and title of officer

**DAVID NEARY  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>2,685,864.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SELDEN FOX, LTD. to enter my PIN 03119  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**36221060523**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

**2013**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DUPAGE HABITAT FOR HUMANITY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1600 EAST ROOSEVELT ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>WHEATON, IL 60187</b> <b>F</b> Name and address of principal officer: <b>DAVID NEARY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>36-4003119</b> <b>E</b> Telephone number <b>(630) 510-3737</b> <b>G</b> Gross receipts \$ <b>2,821,369.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <b>▶ 8545</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>▶ WWW.DUPAGEHABITAT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>17</b>	
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>586</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,437,440.	<b>Current Year</b> 1,571,072.
9 Program service revenue (Part VIII, line 2g)		826,712.	1,134,327.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-994.	-28,538.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,741.	9,003.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,312,899.	2,685,864.	
<b>Expenses</b>		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,000.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	650,053.	737,071.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	12,370.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>234,318.</b>		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,756,771.	2,312,900.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,428,194.	3,049,971.	
19 Revenue less expenses. Subtract line 18 from line 12	884,705.	-364,107.		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 4,229,955.	<b>End of Year</b> 3,626,654.	
	21 Total liabilities (Part X, line 26)	789,167.	601,821.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,440,788.	3,024,833.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer <b>DAVID NEARY, EXECUTIVE DIRECTOR</b>	Date	
	▶ Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT DYKSHORN</b>	Preparer's signature	Date
	Firm's name ▶ <b>SELDEN FOX, LTD.</b>	Firm's EIN ▶ <b>36-2985770</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00636125</b>
	Firm's address ▶ <b>619 ENTERPRISE DRIVE</b> <b>OAK BROOK, IL 60523-8835</b>	Phone no. <b>630-954-1400</b>	

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

Part 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: TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,112,214. including grants of \$ 0. ) (Revenue \$ 453,230. ) DUPAGE HABITAT HAS HELPED OVER 60 FAMILIES ACHIEVE THE DREAM OF HOMEOWNERSHIP. THIS IS DONE BY WORKING IN PARTNERSHIP WITH PARTNER FAMILIES AND THE COMMUNITY TO BUILD NEW OR REHABILITATE EXISTING HOMES THROUGHOUT DUPAGE COUNTY. DUPAGE HABITAT HAS DEVELOPED UNITS RANGING FROM SINGLE-FAMILY HOMES, TO DUPLEXES, TO TOWNHOMES. DUPAGE HABITAT BUILDS HIGH-QUALITY, LOW-FRILL HOMES DESIGNED TO BLEND SEAMLESSLY WITH THE SURROUNDING COMMUNITY. HOMES ARE TYPICALLY AROUND 1800 SQUARE FEET WITH 3-4 BEDROOMS, 1-2 BATHS AND A GARAGE. LIKE EVERY BUILDER IN DUPAGE, DUPAGE HABITAT HOMES MUST CONFORM WITH ALL LOCAL BUILDING CODES, AND MUST PASS INSPECTIONS TO ENSURE QUALITY CONSTRUCTION AND LIVEABILITY.

4b (Code: ) (Expenses \$ 463,544. including grants of \$ 0. ) (Revenue \$ 681,488. ) THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOUSEHOLD AND CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO LANDFILLS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,575,758.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.



**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	14		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	14		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DEBBIE YARNALL - (630) 510-3737**  
**1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187**

**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENILYN ARCIAGA DIRECTOR	5.00	X					0.	0.	0.	
(2) KELLY BUFTON DIRECTOR	5.00	X					0.	0.	0.	
(3) PAULA BRKICH DIRECTOR	5.00	X					0.	0.	0.	
(4) EDIE CREWS DIRECTOR	5.00	X					0.	0.	0.	
(5) RICHARD DICKSON PRESIDENT	5.00	X		X			0.	0.	0.	
(6) PAUL GARRETT DIRECTOR	5.00	X					0.	0.	0.	
(7) ANNE HOUGHTALING DIRECTOR	5.00	X					0.	0.	0.	
(8) PATRICIA FRANSON-OLINGER SECRETARY	5.00	X		X			0.	0.	0.	
(9) BILL MCBRIDE DIRECTOR	5.00	X					0.	0.	0.	
(10) PETE PAPAGEORGAKIS TREASURER	5.00	X		X			0.	0.	0.	
(11) BEN POHL DIRECTOR	5.00	X					0.	0.	0.	
(12) KEVIN REIMAN DIRECTOR	5.00	X					0.	0.	0.	
(13) ANGEL VEGA DIRECTOR	5.00	X					0.	0.	0.	
(14) ANNA BANKS SIMEON DIRECTOR	5.00	X					0.	0.	0.	
(15) DAVE NEARY EXECUTIVE DIRECTOR	45.00			X			58,730.	0.	0.	
(16) SARAH BRACHLE EXECUTIVE DIRECTOR	45.00			X			54,792.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							113,522.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							113,522.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	62,474.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	778,159.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	730,439.				
	g	Noncash contributions included in lines 1a-1f: \$		306,361.				
	h	<b>Total.</b> Add lines 1a-1f		1,571,072.				
	Program Service Revenue	2 a	RESTORE	Business Code 900099	681,488.	681,488.		
b		SALE OF HOMES	900099	348,765.	348,765.			
c		MORTGAGE LOAN DISCOUNT	900099	104,074.	104,074.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		1,134,327.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		217.			217.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses		121,302.			
		c	Gain or (loss)		-28,755.			
		d	Net gain or (loss)		-28,755.			-28,755.
	8 a	Gross income from fundraising events (not including \$ 62,474. of contributions reported on line 1c). See Part IV, line 18	a		22,815.			
		b	Less: direct expenses	b	14,203.			
		c	Net income or (loss) from fundraising events		8,612.			8,612.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	391.	391.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		391.					
12	<b>Total revenue.</b> See instructions.		2,685,864.	1,134,718.	0.	-19,926.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,886.	63,782.	20,370.	14,734.
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	518,767.	359,862.	65,173.	93,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,915.	36,169.	14,487.	13,259.
10 Payroll taxes	55,503.	37,012.	7,837.	10,654.
11 Fees for services (non-employees):				
a Management				
b Legal	5,991.		5,991.	
c Accounting	22,815.		22,815.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	48,624.	20,122.	28,502.	
14 Information technology	10,521.		10,521.	
15 Royalties				
16 Occupancy	206,541.	182,541.	24,000.	
17 Travel	16,949.	12,608.	4,341.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,262.	400.	1,862.	
20 Interest	17,852.	3.	17,849.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,148.	25,484.	2,851.	2,813.
23 Insurance	67,314.	54,142.	12,434.	738.
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 O.)				
a <b>CONSTRUCTION COSTS</b>	1,673,427.	1,673,427.		
b <b>DONOR DEVELOPMENT</b>	98,388.			98,388.
c <b>HOME BUILDING EXPENSES</b>	91,442.	91,442.		
d <b>MISCELLANEOUS</b>	19,626.	18,764.	862.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,049,971.	2,575,758.	239,895.	234,318.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	371,387.	1	294,712.	
	<b>2</b> Savings and temporary cash investments .....	99,680.	2	56,225.	
	<b>3</b> Pledges and grants receivable, net .....	230,844.	3	218,167.	
	<b>4</b> Accounts receivable, net .....	28,828.	4	16,488.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	2,062,043.	8	1,405,998.	
	<b>9</b> Prepaid expenses and deferred charges .....	27,633.	9	1,063.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 140,813.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 100,181.	68,766.	<b>10c</b> 40,632.	
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	8,760.	13	6,912.	
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,332,014.	15	1,586,457.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,229,955.	16	3,626,654.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	262,450.	17	163,327.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	34,182.	19	11,697.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	621.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	492,535.	24	422,976.	
	<b>25</b> 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 .....	0.	25	3,200.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	789,167.	26	601,821.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,702,596.	27	2,440,705.	
	<b>28</b> Temporarily restricted net assets .....	1,738,192.	28	584,128.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	3,440,788.	33	3,024,833.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,229,955.	34	3,626,654.		

**Part 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)	1	2,685,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,049,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	-364,107.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,440,788.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-51,848.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,024,833.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **DUPAGE HABITAT FOR HUMANITY** Employer identification number **36-4003119**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9,299,602.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....		449.	150.	227.	217.	1,043.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	3,569.	11,243.		14,403.	391.	29,606.
<b>11 Total support.</b> Add lines 7 through 10						9,330,251.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,076,401.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.67 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.56 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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 below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>DUPAGE HABITAT FOR HUMANITY</b>	Employer identification number <b>36-4003119</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BANK OF AMERICA 135 S LASALLE ST CHICAGO, IL 60603	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BANK OF NEW YORK MELLON 5503 N CUMBERLAND AVE CHICAGO, IL 60656	\$ 63,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUPAGE COUNTY TREASURER 421 N. COUNTY FARM ROAD WHEATON, IL 60187-0936	\$ 601,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1	DUPAGE MEDICAL GROUP LTD 1100 31ST ST DOWNERS GROVE, IL 60515-5509	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FORTUNE MARKETING UNLIMITED, INC. 12 PETTEES POND LN WESTWOOD, MA 02090	\$ 54,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DUPAGE HABITAT FOR HUMANITY</b>	Employer identification number <b>36-4003119</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>	REAL ESTATE _____ _____ _____	\$ <u>100,000.</u>	<u>09/25/13</u>
<u>3</u>	REAL ESTATE _____ _____ _____	\$ <u>63,500.</u>	<u>09/12/13</u>
<u>5</u>	FUNDRAISING SUPPLIES _____ _____ _____	\$ <u>54,232.</u>	<u>06/30/14</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization <b>DUPAGE HABITAT FOR HUMANITY</b>	Employer identification number <b>36-4003119</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		140,813.	100,181.	40,632.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,632.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>MORTGAGE RECEIVABLE</b>	1,517,755.
(2) <b>DEPOSITS</b>	68,702.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,586,457.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CLOSING FUNDS HELD ON BEHALF OF</b>	
(3) <b>PARTNER FAMILIES</b>	3,200.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,200.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,703,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	19,028.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,028.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,684,016.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,848.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,848.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,685,864.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,118,999.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	19,028.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	69,028.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,049,971.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,049,971.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

**EXPLANATION: ESCROW ACCOUNT BALANCE REPRESENTS IN-HOUSE ESCROW MAINTAINED BY ORGANIZATION ON BEHALF OF A PARTNER FAMILY. FUNDS ARE PAID TO THE ORGANIZATION AND MAINTAINED UNTIL REQUIRED PAYMENTS FOR PROPERTY TAXES ARE NECESSARY.**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**LOSS IN EQUITY OF LLC** 1,848.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**UNCOLLECTIBLE PLEDGES** 50,000.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	HOLIDAY EVENT (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	81,803.	3,486.		85,289.
	<b>2</b> Less: Contributions .....	58,988.	3,486.		62,474.
	<b>3</b> Gross income (line 1 minus line 2) .....	22,815.			22,815.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	14,203.			14,203.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				14,203.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				8,612.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

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](http://www.irs.gov/form990)

Name of the organization **DUPAGE HABITAT FOR HUMANITY** Employer identification number **36-4003119**

**Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	2	163,500.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( BUILDING MATE )	X	65	84,018.	FAIR MARKET VALUE
26 Other ▶ ( FUNDRAISING I )	X	21	54,922.	FAIR MARKET VALUE
27 Other ▶ ( MISCELLANEOUS )	X	16	11,122.	FAIR MARKET VALUE
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization <b>DUPAGE HABITAT FOR HUMANITY</b>	Employer identification number <b>36-4003119</b>
--	---

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE DRAFT OF THE 990 WAS SENT TO THE BOARD TREASURER FOR A PRELIMINARY REVIEW. THE BOARD TREASURER PRESENTED THE 990 TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH NEW BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY AT ORIENTATION. AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS ARE RECORDED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS. PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR ANNUALLY. PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN EMPLOYEES' PERSONNEL RECORDS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. THEY ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN (LOSS) IN EQUITY OF LLC	-1,848.
UNCOLLECTIBLE PLEDGES	-50,000.
TOTAL TO FORM 990, PART XI, LINE 9	-51,848.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**DUPAGE HABITAT FOR HUMANITY**

Employer identification number

**36-4003119**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429 1600 EAST ROOSEVELT WHEATON, IL 60187	PURCHASING LAND AND CONSTRUCTING THE PIONEER PRAIRIE DEVELOPMENT	ILLINOIS	25,672.	415,902.	
PRAIRIE GREEN HABITAT LLC - 90-0827510 1600 EAST ROOSEVELT WHEATON, IL 60187	PURCHASING LAND AND CONSTRUCTING THE PRAIRIE GREEN DEVELOPMENT	ILLINOIS	460,470.	842,505.	

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOME TOGETHER LLC - 27-3797097 1600 ROOSEVELT WHEATON, IL 60187	OFFICE SPACE FOR DUPAGE HABITAT AND ANOTHER TAX EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

**Product: Exempt Extension****Category:****Name:** DUPAGE HABITAT FOR HUMANITY**IRS Center:** Ogden**e-Postmark:** 11/14/2014 8:59:49 AM**FEIN:** 36-4003119**Notification:****Fiscal Year:** 7/1/2013**Fiscal Year:** 6/30/2014**Begin Date:****End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	11/14/2014	Upload Started			
	11/14/2014	Released for Transmission - Validation in Progress			System
	11/14/2014	Ready to transmit - Validation Complete			
	11/14/2014	Transmitted to FD	36221020143180336e43		
	11/14/2014	Accepted by FD on 11/14/2014			



# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2014

<b>Prepared for</b>	DUPAGE HABITAT FOR HUMANITY 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187
<b>Prepared by</b>	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
<b>Mail tax return to</b>	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
<b>Return must be mailed on or before</b>	DECEMBER 31, 2014
<b>Special Instructions</b>	<p>THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).</p> <p>ENCLOSE A CHECK FOR \$15 MADE PAYABLE TO ILLINOIS CHARITY BUREAU FUND. INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2013 FORM AG990-IL" ON THE REMITTANCE.</p> <p>THE FORM AG990-IL MUST BE SIGNED BY TWO DIFFERENT OFFICERS OR BY TWO TRUSTEES. ONE SIGNATURE SHALL BE ACCEPTED IF THERE IS ONLY ONE TRUSTEE. A FORM AG990-IL WITHOUT TWO OF THE PREVIOUSLY MENTIONED REQUIRED SIGNATURES WILL BE CONSIDERED INCOMPLETE.</p>

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-028552**

**Report for the Fiscal Period:**

**Beginning** 07/01/2013

**& Ending** 06/30/2014

MO DAY YR

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

**Make Checks Payable to the Illinois Charity Bureau Fund**

Federal ID # 36-4003119

Are contributions to the organization tax deductible?

Yes  No

Date Organization was created:

LEGAL NAME: <b>DUPAGE HABITAT FOR HUMANITY</b>	Year-end amounts	
MAIL ADDRESS: <b>1600 EAST ROOSEVELT ROAD</b>	A) ASSETS	A) \$ <b>3,626,654.</b>
CITY, STATE: <b>WHEATON, IL</b>	B) LIABILITIES	B) \$ <b>601,821.</b>
ZIP CODE: <b>60187</b>	C) NET ASSETS	C) \$ <b>3,024,833.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>72.222%</b>	D) \$ <b>1,950,055.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>28.820%</b>	E) \$ <b>778,159.</b>
F) OTHER REVENUES	<b>-1.042%</b>	F) \$ <b>-28,147.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>2,700,067.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>84.524%</b>	H) \$ <b>2,589,961.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>84.524%</b>	J) \$ <b>2,589,961.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>84.524%</b>	L) \$ <b>2,589,961.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>7.829%</b>	M) \$ <b>239,895.</b>
N) FUNDRAISING EXPENSE	<b>7.647%</b>	N) \$ <b>234,318.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ <b>3,064,174.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>JAMES FESSLER, RESTORE MANAGER</b>		T) \$ <b>67,298.</b>
U) NAME, TITLE: <b>SARAH TACKER, BUSINESS MANAGER</b>		U) \$ <b>66,008.</b>
V) NAME, TITLE: <b>BRIAN HARRIS, PROGRAM CONSTRUCTION</b>		V) \$ <b>58,806.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>HOUSING FOR THE POOR</b>		W) # <b>131</b>
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

<b>IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:</b>		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>WHEATON BANK - 211 SOUTH WHEATON AVENUE, WHEATON, IL 60187</u> <u>HARRIS BANK - 110 E. IRVING PARK ROAD, ROSELLE, IL 60172</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DEBBIE YARNALL - (630) 510-3737</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

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

**BE SURE TO INCLUDE ALL FEES DUE:**

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

_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
<b>SCOTT DYKSHORN</b> PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Audit Report**  
**For the Year Ended June 30, 2014**

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# Selden Fox, LTD.

A PROFESSIONAL CORPORATION  
CERTIFIED PUBLIC ACCOUNTANTS  
619 Enterprise Drive  
Oak Brook, Illinois 60523-8835

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
DuPage Habitat for Humanity, Inc.  
and Subsidiaries  
Wheaton, Illinois

We have audited the accompanying consolidated financial statements of **DuPage Habitat for Humanity, Inc. and Subsidiaries**, which comprise the consolidated statement of financial position as of June 30, 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Auditor's Responsibility (cont'd)***

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of **DuPage Habitat for Humanity, Inc. and Subsidiaries** as of June 30, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

We have previously audited the DuPage Habitat for Humanity, Inc. and Subsidiaries 2013 consolidated financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 3, 2013. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013 is consistent, in all material respects, with the audited financial statements from which it has been derived.

### ***Other Information***

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 10, 2014 on our consideration of **DuPage Habitat for Humanity, Inc.'s** internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering **DuPage Habitat for Humanity, Inc.'s** internal control over financial reporting and compliance.

*Seiden Fox, Ltd.*

December 10, 2014

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Financial Position**  
**June 30, 2014**  
(With Comparative Totals for 2013)

<b>Assets</b>	<u>2014</u>	<u>2013</u>
Current assets:		
Cash and cash equivalents	\$ 350,937	\$ 471,066
Accounts receivable	16,488	28,829
Government grants receivable	104,658	47,892
Pledges receivable, current portion	103,705	173,288
Mortgages receivable, current	80,995	76,001
Inventories - land and construction in progress	1,354,807	2,017,326
Inventory - ReStore	51,191	44,718
Prepaid expenses	1,063	27,633
Deposits and other assets	68,702	66,543
<b>Total current assets</b>	<b>2,132,546</b>	<b>2,953,296</b>
Property and equipment:		
Office equipment and furniture	12,932	12,932
ReStore equipment	70,041	67,026
Software	57,840	57,840
	140,813	137,798
Less accumulated depreciation	(100,181)	(69,033)
<b>Total property and equipment, net</b>	<b>40,632</b>	<b>68,765</b>
Other assets:		
Investment in limited liability company	6,912	8,760
Mortgages receivable, noncurrent, net of present value discount	1,436,760	1,189,470
Pledges receivable, noncurrent	9,804	9,664
<b>Total other assets</b>	<b>1,453,476</b>	<b>1,207,894</b>
<b>Total assets</b>	<b>\$ 3,626,654</b>	<b>\$ 4,229,955</b>

<b>Liabilities and Net Assets</b>	<u>2014</u>	<u>2013</u>
Liabilities:		
Current liabilities:		
Accounts payable	\$ 119,737	\$ 208,350
Accrued expenses	46,790	54,100
Deferred rent	11,697	17,562
Deferred income	621	16,620
Notes payable, current	305,277	181,822
<b>Total current liabilities</b>	<b>484,122</b>	<b>478,454</b>
Long-term liabilities - notes payable, net of current portion	117,699	310,713
<b>Total liabilities</b>	<b>601,821</b>	<b>789,167</b>
Net assets:		
Temporarily restricted	584,129	1,738,192
Unrestricted	2,440,704	1,702,596
<b>Total net assets</b>	<b>3,024,833</b>	<b>3,440,788</b>
<b>Total liabilities and net assets</b>	<b>\$ 3,626,654</b>	<b>\$ 4,229,955</b>

See accompanying notes and independent auditor's report.

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Activities**  
**For the Year Ending June 30, 2014**  
(With Comparative Totals for 2013)

	2014		Total	2013 Total
	Unrestricted	Temporarily Restricted		
Changes in unrestricted net assets:				
Public support and revenue:				
Federal and local government grants	\$ 805,159	\$ -	\$ 805,159	\$ 1,149,218
Illinois affordable housing tax credits	-	-	-	113,475
Contributions	295,531	95,034	390,565	464,346
Homes sales, net of present value discount	348,764	-	348,764	225,155
Mortgage loan discount amortization	104,074	-	104,074	90,855
ReStore operations	681,488	-	681,488	510,702
In-kind contributions and donated services	266,867	3,600	270,467	549,507
Special events:				
Contributions	68,987	-	68,987	106,929
Ticket sales	22,815	-	22,815	19,788
In-kind contributions and donated services	14,427	40,495	54,922	62,939
Less cost of direct benefit to donors	(14,203)	-	(14,203)	(15,478)
Miscellaneous income	609	-	609	27,924
Equity in income of limited liability company	(1,848)	-	(1,848)	8,760
Loss on sale of assets	(28,755)	-	(28,755)	(1,221)
Net assets released from restrictions	1,293,192	(1,293,192)	-	-
<b>Total public support and revenue</b>	<b>3,857,107</b>	<b>(1,154,063)</b>	<b>2,703,044</b>	<b>3,312,899</b>
Expenses:				
Program services:				
Homebuilding	2,119,414	-	2,119,414	1,468,093
ReStore	463,544	-	463,544	386,223
Management and general	252,829	-	252,829	278,291
Fund-raising	283,212	-	283,212	295,587
<b>Total expenses</b>	<b>3,118,999</b>	<b>-</b>	<b>3,118,999</b>	<b>2,428,194</b>
<b>Change in net assets</b>	<b>738,108</b>	<b>(1,154,063)</b>	<b>(415,955)</b>	<b>884,705</b>
Net assets, beginning of the year	1,702,596	1,738,192	3,440,788	2,556,083
Net assets, end of the year	\$ 2,440,704	\$ 584,129	\$ 3,024,833	\$ 3,440,788

See accompanying notes and independent auditor's report.



**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Functional Expenses**  
**For the Year Ending June 30, 2014**  
(With Comparative Totals for 2013)

	2014					2013 Total
	Program Services		Management and General	Fund-raising	Total	
	Homebuilding	ReStore				
Construction costs - houses sold	\$ 1,673,427	\$ -	\$ -	\$ -	\$ 1,673,427	\$ 1,070,845
Salaries and wages	246,937	176,706	85,543	108,466	617,652	557,312
Payroll taxes and benefits	40,917	32,264	22,323	23,914	119,418	92,741
Professional fees	-	-	51,155	-	51,155	107,965
Home building related expenses	77,942	-	-	-	77,942	73,813
Tithing to Habitat International	13,500	-	-	-	13,500	9,000
Printing and publications	-	5,893	-	-	5,893	1,127
Postage and shipping	-	-	2,257	-	2,257	1,817
Supplies and software purchases	-	-	7,727	-	7,727	7,787
Rent	-	182,541	24,000	-	206,541	168,508
Donated facilities	7,200	-	-	-	7,200	5,400
Telephone	-	-	4,644	-	4,644	4,433
Donor development	-	-	-	97,281	97,281	130,566
Insurance	40,110	14,033	12,434	738	67,315	60,165
Travel and entertainment	-	12,608	4,341	-	16,949	13,319
Bank charges and other fees	-	168	9,512	-	9,680	9,642
Education and conferences	-	400	1,862	-	2,262	3,326
Equipment rental	-	2,175	4,362	-	6,537	4,919
Office equipment purchases	-	-	-	-	-	384
Real estate tax	11,885	-	-	-	11,885	27,212
Interest expense	-	3	17,849	-	17,852	21,559
Reduction of in-kind donations	-	-	-	50,000	50,000	3,962
Miscellaneous	-	18,765	1,969	-	20,734	25,986
Depreciation	7,496	17,988	2,851	2,813	31,148	26,406
	<u>\$ 2,119,414</u>	<u>\$ 463,544</u>	<u>\$ 252,829</u>	<u>\$ 283,212</u>	<u>\$ 3,118,999</u>	<u>\$ 2,428,194</u>

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Cash Flows**  
**For the Year Ending June 30, 2014**  
(With Comparative Totals for 2013)

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities:		
Change in net assets	\$ (415,955)	\$ 884,705
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	31,148	26,406
Loss on sale of assets	28,755	1,221
Mortgage loan discount amortization	(104,074)	(90,855)
Pledges received	(108,700)	(83,492)
Payments received on pledges	128,577	174,644
In-kind pledges received	-	(62,070)
In-kind pledges fulfillment	-	105,322
Change in discount on pledges receivable	(434)	(3,618)
Reduction of in-kind donations - bad debt	50,000	3,962
Changes in ReStore inventory for sale	(6,473)	(14,578)
Equity in loss (income) of limited liability company	1,848	(8,760)
Present value on mortgages issued for home sales	(339,765)	(220,155)
Cash from other operating activities:		
Accounts receivable	12,341	(14,555)
Grants receivable	(56,766)	(9,690)
Home building related inventory	633,764	(605,235)
Prepays and other current assets	24,411	4,613
Accounts payable and accrued expenses	(95,923)	106,075
Deferred rent	(5,865)	(2,447)
Deferred income	(15,999)	(143)
<b>Net cash from operating activities</b>	<b>(239,110)</b>	<b>191,350</b>
Cash flows from investing activities:		
Purchase of property and equipment	(3,015)	(918)
Principal repayments on mortgage receivables	191,555	186,957
<b>Net cash from investing activities</b>	<b>188,540</b>	<b>186,039</b>

(cont'd)

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Cash Flows (cont'd)**  
**For the Year Ending June 30, 2014**  
(With Comparative Totals for 2013)

	<u>2014</u>	<u>2013</u>
Cash flows from financing activities - payments on notes payable	\$ (69,559)	\$ (239,472)
<b>Net change in cash</b>	<b>(120,129)</b>	137,917
Cash and cash equivalents, beginning of the year	<u>471,066</u>	<u>333,149</u>
Cash and cash equivalents, end of the year	<u>\$ 350,937</u>	<u>\$ 471,066</u>

## **DuPage Habitat for Humanity, Inc. and Subsidiaries** **Notes to the Consolidated Financial Statements**

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### **1. Organization and Purpose**

The accompanying financial statements reflect the consolidated operations of DuPage Habitat for Humanity, Inc., Pioneer Prairie, LLC and Prairie Green Habitat, LLC (collectively referred to as the Organization). All significant intercompany transactions and balances have been eliminated in consolidation.

DuPage Habitat for Humanity, Inc. (Habitat), a not-for-profit corporation, was incorporated on February 3, 1995. The Organization is an affiliate of Habitat for Humanity International, Inc., a nondenominational Christian non-profit organization whose purpose is to provide home ownership opportunities to limited income families or individuals, and to put the reality of substandard housing in the minds and hearts of DuPage residents in such a powerful way that unattainable home ownership for these families or individuals becomes politically, socially and religiously unacceptable. Although Habitat for Humanity International, Inc. (HFHI) assists with informational resources, training, publications, prayer support, and in other ways, the Organization is primarily and directly responsible for its own operation.

During the year ended June 30, 2008, the Organization established Pioneer Prairie, LLC (Pioneer Prairie), a single member wholly-owned subsidiary. Pioneer Prairie was established for the purpose of purchasing land and constructing the Pioneer Prairie development.

During the year ended June 30, 2012, the Organization launched a new ReStore program. This program recycles used and surplus household and construction materials to reduce the tonnage of waste going into landfills and provide building supplies to the general public at greatly reduced prices. All profits from the sales go to funding the mission of the Organization.

During the year ended June 30, 2012, the Organization established Prairie Green Habitat, LLC (Prairie Green Habitat), a single member wholly-owned subsidiary. Prairie Green Habitat was established for the purpose of purchasing land and constructing the Prairie Green development.

### **2. Summary of Significant Accounting Policies**

**General** – The accounts and consolidated financial statements are maintained on the accrual basis of accounting and accordingly, reflect all significant accounts receivable, payable, and other liabilities.

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted (when applicable) net assets, as required by Generally Accepted Accounting Principles (GAAP).

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues, expenses, gains, losses and other changes in net assets during the reporting period. Accordingly, actual results could differ from those estimates.

**Income Tax Status** – DuPage Habitat for Humanity, Inc. was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). Habitat qualifies for the charitable construction deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The tax exempt purpose of Habitat and the nature in which it operates is described above. The Organization continues to operate in compliance with its tax exempt purpose.

Pioneer Prairie and Prairie Green Habitat are wholly owned limited liability companies with Habitat being the sole member. For tax purposes, these entities are treated as disregarded entities. Their activities are included in Habitat's tax reporting.

The Organization's tax returns for the years ended June 30, 2011, 2012 and 2013 are open for purposes of Internal Revenue Service or Illinois Department of Revenue examinations.

**Cash and Cash Equivalents** – Cash and cash equivalents consist of bank deposits in federally insured accounts. At June 30, 2014, the Organization's cash accounts exceeded the federally insured limits by \$77,646.

For purposes of the Consolidated Statement of Cash Flows, the Organization considers all highly liquid instruments, if any, purchased with an original maturity of three months or less to be cash equivalents.

**Property and Equipment** – Expenditures for property and equipment and items which substantially increase the useful lives of existing assets are capitalized at cost or fair value if donated. The Organization provides for depreciation on the straight-line method at rates designed to depreciate the costs of assets over estimated useful lives of 5 years.

**Investment in Limited Liability Company** – The Organization is one of two equal members in Home Together, LLC, a nonprofit organization formed in 2010 to purchase and share the building used for operations. Due to the Organization's lack of a controlling interest in the subsidiary, its investment is accounted for under the equity method and consolidated financial statements are not presented. The investment account is increased for cash contributions made to the LLC and for the Organization's proportionate share of the LLC's other increase in net assets, and decreased for the cash distributions received from the LLC and the Organization's proportionate share of the LLC's other decreases in net assets.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Support and Revenue** – The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Consolidated Statement of Activities as net assets released from restrictions. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted.

The Organization reports gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations regarding how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

**Government Contributions** – Support funded by government contracts, which qualify as conditional promises to give, are recognized when the condition of performing the contracted services is met. Revenue is therefore recognized as earned as the condition of eligible expenses is incurred. These expenditures are subject to audit and acceptance by the respective granting agency and, as a result of such audit, adjustments could be required.

**In-Kind Contributions and Donated Services** – In addition to receiving cash contributions, the Organization receives in-kind contributions and donated services from various donors. In accordance with generally accepted accounting principles, contribution of services are required to be recognized if the services received (a) create or enhance non-financial assets, or (b) require specialized skills which are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. In-kind contributions are also required to be recorded at fair value. The Organization recognizes the estimated fair value of these in-kind donations and donated services as an expense or asset if appropriate in its consolidated financial statements, and similarly records a corresponding donation by a like amount.

For the years ended June 30, 2014 and June 30, 2013, the Organization received the following unconditional in-kind contributions and donated services:

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**2. Summary of Significant Accounting Policies (cont'd)**

**In-Kind Contributions and Donated Services – (cont'd)**

	2014	2013
Land and building	\$ 163,500	\$ 239,212
Building materials and labor	78,453	240,531
Legal services	2,727	49,255
Rent and utilities	7,200	5,400
Consulting services	-	300
Mortgage services	9,101	7,926
Miscellaneous	9,486	6,883
	\$ 270,467	\$ 549,507

Effective with the opening of the ReStore in July 2011, changes in the year end ReStore inventory balance are recognized as an adjustment of ReStore operations revenue. ReStore inventory is recognized as an asset at its estimated fair value for the inventory remaining at June 30, 2014 and 2013.

For the year ended June 30, 2014, the Organization received \$54,922 of donated supplies for special events and fundraisers, including \$40,495 related to an event held in the next fiscal year reported as temporarily restricted at June 30, 2014, of which \$14,203 was included in direct benefits to donors. For the year ended June 30, 2013, the Organization received \$62,939 of donated supplies for special events and fundraisers, of which \$15,478 was included in direct benefits to donors.

There were also a substantial number of volunteers who donated a significant amount of their time towards the activities of the Organization for the years ended June 30, 2014 and 2013, the value of which has not been recognized in the consolidated financial statements as they do not meet the criteria for recognition.

**Functional Allocation of Expenses** – The costs of providing various programs and other activities have been summarized on a functional basis in the Consolidated Statement of Activities and the Consolidated Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Concentration of Risk** – During the fiscal years ended June 30, 2014 and 2013, the Organization received approximately 19% and 33% of its funding from the DuPage County Community Development Commission, respectively. A portion of this funding from DuPage County in both years was one-time awards through the Neighborhood Stabilization program to address the foreclosure crisis in the area. Any negative change in the economy could have an impact on future contributions, fundraising efforts, as well as government grants.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Inventories – Land and Construction-in-Progress** – Inventory is valued at the lower of cost or fair value. Inventory primarily consists of purchased and donated houses, construction materials, land and homes under construction issued in the Organization's programs. Inventory is initially capitalized at cost or fair value if donated. This includes all direct and indirect costs incurred to prepare it for sale or use. If it is determined that the capitalized costs of inventory exceed its fair value, the inventory is written down to its fair value. Construction materials are valued at cost using the first-in, first-out (FIFO) method.

**Inventory ReStore** – ReStore inventory is valued at its estimated fair value determined at the time it is received.

**Warranties** – The Organization provides a limited one-year warranty in the deed of trust on the sale of a home which is generally for defects in materials and workmanship. Warranty costs are accrued when obligations under the warranty period become probable and can be reasonably estimated. The organization experienced warranty costs of \$2,992 and \$4,739 during fiscal years 2014 and 2013, respectively. There were no warranty costs accrued at June 30, 2014 and 2013.

**Advertising and Promotion** – The Organization maintains a small supply of promotional books, pamphlets and other merchandise available for public distribution and ministry purposes. Costs related to these materials, including advertising and promotion are expensed as incurred.

**Compensated Absences** – The Organization's vacation policy allows employees to accumulate and carry forward a maximum of ten vacation days. During the fiscal years ended June 30, 2014 and 2013, the Organization has recognized a liability of \$18,510 and \$9,957, respectively, for compensated absences.

**Comparative Information** – The consolidated financial statements include certain prior-year comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2013, from which the summarized information was derived.



**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**3. Federal and Local Government Grants**

**Neighborhood Stabilization Program** – The Organization has been selected by the County of DuPage (the County) to act as a developer to acquire and rehabilitate eligible abandoned and foreclosed single family homes under a Neighborhood Stabilization Program (NSP) funded by the Department of Housing and Urban Development (HUD). Homes acquired and rehabilitated under the NSP are then sold by the Organization to qualifying low income individuals under the Organization's normal terms and conditions. The Organization receives NSP funds from the County as it incurs eligible costs. The Organization executes notes to the County as the NSP funds are received from the County. The County releases the Organization from these notes when the related homes are sold by the Organization to eligible individuals. The homeowners execute non-interest bearing first mortgages to the Organization at the time they purchase the homes. The amount of the first mortgage is determined by the Organization such that, when considering real estate taxes and insurance, the required mortgage payment is affordable to the homeowners in accordance with the Organization's mission. The homeowners also execute a second mortgage to the Organization that equals the difference between the actual costs of the home and the sum of the first mortgage. The homeowners may have a third mortgage if assistance from the County is received. The second and third mortgages are also non-interest bearing and are payable only if certain events occur in the future.

All amounts paid by the homeowners to the Organization under these mortgages were considered NSP income which had to be retained by the Organization with the restriction that such amounts be used by the Organization for another eligible NSP activity in the County. The Organization initially recognized the NSP grants as temporarily restricted revenue in the period it incurs the eligible costs. Upon sale of the home, a portion of the NSP grant (the carrying amount of the first mortgage on NSP homes and any payments received under mortgages related to NSP homes) continued to be reflected as temporarily restricted net assets until such time those amounts were used for another eligible NSP activity in the County. The remainder of the NSP grant associated with the home was released upon sale. For the year ended June 30, 2013, the Organization did not purchase or sell any homes under the NSP. On January 22, 2013, the Organization was awarded additional NSP funds to cover the remaining costs of the home purchased during the year ended June 30, 2012. The amount of NSP mortgage principal income of \$6,228 previously released was re-restricted in the prior year. During the current year, the Organization amended the agreement with the County. This amendment lifted the restriction that restricted the use of amounts paid by the homeowners to another eligible NSP activity, and the balance of \$305,842 held as temporarily restricted net assets at June 30, 2013 was released from restriction.

The Organization receives a developer fee of ten percent of eligible costs for its services under the NSP. The developer fee is recognized as unrestricted revenue as the eligible costs are incurred. Revenues are also recognized for direct construction and rehabilitation costs incurred. Total grant revenues recognized under the NSP were \$24,252 and \$54,874 for the years ended June 30, 2014 and 2013, respectively.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**3. Federal and Local Government Grants (cont'd)**

**Community Development Block Grants** – The Organization had been awarded grants by the County from its Housing Development Fund to be used to fund in part the Organization's development of 11 homes in its Pioneer Prairie subdivision. These grants were funded through Community Development Block Grants (CDBG) from HUD. The Organization received CDBG funds from the County as it incurred eligible costs. For the portion of the funds used to build homes, the Organization executed notes to the County as the CDBG funds were received from the County. The homeowners executed non-interest bearing first mortgages to the Organization at the time they purchased the homes. The amount of the first mortgage was determined by the Organization such that, when considering real estate taxes and insurance, the required mortgage payment was affordable to the homeowner in accordance with the Organization's policies. In addition, the homeowners assumed a pro rata portion of the Organization's note to the County in the form of a third mortgage. The homeowners also executed a second mortgage to the Organization that equaled the difference between (a) the market value of the home and (b) the sum of the sales price (which is the sum of the first mortgage and the down payment) and the third mortgage. The second and third mortgages were also non-interest bearing and are payable only if certain events occur in the future.

The Organization recognized the portion of the CDBG grant designated to fund a portion of the infrastructure costs as unrestricted revenue in the period it incurred the eligible infrastructure costs. The Organization recognized the portion of the CDBG grant designated to fund a portion of the cost of building the homes as temporarily restricted revenue in the period it incurred the eligible costs and released the restriction at the time of the sale of the home. The Organization does not receive a developer's fee under the CDBG grant agreement.

The Organization did not sell any homes during the years ended June 30, 2014 in its Pioneer Prairie subdivision (one home in the prior year). There was no revenue recognized for the years ended June 30, 2014 and 2013.

**Home** – The Organization has been awarded grants by the County from its Housing Development Fund to be used to fund in part the Organization's development of 12 townhomes in its Prairie Green subdivision. These grants are funded through HOME Investment Partnerships Act Funds (HOME) from HUD. The Organization receives HOME funds from the County as it incurs eligible costs. The Organization executes notes to the County when the HOME grant is executed with the County. The future homeowners will execute non-interest bearing first mortgages to the Organization at the time they purchase the townhomes. The amount of the first mortgage will be determined by the Organization such that, when considering real estate taxes and insurance, the required mortgage payment is affordable to the homeowner in accordance with the Organization's policies. The homeowners will also execute a second mortgage to the Organization that equals the difference between (a) the market value of the townhome and (b) the sum of the sale price (which is the sum of the first mortgage and the down payment) not to exceed \$275,200.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**3. Federal and Local Government Grants (cont'd)**

**Home – (cont'd)**

The second mortgage will also be non-interest bearing and payable only if certain events occur in the future.

The County will release the Organization from 1/12<sup>th</sup> of the County's mortgage at the time each townhouse is sold to an eligible homeowner. Each townhouse will be subject to a Regulatory Land Use Restriction Agreement (RLURA) that will impose resale restrictions on the townhomes for a period of 15 years. The RLURA is intended to insure that any townhomes resold during that 15 year period will be sold to individuals whose income does not exceed specified levels at a price affordable to such individuals.

The Organization will recognize the HOME grant as temporarily restricted revenue in the period it incurred the eligible costs. A portion of the HOME grant, equal to costs incurred for the construction of the home plus a pro rata share of land and general infrastructure costs, will be transferred to unrestricted net assets at the time of the sale of the home. Total revenues recognized related to the HOME grant awarded for the Prairie Green subdivision were \$150,000 and \$1,014,690 in the years ended June 30, 2014 and 2013, respectively.

The Organization receives a developer fee of fifteen percent of eligible costs for its services under the HOME agreement. The developer fee is recognized as restricted revenue as the eligible costs are incurred with a pro rata portion being transferred to unrestricted net assets at the time of the sale of the home.

The Organization received an additional HOME grant of \$588,000 in the current year to fund eligible costs related to the acquisition and rehabilitation of up to four vacant single family homes. Eligible costs were incurred in the current year and the grant is recognized as unrestricted revenue in accordance with Organization revenue recognition policies.

**Capacity Building for Community Development and Affordable Housing** – The Organization has been awarded an \$89,000 conditional grant by Habitat for Humanity International, which is a re-granting entity for HUD for the Section 4 Capacity Building for Community Development and Affordable Housing Grant (CB grant) for the period of July 1, 2011 to June 30, 2014. The funds are to be used to increase the home building capacity of the Organization through additional staffing positions. The Organization is required to demonstrate a four-to-one match for the grant funds as they are received and progress towards its housing goals until they are met. Total revenues recognized related to the CB grant were \$15,907 and \$30,904 for the years ended June 30, 2014 and 2013, respectively.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**3. Federal and Local Government Grants (cont'd)**

**Energy Efficient Affordable Housing Construction Program** – The Organization has been awarded two conditional grants in the fiscal year ended June 30, 2014 and were also awarded two conditional grants in the fiscal year ended June 30, 2013 by the Illinois Department of Commerce Economic Opportunity (DCEO) to be used to fund the installation of energy efficient measures in five townhomes and five new, single family homes, respectively. Total revenues recognized related to the DCEO grants were \$27,000, of which none is temporarily restricted, in the year ended June 30, 2014, and \$48,750, of which \$48,750 was temporarily restricted, in the year ended June 30, 2013. The temporarily restricted balance at June 30, 2013 was released from restriction in the current year.

Federal and local government grants recognized as revenue as of June 30 are as follows:

	<b>2014</b>	<b>2013</b>
NSP	\$ 24,252	\$ 54,874
HOME	738,000	1,014,690
CB	15,907	30,904
DCEO	27,000	48,750
	<b>\$ 805,159</b>	<b>\$ 1,149,218</b>

**4. Home Sales**

The Organization recognizes revenue from the sale of its home at the fair value of the first mortgages it receives plus the required down payments. The first mortgages are non-interest bearing and require monthly payments, typically over a 30 year period. The amount of a first mortgage is determined by the Organization such that, when considering real estate taxes and insurance, the required mortgage payment is affordable to the homeowner in accordance with the Organization's policies. The fair value of the first mortgage is determined by discounting the mortgage payments using an interest rate that approximates a current market rate of interest for such a mortgage instrument.

The sales price is the lower of appraised value or cost of construction. The Organization determines the amount of the first mortgage based on the partner family's ability to pay, and a second mortgage is entered into for the difference. The following is a reconciliation of the market value of homes sold and the revenue recognized on the sale of those homes for the years ended June 30:

	<b>2014</b>	<b>2013</b>
Market value of homes sold	\$ 1,540,000	\$ 990,000
Excess of market value over sales price of home sold	(703,005)	(444,876)
Homeowners' down payments	9,000	5,000
Discount on first mortgages (non-interest)	(497,231)	(324,969)
Net revenue from the sale of homes	<b>\$ 348,764</b>	<b>\$ 225,155</b>

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**4. Home Sales (cont'd)**

The Organization has the ability to recover a portion of these subsidies if a homeowner disposes of a home or otherwise prepays the first mortgage prior to the end of the term of the first mortgage.

**5. Mortgages Receivable**

Applicants purchasing homes from the Organization agree to a first mortgage secured by the purchased home. The mortgages are non-interest bearing and require monthly payments, typically over a 30 year period. To appropriately reflect the economics of the non-interest bearing mortgage, the Organization discounts the mortgages for financial reporting purposes at the time they are originated using an interest rate that approximates a current market rate of interest for such a mortgage instrument. The discount rate was 7.5% for the years ended June 30, 2014 and June 30, 2013. That discount is then amortized to income over the term of the mortgage. The Organization recognized \$104,074 and \$90,855 of income from the mortgage loan discount amortization for fiscal years ended June 30, 2014 and 2013, respectively.

The Organization originated mortgages, net of related discounts, in the amount of \$339,764 and \$220,155 for the years ended June 30, 2014 and 2013, respectively. The Organization does not charge homeowners any fees in connection with originating the mortgages and does not defer any costs related to originating the mortgages.

Mortgage receivables at June 30, are presented net of unamortized discounts as follows:

	<u>2014</u>	<u>2013</u>
Gross mortgage receivable at face value	\$ 4,081,452	\$ 3,436,005
Less – Unamortized discount based on imputed interest rates of 7.5% to 8.8%	<u>(2,563,697)</u>	<u>(2,170,534)</u>
Net mortgage receivable	<u>\$ 1,517,755</u>	<u>\$ 1,265,471</u>
Current portion	\$ 80,995	\$ 76,001
Long-term	<u>1,436,760</u>	<u>1,189,470</u>
	<u>\$ 1,517,755</u>	<u>\$ 1,265,471</u>

Anticipated future principal collections on the discounted mortgages are estimated as:

2015	\$ 80,995
2016	78,929
2017	73,630
2018	70,303
2019	68,483
Thereafter	<u>1,145,415</u>
Total	<u>\$ 1,517,755</u>

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**5. Mortgages Receivable (cont'd)**

In addition, "silent" second mortgages exist on nearly all homes sold by the Organization. In general, the "silent" second mortgages are established for the difference between (a) the estimated market value of the home at date of sale (or, in the case of homes funded through certain grants, the cost of the home) and (b) the sales price of the home (the sum of the undiscounted amount of the first mortgage and the down payment made by the homeowner). The "silent" second mortgages are non-interest bearing and are forgiven ratably beginning in the 83rd month after sale of the home over the remainder of the first mortgage term (beginning with the 61<sup>st</sup> month after sale for mortgages originated prior to 2009). All second mortgages are forgiven after 30 years. Pursuant to some grant arrangements, the grantor may hold a portion of the "silent" second mortgage or may hold a "silent" third mortgage. The Organization does not record its share of the "silent" second mortgages (\$4,393,638 and \$3,067,523 as of June 30, 2014 and 2013, respectively) in the financial statements.

Finally, a profit sharing agreement exists on all homes sold by the Organization. The amount is based on a percentage of the appreciation in value and the length of time the homeowner has owned the house so that the longer the homeowner has owned the home, the lower the percentage of profit due to the Organization.

Events which trigger payments to be made on second mortgages are as follows:

1. Sale of property to a third party;
2. Transfer of property to someone other than the buyer's spouse;
3. Rental of property to a third party;
4. Creation of certain trusts which affects the title to the property;
5. Failure to occupy property as main residence;
6. Refinance property without paying off the amount due under the first mortgage note plus the amount for which the buyer has not received credit under the second mortgage noted as of the date of the payoff;
7. Failure to make three payments in a row;
8. Third party forecloses on the property or files mechanics lien on the property;
9. Use of property to carry on a business, trade, or profession except as permitted by applicable law or ordinance;
10. Attempt to prepay one of the mortgage notes before maturity of the first mortgage note and the second mortgage note without prepaying both the first mortgage note and the second mortgage note;
11. Failure to perform the terms of either of the first mortgage note or the second mortgage note or either of the first mortgage or the second mortgage and do not cure such failure within any applicable notice or cure period.

In the event that a homeowner disposes of a home or otherwise prepays the first mortgage prior to the end of the term of the first mortgage, the balance of the "silent" second mortgage and any sharing of appreciation in the value of the home between the homeowner and the Organization becomes due. Finally, the first mortgage provides the Organization with the right of first refusal, at the then current market value, to purchase any home that a

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**5. Mortgages Receivable (cont'd)**

homeowner has decided to sell. There was no income from partner families selling homes in 2014 or 2013.

The Organization has not established an allowance for loan losses for its mortgage receivables as there are no probable and reasonably estimable losses related to the mortgage receivables as of June 30, 2014 and 2013. This conclusion is based in part on the fact that the estimated value of the properties securing the mortgage receivables significantly exceeds the amount recognized as mortgage receivables.

**6. Mortgages Receivable Servicing**

DuPage Habitat for Humanity, Pioneer Prairie LLC and Prairie Green Habitat LLC mortgage receivables are serviced by Harris Bank at no charge. The Organization received \$9,101 and \$7,926 of donated services for years ending June 30, 2014 and 2013, respectively, which are recorded at fair value in the consolidated financial statements.

**7. Related Party Transactions**

The Organization annually remits a portion of its contributions (excluding in-kind contributions) to Habitat for Humanity International, Inc. (HFHI). These funds are used to construct homes in economically depressed areas around the world. For the years ended June 30, 2014 and 2013, contributions to HFHI totaled \$13,500 and \$9,000, respectively.

During the year ended June 30, 2013, the Organization received grant funds from HFHI, which are sponsored by Thrivent Financial for Lutherans totaling \$38,500. No grant funds were awarded or received during the year ended June 30, 2014.

As described in Note 3, HFHI, acting as a re-granting entity for HUD, awarded a capacity building grant to the Organization. The Organization recognized grant revenue of \$15,907 and \$30,904 related to this grant in the years ended June 30, 2014 and 2013, respectively.

During 2011, the Organization also borrowed \$249,900 from HFHI, securing the loan by pledging mortgage receivables. Refer to Note 9 for further information.

On March 1, 2011, the Organization commenced a lease for office space located at 1600 East Roosevelt in Wheaton, Illinois with Home Together LLC. The Organization paid rent expenses of \$24,000 annually for the years ended June 30, 2014 and 2013.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**8. Operating Leases**

The Organization terminated a lease for office space located at 213 South Wheaton Avenue in Wheaton, Illinois with a non-related party on February 28, 2011. On March 1, 2011, the Organization commenced a lease for its office space located at 1600 East Roosevelt in Wheaton Illinois with a related party, Home Together LLC. See Note 13 for information about the formation and mission of Home Together LLC. The Organization's monthly rent is set annually by the Board of Managers of Home Together LLC at an amount that approximates 50% of the projected operating costs of Home Together LLC. The rent payment per month was \$2,000 for the years ended June 30, 2014 and 2013. It is anticipated that the rent will be approximately this same amount in future years. For financial reporting purposes, the Organization is treating the lease with Home Together LLC as a five-year operating lease, which corresponds to the term of Home Together LLC's bank financing used to purchase the property.

Office space rent expense was \$24,000 for both years ended June 30, 2014 and 2013.

The Organization leases retail space for its ReStore operations at 869 South Route 53 in Addison, Illinois. Rent, common area maintenance, and utilities for the years ended June 30, 2014 and 2013 were \$182,541 and \$149,291, respectively.

The Organization also had an operating lease expiring December 2013 for a copy machine that was replaced by a new lease expiring December 2018. Rent expense for these operating leases for the years ended June 30, 2014 and 2013 was \$3,960 and \$2,257, respectively.

Minimum future lease payments are as follows at June 30:

	<u>Office Space</u>	<u>Retail Space</u>	<u>Other</u>	<u>Total</u>
2015	\$ 24,000	\$ 94,173	\$ 2,581	\$ 120,754
2016	16,000	63,613	2,581	82,194
2017	-	-	2,581	2,581
2018	-	-	2,581	2,581
2019	-	-	1,291	1,291
	<u>\$ 40,000</u>	<u>\$ 157,786</u>	<u>\$ 11,615</u>	<u>\$ 209,401</u>



**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**9. Notes Payable and Lines of Credit**

	2014	2013
<b><u>DuPage Habitat for Humanity, Inc.</u></b>		
<p>The Organization maintains a line of credit with Wheaton Bank and Trust Company in the amount of \$200,000. The loan agreement is collateralized by real property of one home located in Westmont with a total book value of \$181,627 and \$179,646 at June 30, 2014 and 2013, respectively. Interest varies with the bank's prime rate, which was 4% as of June 30, 2014, and is payable monthly. This line of credit is to be repaid on or before December 20, 2014 (maturity date) with all accrued and unpaid interest.</p>		
	\$ 116,000	\$ 116,000
Less current portion	116,000 (116,000)	116,000 (116,000)
Net long-term debt	\$ -	\$ -
<b><u>Prairie Green Habitat, LLC</u></b>		
<p>On April 30, 2012, the Organization obtained a promissory note with West Suburban Bank in the amount of \$210,000 with a maturity date of May 1, 2015. The loan agreement is collateralized by real property with a book value of \$449,939, located in unincorporated Glen Ellyn. Interest is at a fixed rate of 2.25%, payable monthly through maturity. Principal is allocated equally over the twelve lots and repaid as the lots are sold.</p>		
	\$ 121,749	\$ 157,487
Less current portion	(121,749)	-
Net long-term debt	\$ -	\$ 157,487

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**9. Notes Payable and Lines of Credit (cont'd)**

**Pioneer Prairie, LLC**

The Organization has a short-term promissory note renewable annually with Hinsdale Bank. This promissory note is collateralized by real property with a book value of \$73,156, located in West Chicago. Interest varies with the bank's prime rate, which was 5% as of June 30, 2013, and is payable monthly.

	2014	2013
\$	32,000	\$ 32,000

On June, 23, 2011, the Organization obtained a promissory note with HFHI in the amount of \$249,900. The loan agreement is collateralized by a portion of the mortgage receivables. Interest is a fixed rate of 4.95% and the life of the loan is seven years. Principal and interest are paid monthly.

153,227	187,048
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185,227	219,048
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Less current portion

(67,528)	(65,822)
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Net long-term debt

\$ 117,699	\$ 153,226
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Minimum future principal payments are as follows at June 30:

	DuPage Habitat For Humanity	Prairie Green Habitat, LLC	Pioneer Prairie, LLC	Total
2015	\$ 116,000	\$ 121,749	\$ 67,528	\$ 305,277
2016	-	-	37,319	37,319
2017	-	-	39,201	39,201
2018	-	-	41,179	41,179
Totals	\$ 116,000	\$ 121,749	\$ 185,227	\$ 422,976

On June 25, 2012, Prairie Green Habitat, LLC obtained an Irrevocable Letter of Credit of \$196,000 with West Suburban Bank in favor of Milton Township for Prairie Green public improvements. The letter of credit matured on June 25, 2014. No advances were drawn on the letter of credit. If Milton Township had made draws on the letter of credit, the Organization would have been obligated to make payment on demand to West Suburban Bank.

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**10. Inventories – Land and Construction in Progress**

Land and construction in progress inventory consists of the following at June 30:

	2014	2013
Homes under construction (6 properties in 2014 and 5 properties in 2013).	\$ 693,306	\$ 545,823
Land held for future development.	188,120	189,349
Land and engineering drawings for Prairie Green townhome project in unincorporated Glen Ellyn.	449,939	1,252,765
Building supplies.	23,442	29,389
<b>Total</b>	<b>\$ 1,354,807</b>	<b>\$ 2,017,326</b>

**11. Pledges Receivable**

Pledges for cash, in-kind contributions and certain qualified donated services are recognized in the financial statements at the time of commitment based on written documentation or strong verbal assurances from the donor. At June 30, 2014 and June 30, 2013, pledge receivables are restricted to construction and rehabilitation of homes in the home ownership program.

Pledges receivable are presented in the Statement of Financial Position as follows at June 30:

	2014	2013
Pledges receivable:		
Current	\$ 103,705	\$ 173,288
Long-term, net of discount of 3.25% per annum	9,804	9,664
<b>Total</b>	<b>\$ 113,509</b>	<b>\$ 182,952</b>

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

**11. Pledges Receivable (cont'd)**

Pledges receivable are composed of:

	<b>2014</b>	<b>2013</b>
Cash	\$ 110,105	\$ 183,582
In-kind and donated services:		
Project management services	3,600	-
<b>Total pledges receivable</b>	<b>113,705</b>	<b>183,582</b>
Less present value discount	(196)	(630)
<b>Net pledges receivable</b>	<b>\$ 113,509</b>	<b>\$ 182,952</b>

When a pledge receivable is deemed uncollectible, it is written off as a reduction of in-kind donation expense (pledges unrealized). For the years ended June 30, 2014 and June 30, 2013, the Organization wrote off \$50,000 and \$3,962, respectively, of pledges receivable.

**12. Temporarily Restricted Net Assets**

Temporarily restricted net assets consist of the following at June 30:

	<b>2014</b>	<b>2013</b>
Unconditional pledges for cash and donated materials and labor for the construction and rehabilitation of homes in the home ownership program.	\$ 110,509	\$ 352,005
NSP – Mortgages held by the DuPage County Community Development Commission which will be forgiven upon the sale of the properties in the home ownership program.	-	113,746
Discounted first mortgages on homes funded by the NSP and cash collected under those mortgages.	-	305,842
HOME – Mortgages held by the DuPage County Community Development Commission to be forgiven on a pro rata basis upon the sale of the properties in the home ownership.	420,000	945,000
Donations for future fundraising events	40,495	-
Grants for ReStore	13,125	21,599
	<b>\$ 584,129</b>	<b>\$ 1,738,192</b>

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Notes to the Consolidated Financial Statements (cont'd)**

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**13. Home Together LLC**

During the year ended June 30, 2011, Habitat and DuPage Home Ownership Center (DHOC) formed Home Together LLC to jointly acquire office space for themselves in DuPage County, Illinois. On February 13, 2012, Home Together LLC received a notice from the Internal Revenue Service that it is a 501(c)(3) organization.

Home Together LLC has acquired the property located at 1600 East Roosevelt Road in Wheaton, Illinois for \$625,000. This purchase was funded through a CDBG grant received from HUD in the amount of \$566,888 and a loan from West Suburban Bank in the amount of \$70,000. The grant is in the form of a 20-year non-interest bearing loan that will be forgiven after 20 years as long as the Organization, Home Together LLC, and DHOC have complied with the terms of the grant. Specifically, the grant requires that any real property acquired using the grant funds be used to benefit low and moderate income persons for the 20-year term of the forgivable loan. The Organization, DHOC, and Home Together LLC are jointly obligated for the forgivable loan.

The promissory note with West Suburban Bank has a term of 5 years, a maturity date of March 2016 and a fixed interest rate at 4.25%. Principal is being paid monthly as if the loan was amortized over 20 years, with the balance of the loan due in March of 2016.

Home Together LLC will administer, operate and oversee the use and management of the property, including, without limitation, leasing office space to member organizations, repairing and maintaining the property. Each member has equal membership interest and is entitled to appoint three managers of the Company.

**14. Subsequent Events**

Subsequent events have been evaluated through December 10, 2014 which is the date the financial statements were available to be issued.

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

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DUPAGE HABITAT FOR HUMANITY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1600 EAST ROOSEVELT ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>WHEATON, IL 60187</b>	<b>D</b> Employer identification number <b>36-4003119</b>
	<b>F</b> Name and address of principal officer: <b>DAVID NEARY</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>(630) 510-3737</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>2,821,369.</b>
<b>J</b> Website: <b>WWW.DUPAGEHABITAT.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <b>8545</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>17</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>586</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,437,440.
9 Program service revenue (Part VIII, line 2g)		826,712.	1,134,327.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-994.	-28,538.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,741.	9,003.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,312,899.	2,685,864.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	650,053.	737,071.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,370.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) <b>234,318.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,756,771.	2,312,900.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,428,194.	3,049,971.	
19 Revenue less expenses. Subtract line 18 from line 12	884,705.	-364,107.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 4,229,955.	<b>End of Year</b> 3,626,654.
	21 Total liabilities (Part X, line 26)	789,167.	601,821.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,440,788.	3,024,833.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>DAVID NEARY, EXECUTIVE DIRECTOR</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT DYKSHORN</b>	Preparer's signature	Date
	Firm's name <b>SELDEN FOX, LTD.</b>	Firm's EIN <b>36-2985770</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00636125</b>
	Firm's address <b>619 ENTERPRISE DRIVE</b> <b>OAK BROOK, IL 60523-8835</b>	Phone no. <b>630-954-1400</b>	

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

Part 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: TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,112,214. including grants of \$ 0. ) (Revenue \$ 453,230. ) DUPAGE HABITAT HAS HELPED OVER 60 FAMILIES ACHIEVE THE DREAM OF HOMEOWNERSHIP. THIS IS DONE BY WORKING IN PARTNERSHIP WITH PARTNER FAMILIES AND THE COMMUNITY TO BUILD NEW OR REHABILITATE EXISTING HOMES THROUGHOUT DUPAGE COUNTY. DUPAGE HABITAT HAS DEVELOPED UNITS RANGING FROM SINGLE-FAMILY HOMES, TO DUPLEXES, TO TOWNHOMES. DUPAGE HABITAT BUILDS HIGH-QUALITY, LOW-FRILL HOMES DESIGNED TO BLEND SEAMLESSLY WITH THE SURROUNDING COMMUNITY. HOMES ARE TYPICALLY AROUND 1800 SQUARE FEET WITH 3-4 BEDROOMS, 1-2 BATHS AND A GARAGE. LIKE EVERY BUILDER IN DUPAGE, DUPAGE HABITAT HOMES MUST CONFORM WITH ALL LOCAL BUILDING CODES, AND MUST PASS INSPECTIONS TO ENSURE QUALITY CONSTRUCTION AND LIVEABILITY.

4b (Code: ) (Expenses \$ 463,544. including grants of \$ 0. ) (Revenue \$ 681,488. ) THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOUSEHOLD AND CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO LANDFILLS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,575,758.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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 as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		



**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
38		X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a		14
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		14
<b>2</b>	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?	2	X
<b>3</b>	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?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</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	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	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	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</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?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DEBBIE YARNALL - (630) 510-3737**  
**1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187**

**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENILYN ARCIAGA DIRECTOR	5.00	X					0.	0.	0.	
(2) KELLY BUFTON DIRECTOR	5.00	X					0.	0.	0.	
(3) PAULA BRKICH DIRECTOR	5.00	X					0.	0.	0.	
(4) EDIE CREWS DIRECTOR	5.00	X					0.	0.	0.	
(5) RICHARD DICKSON PRESIDENT	5.00	X		X			0.	0.	0.	
(6) PAUL GARRETT DIRECTOR	5.00	X					0.	0.	0.	
(7) ANNE HOUGHTALING DIRECTOR	5.00	X					0.	0.	0.	
(8) PATRICIA FRANSON-OLINGER SECRETARY	5.00	X		X			0.	0.	0.	
(9) BILL MCBRIDE DIRECTOR	5.00	X					0.	0.	0.	
(10) PETE PAPAGEORGAKIS TREASURER	5.00	X		X			0.	0.	0.	
(11) BEN POHL DIRECTOR	5.00	X					0.	0.	0.	
(12) KEVIN REIMAN DIRECTOR	5.00	X					0.	0.	0.	
(13) ANGEL VEGA DIRECTOR	5.00	X					0.	0.	0.	
(14) ANNA BANKS SIMEON DIRECTOR	5.00	X					0.	0.	0.	
(15) DAVE NEARY EXECUTIVE DIRECTOR	45.00			X			58,730.	0.	0.	
(16) SARAH BRACHLE EXECUTIVE DIRECTOR	45.00			X			54,792.	0.	0.	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	62,474.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	778,159.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	730,439.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		306,361.				
	<b>h Total.</b> Add lines 1a-1f		1,571,072.				
	Program Service Revenue	<b>2 a</b> RESTORE	Business Code 900099	681,488.	681,488.		
<b>b</b> SALE OF HOMES		900099	348,765.	348,765.			
<b>c</b> MORTGAGE LOAN DISCOUNT		900099	104,074.	104,074.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			1,134,327.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		217.			217.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		92,547.			
		<b>b</b> Less: cost or other basis and sales expenses		121,302.			
		<b>c</b> Gain or (loss)		-28,755.			
	<b>d</b> Net gain or (loss)		-28,755.			-28,755.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 62,474. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		22,815.			
		<b>b</b> Less: direct expenses		14,203.			
<b>c</b> Net income or (loss) from fundraising events			8,612.			8,612.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b> MISCELLANEOUS	900099	391.	391.				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		391.					
<b>12 Total revenue.</b> See instructions.		2,685,864.	1,134,718.	0.	-19,926.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,886.	63,782.	20,370.	14,734.
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	518,767.	359,862.	65,173.	93,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,915.	36,169.	14,487.	13,259.
10 Payroll taxes	55,503.	37,012.	7,837.	10,654.
11 Fees for services (non-employees):				
a Management				
b Legal	5,991.		5,991.	
c Accounting	22,815.		22,815.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	48,624.	20,122.	28,502.	
14 Information technology	10,521.		10,521.	
15 Royalties				
16 Occupancy	206,541.	182,541.	24,000.	
17 Travel	16,949.	12,608.	4,341.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,262.	400.	1,862.	
20 Interest	17,852.	3.	17,849.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,148.	25,484.	2,851.	2,813.
23 Insurance	67,314.	54,142.	12,434.	738.
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 O.)				
a <b>CONSTRUCTION COSTS</b>	1,673,427.	1,673,427.		
b <b>DONOR DEVELOPMENT</b>	98,388.			98,388.
c <b>HOME BUILDING EXPENSES</b>	91,442.	91,442.		
d <b>MISCELLANEOUS</b>	19,626.	18,764.	862.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,049,971.	2,575,758.	239,895.	234,318.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	371,387.	1	294,712.	
	<b>2</b> Savings and temporary cash investments .....	99,680.	2	56,225.	
	<b>3</b> Pledges and grants receivable, net .....	230,844.	3	218,167.	
	<b>4</b> Accounts receivable, net .....	28,828.	4	16,488.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	2,062,043.	8	1,405,998.	
	<b>9</b> Prepaid expenses and deferred charges .....	27,633.	9	1,063.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 140,813.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 100,181.	68,766.	<b>10c</b> 40,632.	
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	8,760.	13	6,912.	
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,332,014.	15	1,586,457.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,229,955.	16	3,626,654.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	262,450.	17	163,327.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	34,182.	19	11,697.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	621.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	492,535.	24	422,976.	
	<b>25</b> 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 .....	0.	25	3,200.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	789,167.	26	601,821.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,702,596.	27	2,440,705.	
	<b>28</b> Temporarily restricted net assets .....	1,738,192.	28	584,128.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	3,440,788.	33	3,024,833.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,229,955.	34	3,626,654.		



**Part 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)	1	2,685,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,049,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	-364,107.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,440,788.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-51,848.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,024,833.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> <p align="center">DUPAGE HABITAT FOR HUMANITY</p>	<b>Employer identification number</b> <p align="center">36-4003119</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9,299,602.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	1,896,656.	1,737,593.	1,792,681.	2,301,600.	1,571,072.	9,299,602.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....		449.	150.	227.	217.	1,043.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	3,569.	11,243.		14,403.	391.	29,606.
<b>11 Total support.</b> Add lines 7 through 10						9,330,251.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,076,401.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.67 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	99.56 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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 below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: DUPAGE HABITAT FOR HUMANITY
Employer identification number: 36-4003119

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		140,813.	100,181.	40,632.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,632.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>MORTGAGE RECEIVABLE</b>	1,517,755.
(2) <b>DEPOSITS</b>	68,702.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,586,457.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CLOSING FUNDS HELD ON BEHALF OF</b>	
(3) <b>PARTNER FAMILIES</b>	3,200.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,200.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,703,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	19,028.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	19,028.	
3	Subtract line 2e from line 1		3	2,684,016.
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	1,848.	
c	Add lines 4a and 4b	4c	1,848.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,685,864.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,118,999.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	19,028.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	50,000.	
e	Add lines 2a through 2d	2e	69,028.	
3	Subtract line 2e from line 1		3	3,049,971.
4	Amounts included on Form 990, Part IX, line 25, 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	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,049,971.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

**EXPLANATION: ESCROW ACCOUNT BALANCE REPRESENTS IN-HOUSE ESCROW MAINTAINED BY ORGANIZATION ON BEHALF OF A PARTNER FAMILY. FUNDS ARE PAID TO THE ORGANIZATION AND MAINTAINED UNTIL REQUIRED PAYMENTS FOR PROPERTY TAXES ARE NECESSARY.**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**LOSS IN EQUITY OF LLC** 1,848.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**UNCOLLECTIBLE PLEDGES** 50,000.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

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Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations

b Internet and email solicitations

c Phone solicitations

d In-person solicitations

e Solicitation of non-government grants

f Solicitation of government grants

g Special fundraising events

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? Yes No

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.

Table with columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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.

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	HOLIDAY EVENT (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	81,803.	3,486.		85,289.
	<b>2</b> Less: Contributions .....	58,988.	3,486.		62,474.
	<b>3</b> Gross income (line 1 minus line 2) .....	22,815.			22,815.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	14,203.			14,203.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				14,203.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				8,612.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 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
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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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](http://www.irs.gov/form990)

Name of the organization **DUPAGE HABITAT FOR HUMANITY** Employer identification number **36-4003119**

**Part 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	2	163,500.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( BUILDING MATE )	X	65	84,018.	FAIR MARKET VALUE
26 Other ▶ ( FUNDRAISING I )	X	21	54,922.	FAIR MARKET VALUE
27 Other ▶ ( MISCELLANEOUS )	X	16	11,122.	FAIR MARKET VALUE
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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Name of the organization <b>DUPAGE HABITAT FOR HUMANITY</b>	Employer identification number <b>36-4003119</b>
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FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE DRAFT OF THE 990 WAS SENT TO THE BOARD TREASURER FOR A PRELIMINARY REVIEW. THE BOARD TREASURER PRESENTED THE 990 TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH NEW BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY AT ORIENTATION. AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS ARE RECORDED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS. PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR ANNUALLY. PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN EMPLOYEES' PERSONNEL RECORDS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. THEY ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN (LOSS) IN EQUITY OF LLC	-1,848.
UNCOLLECTIBLE PLEDGES	-50,000.
TOTAL TO FORM 990, PART XI, LINE 9	-51,848.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number  
36-4003119

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429 1600 EAST ROOSEVELT WHEATON, IL 60187	PURCHASING LAND AND CONSTRUCTING THE PIONEER PRAIRIE DEVELOPMENT	ILLINOIS	25,672.	415,902.	
PRAIRIE GREEN HABITAT LLC - 90-0827510 1600 EAST ROOSEVELT WHEATON, IL 60187	PURCHASING LAND AND CONSTRUCTING THE PRAIRIE GREEN DEVELOPMENT	ILLINOIS	460,470.	842,505.	

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOME TOGETHER LLC - 27-3797097 1600 ROOSEVELT WHEATON, IL 60187	OFFICE SPACE FOR DUPAGE HABITAT AND ANOTHER TAX EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for providing supplemental information.

**Product: Exempt Extension****Category:****Name:** DUPAGE HABITAT FOR HUMANITY**IRS Center:** Ogden**e-Postmark:** 11/14/2014 8:59:49 AM**FEIN:** 36-4003119**Notification:****Fiscal Year:** 7/1/2013**Fiscal Year:** 6/30/2014**Begin Date:****End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	11/14/2014	Upload Started			
	11/14/2014	Released for Transmission - Validation in Progress			System
	11/14/2014	Ready to transmit - Validation Complete			
	11/14/2014	Transmitted to FD	36221020143180336e43		
	11/14/2014	Accepted by FD on 11/14/2014			