February 12, 2016

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, 2015 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
 06/30/15 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 (Electronic copy only)
 06/30/15 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 by February 15, 2016. 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/po

## TAX RETURN FILING INSTRUCTIONS

#### FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	
	DUPAGE HABITAT FOR HUMANITY 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	RETURN SIGNED FORM 8879-EO TO OUR OFFICE BY FEBRUARY 15, 2016
Special Instructions	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.

Form	887	'9-	E	0
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#### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2014, or fiscal year beginning JUL 1 , 2014, and ending **JUN 30** ,20 15 Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eg

Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

#### Name and title of officer

EXECUTIVE	DIRECTOR
DAVID NEAF	RY

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

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.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,379,053.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### 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 2014 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

X lauthorize 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 2014 electronically filed return. If I hav is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State 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 organizat indicated within this return that a copy of the return is being filed with a state agency 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	
	6221060523 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronical confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Mor <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date
ERO Must Retain This Form - See Ins Do Not Submit This Form To the IRS Unless Re	
LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14	Form <b>8879-EO</b> (2014)

			EXTENDED TO FEBRUARY 16, 2		OMP No. 1545-0047
Form <b>990</b> Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)				OMB No. 1545-0047	
Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>				Open to Public	
		nue Service	Information about Form 990 and its instructions is at www.		Inspection
-				JŬN 30, 2015	
<b>B</b> C a	heck if pplicabl		organization	D Employer identifica	ation number
	Addre chang Name chang	pe DUPA	GE HABITAT FOR HUMANITY usiness as		03119
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su EAST ROOSEVELT ROAD	uite E Telephone number (630)	
	termir ated Amen return	ded WHEA	wn, state or province, country, and ZIP or foreign postal code TON, IL 60187	G Gross receipts \$ H(a) Is this a group ret	<b>2,447,735.</b> um
	Applic dition	F Name ar	nd address of principal officer: DAVID NEARY	for subordinates?	
	pendi	<sup>ng</sup> SAME .	AS C ABOVE	H(b) Are all subordinates inc	
		empt status: 🗌			st. (see instructions)
			DUPAGEHABITAT.ORG	H(c) Group exemption	number 🕨 8545
			X Corporation Trust Association Other ▶ L Y	ear of formation: 1995 M	State of legal domicile: ${\tt IL}$
Pa	rt I	Summary			
Activities & Governance	1	Briefly describ	e the organization's mission or most significant activities: <u>TO PROVI</u> NTAGED FAMILIES IN DUPAGE COUNTY	DE HOMES TO EC	ONOMICALLY
rna	2	Check this box	x 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		13
с С	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		13
es {			of individuals employed in calendar year 2014 (Part V, line 2a)		22
viti			of volunteers (estimate if necessary)		5000
\cti			d business revenue from Part VIII, column (C), line 12		0.
1			business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	1,571,072.	1,174,690.
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)	1,134,327.	1,260,131.
leve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	-28,538.	214.
ш	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,003.	-55,982.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,685,864.	2,379,053.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid I	to or for members (Part IX, column (A), line 4)	0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	737,071.	875,515.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
žď			ng expenses (Part IX, column (D), line 25)  180, 599.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,312,900.	1,371,101.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,049,971.	2,246,616.
	19	Revenue less	expenses. Subtract line 18 from line 12	-364,107.	132,437.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset 3alai	20	Total assets (F		3,626,654.	3,781,816.
et A nd F	21		(Part X, line 26)	601,821.	636,914.
N <sup>N</sup>	22		fund balances. Subtract line 21 from line 20	3,024,833.	3,144,902.
	irt II				
			declare that I have examined this return, including accompanying schedules and sta Declaration of preparer (other than officer) is based on all information of which prep		knowledge and belief, it is
Sigr	า	Signature	of officer	Date	

Here						
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	ROBERT G. WUJEK			<sup>if</sup> p01367472		
Preparer	Firm's name 🕒 SELDEN FOX, LTD.			Firm's EIN 36-2985770		
Use Only	Firm's address 619 ENTERPRISE D	RIVE				
	OAK BROOK, IL 60	523-8835		Phone no. 630 – 954 – 1400		
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)					
				= 000 (as ( 1)		

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

 Form 990 (2014)
 DUPAGE
 HABITAT
 FOR
 HUMANITY

 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses 1, 291, 029. including grants of \$ ) (Revenue \$ 414, 890.)
	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
	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 \$ 531,597. including grants of \$ ) (Revenue \$ 845,378.)
70	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 \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,822,626.
	Form <b>990</b> (2014)
43200 11-07-	2
	2

15260211 798777 13100-01 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

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Form	990	(2014)

Part IV Checklist of Required Schedules

DUPAGE HABITAT FOR HUMANITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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	441		x
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u></u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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Pa	rt 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	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 "Yes,"			
	complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u>-</u> -	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

432004 11-07-14

15260211 798777 13100-01

Form	990 (2014)DUPAGE HABITAT FOR HUMANITY36-4003	119	Р	age <b>5</b>
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

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Form 990	(2014)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

	<b>_</b> , , , , , , , , , , , , , , , , , , ,	1 <b>ว</b> 🗆		Yes	+
1a		13			
	If there are material differences in voting rights among members of the governing body, or if the governing				J
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	13			
2	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		_
3	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		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		-
-	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?	-	6		
7a	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		
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		J
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				t
а	The governing body?	[	8a	Х	I
b	Each committee with authority to act on behalf of the governing body?	Г	8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Γ			t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	F			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		ļ
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	1	12a	Х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	··· -	12b	X	ł
с	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	4
	Did the organization have a written whistleblower policy?		13	X	4
	Did the organization have a written document retention and destruction policy?		14	Х	ļ
5	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?				
а	The organization's CEO, Executive Director, or top management official	[	15a	Х	1
	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				I
	taxable entity during the year?		16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				t
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				I
	exempt status with respect to such arrangements?	1	16b		l
ect	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	lv) av	ailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,,		-	
~		<sup>1</sup>	£	-:	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and	inan	cial	
0	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:				_
	DEBBIE YARNALL - (630) 510-3737				
	1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187				
			-	990	1

Part VII	Compensation of Officers, I	Directors, Trustee	s, Key Employees	s, Highest	Compensated
	Employees, and Independent	nt 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 report-

able 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.

(A) Name and Title	(B) Average			( Pos	<b>C)</b> ition	<u>.</u> 1		(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box offi	not c , unle cer an	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAULA BRKICH DIRECTOR	5.00	x						0.	0.	0.
(2) RICHARD DICKSON	5.00									
PRESIDENT		x		x				0.	0.	0.
(3) PATRICIA FRANSON-OLINGER	5.00									
VICE PRESIDENT		x		x				0.	0.	0.
(4) PAUL GARRETT	5.00									
DIRECTOR		x						0.	0.	0.
(5) ANNE HOUGHTALING	5.00									
VICE PRESIDENT		X		X				0.	0.	0.
(6) PAUL JAROSZ	5.00									
DIRECTOR		Х						0.	0.	0.
(7) JARROD LICHTY	5.00									
DIRECTOR		Х						0.	0.	0.
(8) BILL MCBRIDE	5.00									_
DIRECTOR		Х						0.	0.	0.
(9) KEVIN O'CONNELL	5.00									
SECRETARY		X		X				0.	0.	0.
(10) PETE PAPAGEORGAKIS	5.00									0
TREASURER	- <u>-</u> 00	X		X				0.	0.	0.
(11) BEN POHL	5.00	.,								0
DIRECTOR	F 00	X						0.	0.	0.
(12) KEVIN REIMAN	5.00	x						0.	0.	0.
DIRECTOR (13) ANNA BANKS SIMEON	5.00					-		0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(14) DAVE NEARY	45.00							0.	0.	0.
EXECUTIVE DIRECTOR	40.00	-		x				100,693.	0.	1,389.
								100,000		1,305

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Form **990** (2014)

15260211 798777 13100-01

	990 (2014) DUPAGE HA									36-4	003	119	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	ees			ghe	st C					<u>(</u> ,	
	Name and title     Average hours per week     Position (do not check more than one box, unless person is both an officer and a director/trustee)     Reportable compensation from     Reportable compensation										on J	an	(F) timate nount other pensa	of
	(list any hours for related organizations below line)       ist any hours for related organizations below       ist any hours for related organizations below       ist any hours for related organization (W-2/1099-MISC)       (W-2/1099-MISC)         inne)       ist any hours for related       ist any hours for related organization (W-2/1099-MISC)       ist any hours for hours for related       ist any hours for related       ist											fr org an	om the anizati d relate	e ion ed
	Sub-total Total from continuation sheets to Part VI	I, Section A	I	I	I	I	<u> </u>	► ►	100,693.		0.		1,3	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								100,693. received more than \$100	),000 of reportab	<b>0.</b> le		1,3	89. 1
													Yes	No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	uch individual			·							3		X
5	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										1	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	С	) ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se li: )	stec	d above) who received n	nore than		<b>F</b> a	000 //	
43200 11-07	8 14											rorm	<b>990</b> (2	∠∪14)

15260211 798777 13100-01

		Check if Schedule O contai				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
2 1 a	a	Federated campaigns	-	a					
R E		Membership dues	-	lb					
		Fundraising events	····· ⊢	lc	82,246.				
		Related organizations	····· ⊢	d					
		Government grants (contributio	····· ⊢	le	3,099.				
		All other contributions, gifts, grants	···-/		5,055.				
		similar amounts not included above	, anu	<u>_</u> 1	089 345				
5					287,761.				
		Noncash contributions included in lines 1a				1 174 600			
s r	n	Total. Add lines 1a-1f		<u></u>		1,1/4,090.			
		DECHODE			Business Code	015 270	845,378.		
2 8		RESTORE			900099 900099	845,378.			_
s k	-	SALE OF HOMES				292,206.			
	С	MORTGAGE LOAN DI	LSCOU	N.L.	900099	122,547.	122,547.		
	d								
	е								
f	f	All other program service reven	ue						
ç		Total. Add lines 2a-2f				1,260,131.			
3		Investment income (including d							
		other similar amounts)				214.			21
4		Income from investment of tax-	exempt l	pond p	oroceeds 🕨				
5		Royalties			🕨				
			(i) Re	al	(ii) Personal				
6 a	а	Gross rents							
k	b	Less: rental expenses							
6	С	Rental income or (loss)							
c	d	Net rental income or (loss)			►				
7 a	а	Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory							
k	b	Less: cost or other basis							
		and sales expenses							
		Gain or (loss)							
		Net gain or (loss)							
		Gross income from fundraising							
		including \$ 82,24		101					
		contributions reported on line 1							
		Part IV, line 18		2	12,563.				
		Less: direct expenses							
		Net income or (loss) from fundra			► • • • • • • • • • • • • • • • • • • •	-56,119.			-56,11
		Gross income from gaming acti	•		·····	5071150			
50		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gamin	-	ies					
10 8	đ	Gross sales of inventory, less re		-					
.	L	and allowances			┝────┤				
		Less: cost of goods sold			$\sqsubseteq$				
<b>–</b>	C	Net income or (loss) from sales		ory					
		Miscellaneous Revenue MISCELLANEOUS			Business Code 900099	137.	137.		
11 a		TI DCETTIVITEOOD			300033	13/.			
"	b				├				+
4	C				├				
'		All other revenue				4 2 12			
e	е	Total. Add lines 11a-11d			🕨	137.	1 000 000		
12		Total revenue. See instructions.			🕨 🖡	۷,۵/۶,05۵.	1,260,268.	0	55,90

Form 990 (2014)

Part VIII Statement of Revenue

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Part IX Statement of Functional Expenses

DUPAGE HABITAT FOR HUMANITY

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 not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	114,209.	73,665.	23,527.	17,017
~	trustees, and key employees	114,209.	/5,005.	23,327.	1/,01/
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	629,120.	457,574.	84,026.	87,520
7	Other salaries and wages	029,120.	457,574.	04,020.	07,520
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	60,505.	44,955.	12,546.	3,004
9	Other employee benefits	71,681.	50,593.	10,011.	11,077
0	Payroll taxes	/1,001.	50,595.	10,011.	11,077
1	Fees for services (non-employees):				
а	Management	C 400	<u> </u>		
b	Legal	6,422.	6,422.	16 600	
С	Accounting	16,689.		16,689.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	44 500		4.0.000	~~ ~~
	column (A) amount, list line 11g expenses on Sch 0.)	41,782.		13,002.	28,780
2	Advertising and promotion	17,097.	374.	4,017.	12,706
3	Office expenses	45,689.	31,476.	13,653.	560
4	Information technology	10,931.			10,931
5	Royalties				
6	Occupancy	249,034.	225,034.	24,000.	
7	Travel	26,287.	16,445.	8,649.	1,193
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,735.	235.	5,500.	
0	Interest	15,584.	7,018.	8,566.	
21	Payments to affiliates	22,500.	22,500.		
2	Depreciation, depletion, and amortization	24,805.	16,936.	1,356.	6,513
3	Insurance	51,995.	40,239.	11,496.	260
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONSTRUCTION COSTS	632,840.	632,840.	0.	0
b	HOME BUILDING EXPENSES	138,966.	138,966.	0.	0
c	CRITICAL HOME REPAIRS	42,527.	42,527.	0.	0
d	MISCELLANEOUS	14,412.	7,629.	6,353.	430
	All other expenses	7,806.	7,198.	.,	608
5	Total functional expenses. Add lines 1 through 24e	2,246,616.	1,822,626.	243,391.	180,599
5 6	Joint costs. Complete this line only if the organization	_,,	_,		_00,000
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form **990** (2014)

15260211 798777 13100-01

15260211 798777 13100-01

11 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

#### DUPAGE HABITAT FOR HUMANITY Part X Balance Sheet

3       Pledges and grants receivable, net       218,167. 3       460,7         4       Accounts receivable, net       16,488. 4       8,5         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958((1)(3), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       1, 405, 998. a       1, 348, f         9       Prepaid expenses and deferred charges       1, 405, 998. a       1, 348, f         9       Prepaid expenses and deferred charges       1, 063. 9       15, f         10       Laand, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10       140, 813. f         1       Investments - orbic resourbies. See Part IV, line 11       12       11         11       Investments - orbic resourbies. See Part IV, line 11       1, 566, 457. f       1, 665, 1         16       Total assets. See Part IV, line 11       1, 586, 457. f       1, 665, 1         16       Total assets. Add lines 1 through 15 (must equal line 34)       3, 626, 654. f       3, 781, 4		Chaok if Schodulo O contains a reasonable or note to any line in this Dart V			<u> </u>
Beginning year         End of year           1         Cash - non-interest-bearing         294 , 712.1         257 ;           2         Savings and temporary cash investments         56 , 225 ;         2         2 ;           3         Pledges and grants receivable, net         218 , 167.3         460 ;           4         Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L         5         5           6         Loans and other receivables from other disqualified persons (as defined under section 4986(I(11)), persons described in section 4986(I(3)(8), and contributing employees: and sponsoring organizations of section 510(c)(9) voluntary employees and sponsoring organizations (see instr). Complete Part II of Sch L         6           7         Notes and loans receivable, net         1, 405 , 998 , 8         1, 348 ,           9         Prepaid expenses and defered charges         1, 063 , 9         15 , 0           10a         140 , 813 ,         6         11         124 , 986 , 40 , 632 , 10c         15 , 0           11         Investments - publicly traded securities         11         1         1         1           11         Investments - publicly traded securities         11         1         1         1           12         Investments - publicly traded securi		Oneck in Schedule O contains a response or note to any line in this Part X			
1       Cash - non-interest-bearing       294,712.1       257,2         2       Savings and temporary cash investments       56,225.2       2,7         3       Predges and grants receivable, net       218,167.3       460,1         4       Accounts receivable, net       16,488.4       8,5         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 49580(11), persons described in section 4958(0(30), and contributing employees to anefficiary organizations of section 501(c)(9) voluntary employees and dans receivable, net       5         9       Prepaid expenses and deferred charges       11,405,998.8       1,348.7         9       Prepaid expenses and deferred charges       11,063.9       15,1         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10b       124,986.40,632.10cc       15,61         11       Investments - publicly traded securities       11       11       1,655,71       1,665,71         11       Investments - publicly traded securities       11       1,063.32.7       16,71       229,71         11       Investments - publicly traded securities       11       1,765,654.1					
2       Savings and temporary cash investments       56, 225, 2       2, 7,         3       Pledges and grants receivable, net       218, 167, 3       460, -         4       Accounts receivable, net       16, 488, 4       8, 1         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5       6         6       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 employees' and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and equipment: cost or other basis. Complete Part VI of Schedule D       10, 140, 813.         9       Prepaid expenses and deferred charges       11, 0632.       10, 124, 986.         10       124, 986.       40, 632.       10, 15, 1         11       Investments - publicly traded securities       11       11         12       Investments - publicly traded securities       11       11         13       Investments - publicly traded securities       11       12         14       Investments - publicly traded securities       11       14         15       Other assets. Add inse 1 throuigh 15 (must equal line 34	<u> </u>				-
3       Pledges and grants receivable, net       218,167.3       460.7         4       Accounts receivable, net       16,488.4       8,5         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L       7         7       Notes and loans receivable, net       7         8       Inventories for sale or use       1,405,998.8       1,348.7         9       Prepaid expenses and deferred charges       1,063.9       15,1         10a       140,813.       1       16,912.13       6,1         11       Investments - publicly traded securities       11       11       12         11       Investments - publicly traded securities       11,586,457.15       15,655,1         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,625,654.16       3,781,7         13       Investments - program-related. See Part IV, line 11       621.21.21       3,72         14       Intrangible assets       163,327.17					2,767.
4       Accounts receivable, net       16,488.4       8,7         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4558(6)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees and hosins receivable, net.       6         7       Notes and loans receivable, net.       6         8       Inventories for sale or use.       1,405,998.8       1,348.7         9       Prepaid expenses and deferred charges       1,405,998.8       1,348.7         10a       140,813.       10b       124,986.40,632.10c       15,4         11       Investments - publicity traded securities       111       11       12         11       Investments - publicity traded securities       111       14       1,586,457.15       1,665,7         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,6226,654.16       3,781.4       1         17       Accounts payable and accruet expenses       111,697.19       7,1       229,7         18       Deferred revenue       11,697.19       7,1       229,7         18       Secr					
5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use.       1, 405, 998. 8       1, 348.?         9       Prepaid expenses and deferred charges       1, 063. 9       15, 6         10a       140, 813.       b       1       1.5, 6         11       Investments - other securities.       11       1.5, 6       1.5, 6         11       Investments - other securities.       11       1.5, 66, 457.       15       1, 665, 1         12       Investments - other securities.       11       6, 912.       13       6, 7         13       Investments - other securities.       11       1.5, 66, 457.       16       3, 781, 4         14       1.5, 86, 457.       16       3, 781, 4       11, 697.       19       7, 229, 6         14       Intagible assets       11, 697.       19       7, 229, 6       12	3				460,518.
trustees, key employees, and highest compensated employees. Complete       5         Part II of Schedule L       5         6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7 Notes and loans receivable, net       7         8 Inventories for sale or use       1,405,998.8         9 Prepaid expenses and deferred charges       1,063.9         10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a         11 Investments - other securities. See Part IV, line 11       11         12 Investments - opublicly traded securities. See Part IV, line 11       6,912.13         13 Investments - program-related. See Part IV, line 11       6,912.13         14 Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.16       3,781,7         17 Accounts payable and accrued expenses       111,697.19       7,7         18 Grants payable       111,697.19       7,7         19 Deferred revenue       11,697.19       7,7         10 Tack exempt bond liabilities       20       22         20 Complete Part II of Schedule L       20       22         21 Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,200.2	4		16,488.	4	8,947.
Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(()(1)), persons described in section 4958(()(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       1, 405, 998.       8, 1, 348, ?         9       Prepaid expenses and deferred charges       1, 063.       9       15, 7         10a       140, 813.       b       5       1, 063.       9       15, 40, 632.       10c       15, 40, 65, 457.       11       11       12       11       12       11       11       12       11       11       12       11 <t< th=""><th>5</th><th></th><th></th><th></th><th></th></t<>	5				
6       Leans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employees' beneficiary organizations (see inst). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       1, 405, 998. 8         9       Prepaid expenses and deferred charges       1, 063. 9         10a       Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a       140, 813.         b       Less: accumulated depreciation       10b       124, 986.       40, 632. 10c       15, 40         11       Investments - publicly traded securities       11       12       140, 813.       12         12       Investments - orgam:related. See Part IV, line 11       6, 912. 13       6, 7         13       Investments - orgam:related. See Part IV, line 11       1, 586, 457. 16       1, 665, 4         14       Intangible assets. See Part IV, line 11       1, 586, 457. 17       12, 6, 7         14       Intangible assets. Add lines 1 through 15 (must equal line 34)       3, 622, 654. 16       3, 781, 1         17       Accounts payable and accrued expenses       163, 327. 17       229, 4         18       Grants payable       18       20       20		trustees, key employees, and highest compensated employees. Complete			
section 4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and lears receivable, net       6         8       Inventories for sale or use       1,405,998.8       1,348.7         9       Prepaid expenses and deferred charges       1,063.9       15,6         10a       140,813.       1       0       15,6         11       Investments - publicly traded securities       11       1       1         12       Investments - publicly traded securities.       11       6       1         13       Investments - publicly traded securities.       11       1       6       1         14       Investments - program-related. See Part IV, line 11       6,912.13       6,1       6         14       Intargible assets.       16,3,27.17       12,65,4       1       6       6         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.16       3,781,4       7       7         17       Accounts payable and accrued expenses       163,327.17       7       229,4       7       7         20       Tax-exempt bond liabilitics       1,665,1       16<				5	
employers and sponsoring organizations of section 501(c)(9) voluntary       6         7       Notes and loans receivable, net       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       1, 405, 998.8       1, 348, 1         9       Prepaid expenses and deferred charges       1, 405, 998.8       1, 348, 1         9       Prepaid expenses and deferred charges       1, 063.9       15, 6         10a       140, 813.3       1       1, 405, 998.8       1, 5, 6         b       Less: accumulated depreciation       10a       140, 813.3       1       1         1       Investments - publicly traded securities       11       1       1       1         11       Investments - program-related. See Part IV, line 11       6, 912.13       6, 7         14       Intangible assets       16, 7       1       1, 565, 457.15       1, 665, 1         16       Total assets. Add lines 1 through 15 (must equal line 34)       3, 626, 654.16       3, 781, 7       1         17       Accounts payable and accoured expenses       163, 327.17       229, 7       1         18       Grants payable and accoured expenses, and disqualified persons, Complete Part II of Schedule D       621.21       3, 4 <tr< th=""><td>6</td><td>Loans and other receivables from other disqualified persons (as defined under</td><td></td><td></td><td></td></tr<>	6	Loans and other receivables from other disqualified persons (as defined under			
employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use       1, 405, 998. 8       1, 348. 7         9       Prepaid expenses and deferred charges       1, 063. 9       15, 0         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       140, 813         11       Investments - publicly traded securities       11       11         12       Investments - publicly traded securities       11         13       Investments - program-related. See Part IV, line 11       6, 912. 13       6, 1         14       Intangible assets       11       14       6, 912. 13       6, 1         14       Intangible assets       11       1, 586, 457. 15       1, 665, 1         15       Other assets. See Part IV, line 11       1, 586, 457. 15       1, 665, 1         16       Total assets and accrued expenses       163, 327. 17       229, 1         18       Grants payable and accrued expenses, and disqualified persons. Complete Part II of Schedule D       621. 21       3, 2         21       Escrew or custodial account liability. Complete Part IV of Schedule D       22       22         22       23 <td></td> <td>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing</td> <td></td> <td></td> <td></td>		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
7       Notes and loans receivable, net       7         8       Inventories for sale or use       1,405,998.8       1,348,1         9       Prepaid expenses and deferred charges       1,063.9       15,6         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       140,813.         b       Less: accumulated depreciation       10a       140,813.         11       Investments - publicity traded securities.       11         12       Investments - other securities. See Part IV, line 11       6,912.13       6,6         14       Intangible assets.       14       1,586,457.15       1,665,7         15       Other assets. See Part IV, line 11       6,912.13       6,6         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.16       3,781,4         17       Accounts payable and accrued expenses       11,697.19       7,1         20       Tax exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disc payable to unrelated third parties       22       23 <tr< th=""><td></td><td></td><td></td><td></td><td></td></tr<>					
8       Inventories for sale or use       1,405,998. s       1,348,         9       Prepaid expenses and deferred charges       1,063. g       15,4         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       140,813.       10b       124,986.       40,632. toc       15,4         11       Investments - publicly traded securities       11       11       12       11         12       Investments - other securities. See Part IV, line 11       6,912. to       13,6,4         13       Investments - program-related. See Part IV, line 11       6,912. to       1,665,4         14       Intangible assets       163,327. tr       17,229,4         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654. to       3,781,4         17       Accounts payable and accrued expenses       163,327. tr       17,229,4         18       Grants payable       11,697. tg       7,4         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621. 21       3,4         22       Loans and other payables to urrent and former officers, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					
9       Prepaid expenses and deferred charges       1,063.9       15,4         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       140,813.         b       Less: accumulated depreciation       10b       124,986.       40,632.       10c       15,4         11       Investments - publicly traded securities       11       11       12         12       Investments - other securities. See Part IV, line 11       6,912.       13       6,7         14       Intagible assets       14       14       14       14         15       Other assets. See Part IV, line 11       6,912.       13       6,7         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.       16       3,781.4         17       Accounts payable and accrued expenses       163,327.       17       229.4         18       Grants payable       11       621.2       21       3,         20       21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.2       21       3,         21       Escrow or custodial account liability. Complete Part IV of Schedule D       22       22       23         22       Loans and other payables to current and former officers	7		1 405 000	-	
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       140, 813.         b       Less: accumulated depreciation       10b       124, 986.       40, 632.       10c       15, 6         11       Investments - publicly traded securities       11       11       12         12       Investments - other securities. See Part IV, line 11       12       11         13       Investments - program-related. See Part IV, line 11       6, 912.       13       6, 457.         14       Intangible assets       11       6, 912.       13       6, 457.         14       Intangible assets. Add lines 1 through 15 (must equal line 34)       3, 626, 654.       16       3, 781, 4         17       Accounts payable and accrued expenses       163, 327.       17       229, 4         18       Grants payable       11, 697.       19       7, 4         20       12       3, 4       20       21       3, 4         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.       21       3, 4         22       Isseet onther payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       22       23 <td>8</td> <td></td> <td></td> <td></td> <td></td>	8				
basis. Complete Part VI of Schedule D       10a       140,813.         b Less: accumulated depreciation       10b       124,986.       40,632.       10c       15,8         11       Investments - publicly traded securities       11       11       11         12       Investments - publicly traded securities       11       11       12         13       Investments - program-related. See Part IV, line 11       6,912.       13       6,0         14       Intangible assets       11       6,912.       13       6,0         14       Intangible assets       11,586,457.       15       1,665,0         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.       16       3,781,4         17       Accounts payable and accrued expenses       163,327.       17       229,4         18       Grants payable       11,697.       19       7,4         20       11,697.       19       7,4       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.       21       3,4         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22       23       32       <			1,063.	9	15,696.
b Less: accumulated depreciation       10b       124,986.       40,632.       10c       15,4         11       Investments - publicly traded securities       11       12         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       6,912.       13       6,74         14       Intangible assets       14       14       15       0.657.4       16         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.4       16       3,781,4         17       Accounts payable and accrued expenses       163,327.1       17       229,4         18       19       Deferred revenue       11,697.19       7,4         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       Loans and other payable to urrelated third parties       22       23         23       Secured mortgages and notes payable to unrelated third parties       22       23         24       Unsecured notes and loans payable to unrelated third parties       22       3,200.25       9,4         25       Other liabilities not included on lin	10a				
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       6, 912.       13       6, 6         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       1, 586, 457.       15       1, 665, 6         16       Total assets. Add lines 1 through 15 (must equal line 34)       3, 626, 654.       16       3, 781, 4         17       Accounts payable and accrued expenses       163, 327.       17       229, 4         18       Grants payable       11, 697.       19       7, 6         20       Tax-exempt bond liabilities       20       20       21       2.         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.       21       3, 4         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22       23         24       Unsecured notes and loans payable to unrelated third parties       22       23       24         25       Other liabilities. not included on lines 17.24). Complete Part X of Schedule D       3, 200.       25			40 620		15 005
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       6,912.13       6,0         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       1,586,457.15       1,665,4         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,6226,654.16       3,781,4         17       Accounts payable and accrued expenses       163,327.17       229,4         18       Grants payable       18       11,697.19       7,4         20       74       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       422,976.24       387,5         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       3,200.25       9,4         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         2	b		40,632.		15,827.
13       Investments · program-related. See Part IV, line 11       6,912.       13       6,6         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       1,586,457.       15       1,665,6         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.       16       3,781,6         17       Accounts payable and accrued expenses       163,327.       17       229,4         18       19       Deferred revenue       11,697.       19       7,0         20       7       Tax-exempt bond liabilities       20       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.       21       3,4         22       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       23         23       Secured mortgages and notes payable to unrelated third parties       422,976.       24       387,7         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.       25       9,4         26       Total liabilities. Add lines 17 through 25       601,821.       26       636,5       5					
14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         18       Grants payable         19       Deferred revenue         10       Tax-exempt bond liabilities         12       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         23       Secured mortgages and notes payable to unrelated third parties         24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D         25       Total liabilities not included on lines 17-24). Complete Part X of Schedule D         26       Total liabilities. Add lines 17 through 25         26       Total liabilities not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets			C 010		C (10
15       Other assets. See Part IV, line 11       1,586,457.15       1,665,4         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.16       3,781,4         17       Accounts payable and accrued expenses       163,327.17       229,4         18       grants payable       18         19       Deferred revenue       11,697.19       7,0         20       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       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         23       Secured mortgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       3,200.25       9,8         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       601,821.26       636,5         26       Total liabilities. Add lines 17 through 25       601,821.26       636,5         26       Organizations that follow SFAS 117 (ASC 958), check here X       X       and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets			0,912.		6,649.
16       Total assets. Add lines 1 through 15 (must equal line 34)       3,626,654.       16       3,781,8         17       Accounts payable and accrued expenses       163,327.       17       229,4         18       Grants payable       18       18         19       Deferred revenue       11,697.       19       7,0         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.       21       3,4         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.       24       387,7         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.       25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.       26       636,9         0rganizations that follow SFAS 117 (ASC 958), check here        X       and complete lines 27 through 29, and lines 33 and 34.       2,440,705.       27       2,313,0					
17       Accounts payable and accrued expenses       163,327.17       229,4         18       Grants payable       18         19       Deferred revenue       11,697.19       7,0         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24       387,3         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶       X       and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       2,440,705.27       2,313,0					
18       Grants payable       18         19       Deferred revenue       11,697.19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21         22       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         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25         26       Total liabilities. Add lines 17 through 25       601,821.26         0rganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27         27       Unrestricted net assets       2,440,705.27       2,313,0					
19       Deferred revenue       11,697.19       7,0         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       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         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24       387,3         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,5         Organizations that follow SFAS 117 (ASC 958), check here        X       and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0			105,527.		229,422.
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       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         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24       387,3         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0			11 607		7,053.
21       Escrow or custodial account liability. Complete Part IV of Schedule D       621.21       3,4         22       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         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       23         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D       3, 200.25       9, 8         26       Total liabilities. Add lines 17 through 25       601, 821.26       636, 9         Organizations that follow SFAS 117 (ASC 958), check here ▶			11,097.		7,055.
22       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         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0			621		3,467.
key employees, highest compensated employees, and disqualified persons.       22         Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0			021.	21	5,407.
Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0	22				
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       422,976.24       387,3         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0				00	
24       Unsecured notes and loans payable to unrelated third parties       422,976.24       387,3         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0	22	•			
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0			422,976,		387,172.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       3, 200. 25       9, 8         26       Total liabilities. Add lines 17 through 25       601, 821. 26       636, 9         Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.       2, 440, 705. 27       2, 313, 0				27	
Schedule D       3,200.25       9,8         26       Total liabilities. Add lines 17 through 25       601,821.26       636,5         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0	20				
26       Total liabilities. Add lines 17 through 25       601,821.26       636,9         Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0			3,200.	25	9,800.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,440,705.27       2,313,0         27       Unrestricted net assets       2,440,705.27       2,313,0	26		-		636,914.
complete lines 27 through 29, and lines 33 and 34.         2,440,705.27         2,313,0           27         Unrestricted net assets         2,240,705.27         2,313,0					,
27         Unrestricted net assets         2,440,705.27         2,313,0					
28         Temporarily restricted net assets         584,128.28         831,5	27		2,440,705.	27	2,313,081.
					831,821.
29   Permanently restricted net assets   29	29			29	
Organizations that do not follow SFAS 117 (ASC 958), check here					
and complete lines 30 through 34.					
30 Capital stock or trust principal, or current funds	30	Capital stock or trust principal, or current funds		30	
31 Paid in or capital surplus, or land, building, or equipment fund 31	31			31	
32 Retained earnings, endowment, accumulated income, or other funds 32	32			32	
<b>3</b> , 024, 833. <b>3</b> , 144, 9	33			33	3,144,902.
3,626,654. 34 3,781,8	34		3,626,654.	34	3,781,816.

Form 990 (2014)

Form 990 (2014)

Assets

Liabilities

Net Assets or Fund Balances

	990 (2014) DUPAGE HABITAT FOR HUMANITY	36-40	03119	Paç	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,379		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,246		
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,024	1,8	33.
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	-12	2,3	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,144	1,9	02.
Par	rt 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: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2014)

432012 11-07-14

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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# 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.

I	2014
orm990.	Open to Public Inspection
Employer	identification numbe

OMB No. 1545-0047

Name of the organization

		DUPA	GE HABITAT	FOR HUMANIT	Y			3	6-4003119
Pa	rt I	Reason for Public (	Charity Status (	All organizations must c	omplete th	is part.) Se	ee instructions	i.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associati	on of churches describe	d in <b>sectio</b>	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E.)					
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter f	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	antial part of its support	from a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma				contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	•	-	-			-	-
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·			, ,	5	,
10		An organization organized a	•	sively to test for public sa	afetv. See :	section 50	)9(a)(4).		
11		An organization organized a	-	•	-			rry out the	purposes of one or
		more publicly supported or	-	•	-			-	
		lines 11a through 11d that							
а		<b>Type I.</b> A supporting orga				-		-	aivina
		the supported organization	-	-	•				
		organization. You must c							
b		<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizatio	n(s), by ha	vina
~		control or management o	-				-		-
		organization(s). You mus						go the sup	portod
с		Type III functionally inte			in connec	tion with	and functional	lv integrate	ad with
Ŭ		its supported organization						ly integrate	a with,
d		Type III non-functionally						ted organi <sup>,</sup>	zation(s)
ŭ		that is not functionally int						-	
		requirement (see instruct			-		-		Veness
е		Check this box if the orga		•					
e		functionally integrated, or					а турет, туре	п, туре п	
f	Ento	er the number of supported of							
י מ				od organization(a)					
<u> </u>		vide the following informatior i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	,	organization	(,	(described on lines 1-9	listed i	in your	support		other support (see
		-		above or IRC section	governing of <b>Yes</b>	No	Instructio	ons)	Instructions)
				(see instructions))	163				
									1
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_									
Tota									
LHA	For F	Paperwork Reduction Act N	lotice, see the Inst	ructions for			Sched	ule A (Forr	m 990 or 990-EZ) 2014

#### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY Part II Support Schedule for Organizations Described in Sections 17

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,737,593.	1,792,681.	2,301,600.	1,571,072.	1,174,690.	8,577,636.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,737,593.	1,792,681.	2,301,600.	1,571,072.	1,174,690.	8,577,636.
5	The portion of total contributions	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,	_,,	_, •, -, •, -, •, -, •, -, •, -, •, •, -, •, •, •, •, •, •, •, •, •, •, •, •, •,	_,_,_,	
5	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)						
	Public support. Subtract line 5 from line 4.						8,577,636.
	ction B. Total Support			i			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
	Amounts from line 4	1,737,593.	1,792,681.	2,301,600.	1,571,072.	1,174,690.	8,577,636.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	449.	150.	227.	217.	214.	1,257.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,243.		14,403.	391.	137.	26,174.
11	Total support. Add lines 7 through 10	, -		,			8,605,067.
	Gross receipts from related activities,	etc. (see instructio	ane)			12 3	,349,095.
	First five years. If the Form 990 is for		,	d fourth or fifth to	x voar as a soctio		, ,
10	organization, check this box and <b>stop</b>	e e				11001(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (I			olumn (f))		14	99.68 %
						15	99.67 %
	Public support percentage from 2013 33 1/3% support test - 2014. If the c						
108		-					
	stop here. The organization qualifies						
	33 1/3% support test - 2013. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and <b>s</b>	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	lualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instructions	s ►
						dulo A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2014

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36-4003119 Page 2

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nization,
	check this box and stop here	-					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2013	3 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	014 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · · ·			18	%
19a	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and lin	e 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2013. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<b>)</b>
	23 09-17-14						990 or 990-EZ) 2014
				15			

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2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

#### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2014

10a

10b

1

Yes

No

#### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
~	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	And the second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
-		uctions	Yes	No
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	<del>)</del> 0 or 99	0-EZ)	2014
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#### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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#### Schedule A (Form 990 or 990 EZ) 2014 DUPAGE HABITAT FOR HUMANITY

Pa	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sact	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
3001	on E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>    i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>	F ( 0010			
-	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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	20
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Name of the organization

### 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 . OMB No. 1545-0047

2014

Employer identification number

36-4003119

DUPAGE	HABITAT	FOR	HUMANITY

Organization type (check of	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**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) (2014)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name	of	organization

36-4003119

#### DUPAGE HABITAT FOR HUMANITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(2)	(b)	(c)	(d)
(a) No.	(D) Name, address, and ZIP + 4	Total contributions	(a) Type of contribution
<u>    1</u>	BANK OF AMERICA CHARITABLE FOUNDATION 100 NORTH TRYON ST CHARLOTTE, NC 28255	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BMO HARRIS BANK 50 S LINCOLN ST HINSDALE, IL 60521	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHICAGOLAND HABITAT FOR HUMANITY 111 E WACKER DR, SUITE 325 CHICAGO, IL 60601	\$94,936.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4         VIRGINIA A. CROAN TRUST         21259 GINGER LN	Total contributions	Type of contribution         Person       X         Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 VIRGINIA A. CROAN TRUST 21259 GINGER LN FRANKFORT, IL 60423 (b)	Total contributions  \$	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4         VIRGINIA A. CROAN TRUST         21259 GINGER LN         FRANKFORT, IL 60423         (b)         Name, address, and ZIP + 4         DHA MANAGEMENT, INC.         711 E ROOSEVELT RD	Total contributions         \$       49,411.         (c)       Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person       X         Payroll       Image: Complete Part II for noncash       X         (d)       Type of contribution       X         Person       X       X       Complete Part II for
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 VIRGINIA A. CROAN TRUST 21259 GINGER LN FRANKFORT, IL 60423 (b) Name, address, and ZIP + 4 DHA MANAGEMENT, INC. 711 E ROOSEVELT RD WHEATON, IL 60187 (b)	Total contributions         \$       49,411.         (c)       Total contributions         \$       185,400.         (c)       (c)	Type of contribution         Person       X         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       X         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)

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(d)

Type of contribution

noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2014) rganization	F	Pag mployer identification number
		-	36-4003119
Part I	E HABITAT FOR HUMANITY Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed	50-4005119
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	HABITAT FOR HUMANITY INTERNATIONAL	_	Person X Payroll
	121 HABITAT ST	_ \$38,083	2. Noncash X (Complete Part II for
	AMERICUS, GA 31709	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	INLAND AMERICAN REAL ESTATE TRUST 2901 BUTTERFIELD RD OAK BROOK, IL 60523	\$30,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SAFWAY ATLANTIC LLC		Person X
	625 S IL RT 83	\$26,01	Payroll 9 . Noncash X
	ELMHURST, IL 60126	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THRIVENT FINANCIAL		Person X
	4321 N BALLARD RD	\$145,13	
	APPLETON, WI 60510	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

(c) **Total contributions** 

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(a)

No.

423452 11-05-14

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\$

Person Payroll Noncash

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#### DUPAGE HABITAT FOR HUMANITY

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
Part I	BUILDING MATERIALS		
		\$6,986.	11/13/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	REAL ESTATE		
		\$185,400.	03/31/15
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	BUILDING MATERIALS		
		\$9,766.	11/13/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	BUILDING MATERIALS		
		\$26,019.	06/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Name of orga	nization		Employer identification number
DUPAGE	HABITAT FOR HUMANITY		36-4003119
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	ntributions to organizations described i e columns (a) through (e) and the follow ous, charitable, etc., contributions of \$1,000 or M	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2)		
.		(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
F		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
423454 11-05-1	4	25	Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service

(Form 990)

► 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 (For Information about Schedule D)	Form 990) and its instructions is at <u>www.irs.gov/form99</u>	0



Employer identification number

36-4003119

Name of the organization

#### DUPAGE HABITAT FOR HUMANITY

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic si	tructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by th	ne organization during the tax
	year 🕨		
4	Number of states where property subject to conservation e	asement is located 🕨	
5	Does the organization have a written policy regarding the policy		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organize	ation's financial statements that describes	s the organization's accounting for
De	conservation easements.		
Pa	rt III Organizations Maintaining Collections		other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form	. ,	
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, o	education, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS		
a	, , ,		
b	Assets included in Form 990, Part X		• \$
<del></del>			
LHA 43205	For Paperwork Reduction Act Notice, see the Instruction	ns tor Form 990.	Schedule D (Form 990) 2014

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-		HABITAT FO						36-40			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tre	easures, c	or Othe	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	ny of the f	ollowing that	t are a s	ignificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d			ange progra						
b	Scholarly research	e	e 🛄 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	XIII.		
5	During the year, did the organization solicit o								٦		1
Des	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	ganization	n answered "	'Yes" to	Form 990	, Part IV, I	ine 9, or		
				4.11		4 4					
1a	Is the organization an agent, trustee, custod								] <b>X</b>	V	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	Yes	11	J NO
b	If res, explain the arrangement in Part XIII	and complete the lo	nowing tabl	e.					Amoun	+	
~	Reginning balance						1c		Amoun	ι	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F							X	Yes		No
	If "Yes," explain the arrangement in Part XIII.									X	
Par											
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a)	) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
-	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held ar	nd administe	red for t	he organiz	zation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the								3b		
	t VI Land, Buildings, and Equipm	0		us.							
	Complete if the organization answere		) Part IV lin	e 11a Se	e Form 990	Part X	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulate	h	(d) Boo	k value	
	Description of property	basis (investr		basis (		• •	preciation	~	<b>(4)</b> 500	valut	•
1a	Land			、	,	-					
	Buildings										
	Leasehold improvements										
	Equipment			14	0,813.		124,9	86.	1	5,82	27.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, column (	B), line 10	)c.)				1	5,82	27.
								Sabadula		- 0001	2014

Schedule D (Form 990) 2014

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Part VII	Investme	ents - O	ther Securi	ties.		
Schedule D	(Form 990) 2	2014	DUPAGE	HABITAT	FOR	HUMANITY

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book Value	
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	I1c. 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)		
(0)		

# (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) Total. (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) MORTGAGE RECEIVABLE	1,595,841.
(2) DEPOSITS	69,774.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,665,615.

#### 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)	CLOSING FUNDS HELD ON BEHALF OF	
(3)	PARTNER FAMILIES	9,800.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,800.

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

#### Schedule D (Form 990) 2014

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Concado D (i	orm 990) 2014 DUPAGE HABIT	AT FOR	HUMANIT	Y		36-	4003119	Page <b>4</b>
Part XI F	Reconciliation of Revenue per Audit	ed Finan	cial Stateme	ents With	Revenue per R	eturr	າ.	
C	complete if the organization answered "Yes" to	Form 990, I	Part IV, line 12a.					
1 Total rev	enue, gains, and other support per audited fin	ancial state	ments			1	2,446	,187.
2 Amount	s included on line 1 but not on Form 990, Part V	/III, line 12:						
a Net unre	alized gains (losses) on investments			2a				
<b>b</b> Donated	services and use of facilities			2b	16,446.			
c Recover	ies of prior year grants			2c				
d Other (D	escribe in Part XIII.)			2d				
e Add line	s <b>2a</b> through <b>2d</b>					2e		,446.
3 Subtrac	line <b>2e</b> from line <b>1</b>					3	2,429	,741.
	s included on Form 990, Part VIII, line 12, but n							
a Investm	ent expenses not included on Form 990, Part V	'III, line 7b		4a				
<b>b</b> Other (D	escribe in Part XIII.)			4b	-50,688.			
c Add line	s <b>4a</b> and <b>4b</b>					4c		,688.
	enue. Add lines <b>3</b> and <b>4c.</b> (This must equal For						2,379	,053.
	Reconciliation of Expenses per Aud			ents Wit	h Expenses per	Retu	ırn.	
	complete if the organization answered "Yes" to							
								44.4
1 Total ex	penses and losses per audited financial statem	ents				1	2,326	,118.
2 Amount	s included on line 1 but not on Form 990, Part I	X, line 25:				1	2,326	,118.
2 Amount		X, line 25:			16,446.	1	2,326	,118.
<ul><li>2 Amounta</li><li>a Donated</li></ul>	s included on line 1 but not on Form 990, Part I	X, line 25:		2a		1	2,326	,118.
<ul><li>2 Amountain</li><li>a Donated</li><li>b Prior year</li></ul>	s included on line 1 but not on Form 990, Part l services and use of facilities	X, line 25:		2a 2b	16,446.	1	2,326	,118.
<ul><li>2 Amounts</li><li>a Donated</li><li>b Prior yea</li><li>c Other Io</li></ul>	s included on line 1 but not on Form 990, Part l services and use of facilities ar adjustments	X, line 25:		2a 2b 2c		1		
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> </ul>	s included on line 1 but not on Form 990, Part l services and use of facilities ar adjustments sses	X, line 25:		2a 2b 2c 2d	16,446.	1 2e	79	,502.
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> </ul>	s included on line 1 but not on Form 990, Part l services and use of facilities ar adjustments sses escribe in Part XIII.) s <b>2a</b> through <b>2d</b>	X, line 25:		2a 2b 2c 2d	16,446.	-		,502.
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> <li>3 Subtract</li> </ul>	s included on line 1 but not on Form 990, Part I services and use of facilities ar adjustments sses escribe in Part XIII.)	X, line 25:		2a 2b 2c 2d	16,446.	2e	79	,502.
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> <li>3 Subtract</li> <li>4 Amounts</li> </ul>	s included on line 1 but not on Form 990, Part l services and use of facilities ar adjustments sses escribe in Part XIII.) s <b>2a</b> through <b>2d</b> : line <b>2e</b> from line <b>1</b>	X, line 25:		2a 2b 2c 2d	16,446.	2e	79	,502.
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> <li>3 Subtract</li> <li>4 Amounts</li> <li>a Investmination</li> </ul>	s included on line 1 but not on Form 990, Part I services and use of facilities ar adjustments sses escribe in Part XIII.) s <b>2a</b> through <b>2d</b> : line <b>2e</b> from line <b>1</b> s included on Form 990, Part IX, line 25, but no	X, line 25: t on line 1: 'III, line 7b		2a 2b 2c 2d 4a	16,446.	2e	79	<u>,502.</u> ,616.
<ul> <li>2 Amounts</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> <li>3 Subtract</li> <li>4 Amounts</li> <li>a Investm</li> <li>b Other (D</li> </ul>	s included on line 1 but not on Form 990, Part I services and use of facilities ar adjustments sses escribe in Part XIII.) s <b>2a</b> through <b>2d</b> : line <b>2e</b> from line <b>1</b> s included on Form 990, Part IX, line 25, but no ent expenses not included on Form 990, Part V	X, line 25: t on line 1: III, line 7b		2a 2b 2c 2d 4a 4b	16,446.	2e	79 2,246	<u>,502.</u> ,616. 0.
<ul> <li>2 Amount:</li> <li>a Donated</li> <li>b Prior yea</li> <li>c Other lo</li> <li>d Other (D</li> <li>e Add line</li> <li>3 Subtract</li> <li>4 Amount:</li> <li>a Investm</li> <li>b Other (D</li> <li>c Add line</li> <li>5 Total ext</li> </ul>	s included on line 1 but not on Form 990, Part I services and use of facilities ar adjustments sses escribe in Part XIII.) s <b>2a</b> through <b>2d</b> t line <b>2e</b> from line <b>1</b> s included on Form 990, Part IX, line 25, but no ent expenses not included on Form 990, Part V escribe in Part XIII.)	X, line 25: t on line 1: III, line 7b		2a 2b 2c 2d 4a 4b	16,446.	2e 3	79	<u>,502.</u> ,616. 0.

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:

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	263.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990	-50,951.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-50,688.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
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Schedule D (Form 990) 2014         DUPAGE HABITAT FOR HUMANITY           Part XIII         Supplemental Information (continued)	36-4003119 Page 5
UNCOLLECTIBLE PLEDGES	12,105.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	63,056.
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(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service ► Infe Name of the organization DU Part I Fundraising Ac required to complet	ormation al pAGE ctivities. te this part ization rais	ed funds through any of the followir e Solicitat	Form 9 5,000 ( ) or Fo and its TY ered "Y ng acti tion of tion of	990, P on Fo rm 99 instru ćes" to vities. non-g gover	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ctions is at <u>www.irs.g</u> b Form 990, Part IV, li Check all that apply overnment grants nment grants	or 19 00//fc ine 1	, or if the rm 990. Employer ic 36 - 400	
key employees listed in Fo	orm 990, Pa st paid indi	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs organization.	orofess uant to	ional f o agre	undraising services?	the f	iundraiser is t	
(i) Name and address of indi or entity (fundraiser)	vidual	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes					
S List all states in which the contract or licensing.	organizatio	n is registered or licensed to solicit						registration

432081 08-28-14  

 Schedule G (Form 990 or 990-EZ) 2014
 DUPAGE
 HABITAT
 FOR
 HUMANITY
 36-4003119
 Pag

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

 e 1 and 6h Liste . . .:..... . . . 2 nto

		of fundraising event contributions and gr			÷ .	1 S greater than \$5,000
			(a) Event #1	(b) Event #2 WOMEN ' S	(c) Other events	(d) Total events
			GOLF OUTING	BUILD	6	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
2			(	(	(	
ובגבוותב	1	Gross receipts	79,929.	11,100.	3,780.	94,809
	2	Less: Contributions	67,366.	11,100.	3,780.	82,246
┛	3	Gross income (line 1 minus line 2)	12,563.			12,563
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,731.			17,731
חוובתו דעהבוואבא	7	Food and beverages				
ן י	8	Entertainment				
	9	Other direct expenses				50,951
	10	Direct expense summary. Add lines 4 throug			►	68,682
_	_	Net income summary. Subtract line 10 from				-56,119
a	rt I	<b>3</b>	answered "Yes" to Form	1 990, Part IV, line 19, or n	eported more than	
т		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	(c) Other gaming		col. (a) through col. (a)
2	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
_	-			Yes %	Yes %	
			<b>Yes</b> %	1C5 70		
	6	Volunteer labor	└── Yes% └── No	□ Tes /₀ □ No	□ No //	
	7	Direct expense summary. Add lines 2 throug	<b>No</b>	No No	□ No ►	
	7		<b>No</b>	No No	□ No ►	
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	□ No ►	
	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	□ No      ►	YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No No states?	□ No      ►	YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No No states?	□ No      ►	YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No No states?	□ No      ►	YesN
a b )a	7 8 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	No No h 5 in column (d)	states?	No	
a b Da	7 8 Ent Is t If "I We	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	No No h 5 in column (d)	states?	No	
a b )a	7 8 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	No No h 5 in column (d)	states?	No	
a b	7 8 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	No No h 5 in column (d)	states?	No	

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<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY	36-4	00311	9 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			_
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:	-		
а	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			└── No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue revenue revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue rev	nt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	art III, lir	nes 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
	••••••		000 - 00	
43208	83 08-28-14 Schedule G	I (Form	390 or 95	v-cz) 2014
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Part IV Supplemental Information	<b>n</b> (continued)	
	Cabadula O /Farma 000 ar	000 =-
2084 -01-14	Schedule G (Form 990 or 34	<i>33</i> 0-E2
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SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

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36-4003119

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.

**Open To Public** Inspection

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Name of the or	ganization
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

#### DUPAGE HABITAT FOR HUMANITY

Par	rt I   Types of Property							
	•	(a) Chaolait	<b>(b)</b> Number of	(c) Noncash contribution	(d)		ling	
		Check if applicable		amounts reported on	Method of de noncash contribu		•	is.
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ation a	mount	.5
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	Х	2	185,400.	FAIR MARKET	' VA	LUE	i.
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	22		FAIR MARKET			
26	Other ( FUNDRAISING I )	X	6		FAIR MARKET			
27	Other ( MISCELLANEOUS )	Х	1	25.	FAIR MARKET	' VA	LUE	
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organized							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date			•				
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	2	•	•		31		X
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncast	1			
	contributions?					322	1	I X

contributions?

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.

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

Schedule M (Form 990) (2014)

32a

432141 08-12-14

**b** If "Yes," describe in Part II.

15260211 798777 13100-01

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

432142 08-12-14	Schedule M (Form 990) (2014)
260211 798777 13100-01	36 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01
TO CATT ISOIII TOTOCATU	TO-DATA OLOGE UNDITAL LOV UNWARTEL TOTO-DI

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 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.	<b>2U14</b> Open to Public
Internal Revenue Service Name of the organization	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	Employer identification number
	DUPAGE HABITAT FOR HUMANITY	36-4003119
FORM 990, PAR	T VI, SECTION B, LINE 11:	
THE DRAFT OF	THE 990 WAS SENT TO THE BOARD TREASURER FOR	A PRELIMINARY
REVIEW. THE	BOARD TREASURER PRESENTED THE 990 TO THE BOA	RD FOR REVIEW
PRIOR TO FILI	NG.	
FORM 990, PAR	T VI, SECTION B, LINE 12C:	
EACH NEW BOAR	D MEMBER REVIEWS THE CONFLICT OF INTEREST PO	LICY AT
ORIENTATION.	AT EACH BOARD MEETING, MEMBERS ARE ASKED TO	DISCLOSE ANY
CONFLICTS OF	INTEREST. CONFLICTS ARE RECORDED IN THE BOA	RD MINUTES.
FORM 990, PAR	T VI, SECTION B, LINE 15A:	
THE EXECUTIVE	COMMITTEE OF THE BOARD REVIEWS THE EXECUTIV	E DIRECTOR'S
ANNUAL PERFOR	MANCE COMPARED TO THE POSITION AND ORGANIZAT	ION GOALS.
PERFORMANCE O	F KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE	DIRECTOR
ANNUALLY. PE	RFORMANCE IS COMPARED TO ESTABLISHED GOALS A	ND RECORDED IN
EMPLOYEES' PE	RSONNEL RECORDS.	
FORM 990, PAR	T VI, SECTION C, LINE 19:	
DOCUMENTS ARE	POSTED ON THE ORGANIZATION'S WEBSITE. THEY	ARE ALSO
AVAILABLE UPO	N REQUEST.	
FORM 990, PAR	T XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN (LOSS) I	N EQUITY OF LLC	-263.
UNCOLLECTIBLE	PLEDGES	-12,105.
TOTAL TO FORM	990, PART XI, LINE 9	-12,368.
LHA For Paperwork Rec 432211 08-27-14	luction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 990 or 990-EZ) (2014)
00-21-14	37	

15260211 798777 13100-01 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

#### SCHEDULE R

(Form 990)

#### **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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### DUPAGE HABITAT FOR HUMANITY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PIONEER				
WHEATON, IL 60187	PRAIRIE DEVELOPMENT	ILLINOIS	23,274.	475,805.	
PRAIRIE GREEN HABITAT LLC - 90-0827510	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PRAIRIE				
WHEATON, IL 60187	GREEN DEVELOPMENT	ILLINOIS	19,470.	1,230,927.	
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL, 1600 EAST ROOSEVELT,	CHDO TO SUPPORT DUPAGE				
WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS	0.	0.	
	-				

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		<b>(f)</b> Direct controlling entity	contr	olled
	dress, and EIN d organization     Primary activity     Legal domicile (state or foreign country)     Exempt Code section     Public charity status (if section 501(c)(3))     Direct controlling entity     Section 512 controlling entity       27-3797097     OFFICE SPACE FOR DUPAGE HABITAT AND ANOTHER TAX     Exempt Code section     Public charity status (if section 501(c)(3))     Direct controlling entity     Section 512 controlling entity	No					
HOME TOGETHER LLC - 27-3797097	OFFICE SPACE FOR DUPAGE						
1600 ROOSEVELT	HABITAT AND ANOTHER TAX						
WHEATON, IL 60187	EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			Х
	-						
	-						

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

432161 08-14-14 LHA OMB No. 1545-0047

2014 Open to Public Inspection

Employer identification number

36-4003119

#### Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

36-4003119 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	(k
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	<sup>al or</sup> Percer <sup>ging</sup> owner er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	]										
	1										
	1										
	1										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(1 contri ent	(i) ction (b)(13) trolled tity?
		country)				400010			No

#### Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
---	--------	---	--

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			Т
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(</u> 3)			
<u>(</u> 4)			
(5)			
<u>(</u> 6)	4.0		

#### Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

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.

	(1)		( n			10			,	(*)	(**	
(a)	(b)	(c)	(d)	Are partner 501 (c org:	<b>;)</b>	(f)	(g)	()	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	501(0 ora:	c)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NO	
			,	103				103		, ,		
				$\left  \right $								
		1	1					1				1

Schedule R (Form 990) 2014

Part VII Supplemental Information	١
-----------------------------------	---

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

432165 08-14-14

#### **Product: Exempt Extension**

Category:

IRS Center: Ogden e-Postmark: 11/9/2015 3:06:57 PM Notification: eSigned:

Name: DUPAGE HABITAT FOR HUMANITY FEIN: \*\*\*\*\*3119

Fiscal Year Begin Date: 7/1/2014 Fiscal Year End Date: 6/30/2015

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/9/2015	Upload Started				
11/9/2015	Released for Transmission - Validation in Progress			System	
11/9/2015	Ready to transmit - Validation Complete				
11/9/2015	Transmitted to FD	36221020153130349e75			
11/9/2015	Accepted by FD on 11/9/2015				

### TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

#### FOR THE YEAR ENDING

JUNE 30, 2015

DUPAGE HABITAT FOR HUMANITY 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187
SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
PLEASE MAIL AS SOON AS POSSIBLE.
THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$15 MADE PAYABLE TO ILLINOIS CHARITY BUREAU FUND. INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2014 FORM AG990-IL" ON THE REMITTANCE. 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.

	ice Use Only		E ORGANIZATION ANNUA			Form AG990-IL Revised 3/05
PMT	#		LISA MADIGAN State of I			
		Charitable Trus	t Bureau, 100 West Rando r, Chicago, Illinois 60601	olph (		01-028552
				F		ck all items attached:
AMT		Report fo	r the Fiscal Period:			y of IRS Return
		Designing	07/01/001/			ited Financial Statements
		Beginning	07/01/2014	Payable to the Illinois		y of Form IFC
INIT		8 Ending	06/20/0015	Charity 🚽		.00 Annual Report Filing Fee
	26 4002110	& Ending	06/30/2015 MO DAY YB	Bureau Fund	\$100	0.00 Late Report Filing Fee
	al ID # <u>36-4003119</u>					MO DAY YR
Are c	ontributions to the organization t	tax deductible? X Yes	No Date O	rganization was cr	eated:	
	LEGAL	THAT TOP IIIMANT	37	Year-end amounts		
		BITAT FOR HUMANIT	Ĩ			2 701 016
		ROOSEVELT ROAD		A) ASSETS B) LIABILITIES	A) \$	
	, STATE WHEATON,			C) NET ASSETS	, .	
	P CODE 60187			O) NET ASSETS	() ¢	5,144,902.
<b>I</b> .		REVENUE ITEMS DURING		PERCENTAGE	=	AMOUNT
		RIBUTIONS & PROGRAM SERVICE R		99.859		
	<ul><li>E) GOVERNMENT GRANTS &amp;</li></ul>			0.127		
	F) OTHER REVENUES			0.014	, ,	
	ry omennevended				/0 / +	
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (A	NDD D. F. & F)	100	% G)\$	6 2,447,735.
п.		EXPENDITURES DURING			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
	H) OPERATING CHARITABLE			81.687	% H) \$	1,891,308.
	,				, ,	
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE			% I) \$	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H &	I)	81.687	% J) \$	1,891,308.
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDE	ED IN J):\$	1		
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS			% K) \$	>
				81.687		s 1,891,308.
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD	J&K)	01.007	% L)\$	, 1,091,300.
	M) MANAGEMENT AND GENE			10.512	% M)\$	243,391.
	INI) INIANAGENIENT AND GENE	TAL EAPENSE		10.512	<sup>7</sup> ₀ IVI)⊄	
	N) FUNDRAISING EXPENSE			7.800	% N) \$	180,599.
	N) TONDIAISING EXI ENDE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/0 N) 4	100,000
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD I M & N)		100	% 0) \$	2,315,298.
					// 0/4	
III.		<b>AID FUNDRAISER AND</b> ( rt of Individual Fundraising Campaign	CONSULTANT ACTIVITIES	52 <b>-</b>		
	PROFESSIONAL FUNDRAISER	0 1 0				
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSIONAL FUNDRAIS	RS	100	% P)\$	G <b>0</b> .
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES			% Q)\$	)
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)			% R)\$	5
	PROFESSIONAL FUNDRAISING					
	,	PROFESSIONAL FUNDRAISING CON			S) \$	<u> </u>
IV.				EAK:		110.000
		NEARY, EXECUTIVE			T) \$	
		FESSLER, RESTORE			U) \$	
	, ,	HARRIS, PROGRAM			, ·	
<b>V</b> .	CHARITABLE PROG	RAM DESCRIPTION: CHAR CODE	TABLE PROGRAM (3 HIGHEST BY \$ EXPENE CATEGORIES	JED)	Lis	st on back side of instructions CODE
01-14		ING FOR THE POOR			W)#	
1 05-	X) DESCRIPTION:	LING TOIL THE FOUR			X) #	
498091 05-01-14	Y) DESCRIPTION:				Y) #	
14	.,				1'/"	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
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?	2.		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?	3.		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?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		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?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		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?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	WHEATON BANK - 211 SOUTH WHEATON AVENUE, WHEATON, IL 60187			
	BMO HARRIS BANK - P.O. BOX 94033, PALATINE, IL 60094			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DEBBIE YARNALL - (630) 510-3737			

#### 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.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.			
<ol> <li>3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
•	ROBERT G. WUJEK		
498101 05-01-14	PREPARER (PRINT NAME)	SIGNATURE	DATE

36-2985770 SELDEN FOX, LTD., 619 ENTERPRISE DRIVE, OAK BROOK, IL 60523

## Selden Fox, LTD.

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

email@seldenfox.com www.seldenfox.com

630-954-1400 630-954-1327 FAX

December 21, 2015

Illinois Attorney General's Office Charitable Trust Bureau Attn: Annual Report Section 11<sup>th</sup> Floor 100 West Randolph Street Chicago, Illinois 60601-3175

Re: Form AG990-IL Extension DuPage Habitat for Humanity 1600 East Roosevelt Road Wheaton, Illinois 60187 EIN: 36-4003119 Tax Year: June 30, 2015

Ladies or Gentlemen:

We hereby request an extension of time to file the Illinois Charitable Organization Annual Report (Form AG990-IL) for DuPage Habitat for Humanity. This extension is requested so that necessary information can be obtained from third parties. We request an extension of time until February 28, 2016. The federal Form 990 has been extended until February 15, 2016.

This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.

dward & Tracs

Edward G. Tracy Vice President

EGT/po

#### DuPage Habitat for Humanity, Inc. and Subsidiaries Audit Report For the Year Ended June 30, 2015

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

Selden Fox. LTD.

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, 2015, 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 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 made by management.

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 financial position of **DuPage Habitat for Humanity, Inc. and Subsidiaries** as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Report on Summarized Comparative Information**

We have previously audited the DuPage Habitat for Humanity, Inc. and Subsidiaries 2014 consolidated financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 10, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2014 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Selden Jox, Litd.

January 22, 2016

#### DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Financial Position June 30, 2015

(With Comparative Totals for 2014)

Assets	2015	2014	Liabilities and Net Assets
Current excepter			Liabilities:
Current assets:	¢ 200.020	\$ 350.937	
Cash and cash equivalents	\$ 260,020	• • • • • • • • • • • •	Current liabilities:
Accounts receivable	8,947	16,488	Accounts payable
Government grants receivable	79,797	104,658	Accrued expenses
Pledges receivable, current portion	366,211	103,705	Escrow and closing funds held
Mortgages receivable, current	84,797	80,995	Deferred rent
Inventories - land and construction in progress	1,286,965	1,354,807	Deferred income
Inventory - ReStore	61,579	51,191	Notes payable, current
Prepaid expenses	15,696	1,063	
Deposits and other assets	69,774	68,702	Total current liabilities
Total current assets	2,233,786	2,132,546	Long-term liabilities - notes payable, net
iotal cultent assets		2,132,340	of current portion
Property and equipment:			of current portion
Office equipment and furniture	12,932	12,932	Total liabilities
ReStore equipment	70,041	70,041	
Software	57,840	57,840	Net assets:
Ootware			Temporarily restricted
	140,813	140,813	Unrestricted
	140,010	140,010	omeditided
Less accumulated depreciation	(124,986)	(100,181)	Total net assets
Total property and equipment, net	15,827	40,632	
Other assets:			
Investment in limited liability company	6,649	6,912	
Mortgages receivable, noncurrent, net of			
present value discount	1,511,044	1,436,760	
Pledges receivable, noncurrent	14,510	9,804	
Total other assets	1,532,203	1,453,476	
Total assets	\$ 3,781,816	\$ 3,626,654	Total liabilities and net assets

See accompanying notes and independent auditor's report.

	2015	2014	_
\$	145,520	\$ 119,737	,
	83,902	46,790	)
	11,404 7,053	11,697	
	1,863	621	
	306,792	305,277	- 19
	556,534	484,122	
	80,380	117,699	
4 <u>11</u>	636,914	601,821	
	831,821	584,129	
	2,313,081	2,440,704	
	3,144,902	3,024,833	_

**\$ 3,781,816 \$** 3,626,654

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# DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Activities

For the Year Ending June 30, 2015 (With Comparative Totals for 2014)

				2015		_				
2	Unre	estricted		mporarily estricted			Total		<u>.                                    </u>	2014 Total
Changes in unrestricted net assets:				E						
Public support and revenue:										
Federal and local government grants	\$	3,099	\$				\$	3,099	\$	805,159
Illinois affordable housing tax credits		64,812		3 <b>9</b> 0				64,812		-
Contributions		591,534		160,367				751,901		390,565
Homes sales, net of present value discount		292,206						292,206		348,764
Mortgage loan discount amortization		122,547		200				122,547		104,074
ReStore operations		845,378		-				845,378		681,488
In-kind contributions and donated services Special events:		79,328		185,400		۲		264,728		270,467
Contributions		59,617		7,500				67,117		68,987
Ticket sales		12,563		1 <b>-</b> 0				12,563		22,815
In-kind contributions and donated services		773		38,706				39,479		54,922
Less cost of direct benefit to donors		(17,731)						(17,731)		(14,203)
Miscellaneous income		351						351		609
Equity in loss of limited liability company		(263)		<u>414</u> 57				(263)		(1,848)
Loss on sale of assets		-		( <del>#</del> )						(28,755)
Net assets released from restrictions	-	144,281	s	(144,281)			¥			
Total public support and revenue	2	,198,495		247,692				2,446,187	-	2,703,044
Expenses:		2								
Program services:										
Homebuilding	1	,319,580						1,319,580		2,119,414
ReStore		531,597		÷				531,597		463,544
Management and general		243,391		-				243,391		252,829
Fund-raising		231,550	3	-				231,550		283,212
Total expenses	2	,326,118	-				*	2,326,118	Ĩ.	3,118,999
Change in net assets	1	(127,623)		247,692				120,069		(415,955)
Net assets, beginning of the year	2	,440,704	-	584,129				3,024,833		3,440,788
Net assets, end of the year	\$ 2	,313,081	\$	831,821			\$	3,144,902	\$	3,024,833

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, 2015 (With Comparative Totals for 2014)

	2	2015	24° , <u>-</u>				
	Program	Services					
	Homebuilding	ReStore		Management and General	Fund-raising	Total	2014 Total
Construction costs - houses sold	\$ 632,840	\$ -		\$ -	\$ -	\$ 632,840	\$ 1,673,427
Salaries and wages	302,072	228,271		107,267	104,330	741,940	617,652
Payroll taxes and benefits	60,702	35,742		22,843	14,288	133,575	119,418
Professional fees	16,868	. <del></del>		29,691	28,780	75,339	51,155
Home building related expenses	128,362	2 <b>2</b>		603	<u></u>	128,965	77,942
Tithing to Habitat International	22,500			-		22,500	13,500
Printing and publications		374		4,017	12,706	17,097	5,893
Postage and shipping	86	: <b>-</b>		1,691	430	2,207	2,257
Supplies and software purchases	1.50 ( ).	11,235		3,180	10,931	25,346	7,727
Repairs and maintenance	42,527	6,332		207	<u>11</u>	49,066	
Rent	794	193,793		24,000	55	218,587	206,541
Donated facilities	6,000			8	<u> </u>	6,000	7,200
Telephone	327	3,205		4,507	130	8,169	4,644
Donor development		(630)		-	51,559	50,929	97,281
Insurance	32,549	12,809		11,496	260	57,114	67,315
Travel and entertainment	15,152	9,122		9,084	1,193	34,551	16,949
Bank charges and other fees	-	7,689		6,849	-	14,538	9,680
Education and conferences	235	:=:		4,462	-	4,697	2,262
Equipment rental		-			-		6,537
Office equipment purchases	7,074	5,338		8 <b>4</b>	-	12,412	-
Real estate tax	26,122	-			-	26,122	11,885
Interest expense	7,018	1 - 174 a. 1 - 174		8,566	-	15,584	17,852
Reduction of in-kind donations	12,105	-		19 A	-	12,105	50,000
Miscellaneous	4,891	2,737		3,572	430	11,630	20,734
Depreciation	1,356	15,580		1,356	6,513	24,805	31,148
	\$ 1,319,580	\$ 531,597		\$ 243,391	\$ 231,550	\$ 2,326,118	\$ 3,118,999

See accompanying notes and independent auditor's report.

### DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Cash Flows For the Year Ending June 30, 2015

(With Comparative Totals for 2014)

	2015		2014	
Cash flows from operating activities: Change in net assets Adjustments to reconcile change in net assets to net cash from operating activities:	\$	120,069	\$	(415,955)
Depreciation Loss on sale of assets Mortgage loan discount amortization Pledges received		24,805 - (122,547) (306,411)		31,148 28,755 (104,074) (108,700)
Payments received on pledges In-kind pledges received Change in discount on pledges receivable Reduction of in-kind donations - bad debt Changes in ReStore inventory for sale		212,200 (185,400) 294 12,105 (10,388)		(434) 50,000 (6,473)
Equity in loss of limited liability company Present value on mortgages issued for home sales Cash from other operating activities: Accounts receivable		(10,000) 263 (201,964) 7,541		(339,765) 12,341
Grants receivable Home building related inventory Prepaids and other current assets Accounts payable and accrued expenses		24,861 67,842 (15,705) 62,895		(56,766) 633,764 24,411 (95,923)
Escrow and closing funds held Deferred rent Deferred income		11,404 (4,644) 1,242		(5,865) (15,999)
Net cash from operating activities	(	(301,538)		(239,110)
Cash flows from investing activities: Purchase of property and equipment Principal repayments on mortgage receivables		- 246,425		(3,015) 191,555
Net cash from investing activities		246,425		188,540
Cash flows from financing activities - payments on notes payable		(35,804)		(69,559)
Net change in cash		(90,917)		(120,129)
Cash and cash equivalents, beginning of the year		350,937	•	471,066
Cash and cash equivalents, end of the year	\$	260,020	\$	350,937

See accompanying notes and independent auditor's report.

#### 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.

During the year ended June 30, 2015, the Organization established the DuPage Habitat for Humanity Neighborhood Revitalization Council (NRC), a single member wholly-owned subsidiary. The NRC was established for the purpose of developing a Community Housing Development Organization (CHDO), a community-based organization with staff and the capacity to develop affordable housing for the community it serves.

#### 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).

**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, Prairie Green Habitat and the NRC 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, 2012, 2013 and 2014 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.

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.

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

**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.

**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.

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

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

For the years ended June 30, 2015 and June 30, 2014, the Organization received the following unconditional in-kind contributions and donated services:

	2015		 2014
Land and building	\$	185,400	\$ 163,500
Building materials and labor		62,857	78,453
Legal services		214	2,727
Rent and utilities		6,000	7,200
Mortgage services		10,232	9,101
Miscellaneous		25	 9,486
	\$	264,728	\$ 270,467

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, 2015 and 2014.

For the year ended June 30, 2015, the Organization received \$39,479 of donated supplies for special events and fundraisers, including \$38,706 related to an event held in the next fiscal year reported as temporarily restricted at June 30, 2015, of which \$17,731 was included in direct benefits to donors. 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 2015 fiscal year reported as temporarily restricted at June 30, 2014, the Organization 70,000 received \$10,000 received \$54,922 of donated supplies for special events and fundraisers, including \$40,495 related to an event held in the 2015 fiscal year reported as temporarily restricted at June 30, 2014, of which \$14,203 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, 2015 and 2014, 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.

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

**Concentration of Risk** – During the fiscal year ended June 30, 2014, the Organization received approximately 19% of its funding from the DuPage County Community Development Commission. A portion of this funding from DuPage County in the prior year was a one-time award 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.

**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 did not incur warranty costs during the fiscal year 2015 (\$2,992 during fiscal year 2014). There were no warranty costs accrued at June 30, 2015 and 2014.

**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, 2015 and 2014, the Organization has recognized a liability of \$24,363 and \$18,510, respectively, for compensated absences.

**Comparative Information** – The consolidated financial statements include certain prioryear 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, 2014, from which the summarized information was derived.

#### 3. Federal and Local Government Grants

Neighborhood Stabilization Program - The Organization had been selected by the County of DuPage (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 received NSP funds from the County as it incurred 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 noninterest 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. During the year ended June 30, 2014, 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 during the year ended June 30, 2014.

The Organization received a developer fee of ten percent of eligible costs for its services under the NSP. The developer fee was recognized as unrestricted revenue as the eligible costs were incurred. Revenues were also recognized for direct construction and rehabilitation costs incurred. Total grant revenues recognized under the NSP were \$24,252 for the year ended June 30, 2014. The Organization did not participate in the NSP program during the year ended June 30, 2015.

#### 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, 2015 or 2014 in its Pioneer Prairie subdivision. There was no revenue recognized for the years ended June 30, 2015 and 2014.

**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 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.

#### 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 in the year ended June 30, 2014. There was no revenue recognized in the year ended June 30, 2015.

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 prior 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 prior year and the grant was recognized as unrestricted revenue in accordance with Organization revenue recognition policies.

**Capacity Building for Community Development and Affordable Housing** – The Organization had 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 were to be used to increase the home building capacity of the Organization through additional staffing positions. The Organization was required to demonstrate a four-to-one match for the grant funds as they were received and progress towards its housing goals until they were met. Total revenue recognized related to the CB grant was \$15,907 for the year ended June 30, 2014, the final fiscal year covered by the grant.

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

**Energy Efficient Affordable Housing Construction Program** – The Organization had been awarded two conditional grants in the fiscal year ended June 30, 2014 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 was temporarily restricted at June 30, 2014.

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

	. <u>.</u>	2015		
NSP	\$	-	\$	24,252
HOME		-		738,000
CB		5 <b>.</b>		15,907
DCEO		-		27,000
Other		3,099		<u> </u>
	\$	3,099	\$	805,159

#### 4. Home Sales

The Organization recognizes revenue from the sale of its homes 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:

	-	2015	2014		
Market value of homes sold Excess of market value over sales price	\$	696,000	\$	1,540,000	
of home sold Homeowners' down payments Discount on first mortgages (non-interest)		(141,559) 7,312 (269,547)		(703,005) 9,000 (497,231)	
Net revenue from the sale of homes	\$	292,206	\$	348,764	

#### 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, 2015 and June 30, 2014. That discount is then amortized to income over the term of the mortgage. The Organization recognized \$122,547, and \$104,074, of income from the mortgage loan discount amortization for fiscal years ended June 30, 2015 and 2014.

The Organization originated mortgages, net of related discounts, in the amount of \$201,964, and \$339,764, for the years ended June 30, 2015 and 2014, 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:

	2015	2014
Gross mortgage receivable at face value Less – Unamortized discount based on	\$ 4,306,534	\$ 4,081,452
imputed interest rates of 7.5% to 8.8%	(2,710,693)	(2,563,697)
Net mortgage receivable	\$ 1,595,841	\$ 1,517,755
Current portion Long-term	\$	\$        80,995 1,436,760
	\$ 1,595,841	\$ 1,517,755

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

2016	\$ 84,797
2017	82,732
2018	77,273
2019	73,937
2020	72,482
Thereafter	1,204,620
Total	\$ 1,595,841

#### 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 mortgage forgiveness as of June 30, 2015 (\$3,761,527 which is net of \$869,532 in mortgage forgiveness as of June 30, 2014).

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.

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

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 homeowner has decided to sell. There was no income from partner families selling homes in 2015 or 2014.

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, 2015 and 2014. 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 \$10,232 and \$9,101 of donated services for years ending June 30, 2015 and 2014, 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, 2015 and 2014, contributions to HFHI totaled \$22,500 and \$13,500, respectively.

During the year ended June 30, 2015, the Organization received grant funds from HFHI, which are sponsored by Thrivent Financial for Lutherans totaling \$7,500. No funds were received during the year ended June 30, 2014.

During the year ended June 30, 2015, the Organization received net proceeds from HFHI through the Cars for Homes program totaling \$10,312. No funds were received from this program 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 related to this grant during the year ended June 30, 2014. No grant funds were awarded or received during the year ended June 30, 2015.

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

#### 7. Related Party Transactions (cont'd)

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, 2015 and 2014.

Chicagoland Habitat for Humanity (CHFH), an organization which DuPage Habitat for Humanity has a representative on their Board of Directors, awarded a capacity building grant to the organization for the purchase of a utility van. The Organization recognized grant revenue of \$20,000 related to this grant during the year ended June 30, 2015. No such grant funds were awarded or received during the year ended June 30, 2014.

During the year ended June 30, 2015, the Organization received contributions and passthrough funds from CHFH for unrestricted support, build days support, and ReStore marketing support totaling \$67,950 (\$59,200 during the year ended June 30, 2014).

#### 8. Operating Leases

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, 2015 and 2014. 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, 2015 and 2014.

The Organization leases retail space for its ReStore operations at 869 South Route 53 in Addison, Illinois, under an operating lease with an expiration date of February 28, 2016. Rent, common area maintenance, and utilities for the years ended June 30, 2015 and 2014 were \$193,793 and \$182,541, 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, 2015 and 2014 was \$3,968 and \$3,960, respectively.

#### 8. **Operating Leases** (cont'd)

Office Space		Ret	Retail Space		Other		Total	
2016 2017	\$	16,000 -	\$	81,334 -	\$	2,581 2,581	\$	99,915 2,581
2018 2019	3	-	<u></u>	-		2,581 1,291		2,581 1,291
	\$	16,000	\$	81,334	\$	9,034	\$	106,368

Minimum future lease payments are as follows at June 30:

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

DuPage Habitat for Humanity, Inc.	 2015	-	2014
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 \$182,961 and \$181,627 at June 30, 2015 and 2014, respectively. Interest varies with the bank's prime rate, which was 4% as of June 30, 2015, and is payable monthly. This line of credit is to be repaid on or before November 20, 2015 (maturity date) with all accrued and unpaid interest.	\$ 116,000_	\$	116,000
Less current portion	 116,000 (116,000)	) <u> </u>	116,000 (116,000)
Net long-term debt	\$ <u>)</u>	\$	
Prairie Green Habitat, LLC			
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 November 1, 2015. The loan agreement is collateralized by real property with a book value of \$842,948, located in unincorporated Glen Ellyn. Interest is at a fixed rate of 4.25%, payable monthly through maturity. Principal is allocated equally over the twelve lots and repaid as the lots are sold. Subsequent to year end, the term was extended to November 1, 2016.	\$ 121,749	\$	121,749
Less current portion	 (121,749)		(121,749)
Net long-term debt	\$ -	\$	

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

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

	<u></u>	2015	2014		
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 \$104,214, located in West Chicago. Interest varies with the bank's prime rate, which was 5% as of June 30, 2015, and is payable monthly.	\$	31,724	\$	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, with a carrying value of \$313,619 at June 30, 2015. Interest is a fixed rate of 4.95% and the					
life of the loan is seven years. Principal and interest are		117,699		153,227	
		149,423		185,227	
Less current portion		(69,043)		(67,528)	
Net long-term debt	\$	80,380	\$	117,699	

Minimum future principal payments are as follows at June 30:

	DuPage Habitat For Humanity				Pioneer Prairie, LLC				 Total
2016 2017 2018	\$	116,000 - -	\$	121,749 - -	\$	69,043 39,201 41,179	\$ 306,792 39,201 41,179		
Totals	\$	116,000	\$	121,749	\$	149,423	\$ 387,172		

On June 25, 2012, Prairie Green Habitat, LLC obtained an Irrevocable Letter of Credit of \$196,000 maturing on June 25, 2016, with West Suburban Bank in favor of Milton Township for Prairie Green public improvements. 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.

# 10. Inventories -- Land and Construction in Progress

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

		2015	 2014
Homes under construction (8 properties in 2015 and 6 properties in 2014).	\$	1,131,402	\$ 693,306
Land held for future development.		153,486	188,120
Land and engineering drawings for Prairie Green townhome project in unincorporated Glen Ellyn.		-	449,939
Building supplies.	-	2,078	 23,442
Total	\$	1,286,965	\$ 1,354,807

## 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, 2015 and June 30, 2014, 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:

	 2015	1	2014
Pledges receivable: Current Long-term, net of discount of 3.25%	\$ 366,211	\$	103,705
per annum	 14,510		9,804
Total	\$ 380,721	\$	113,509

# 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:

	2015	 2014
Cash In-kind and donated services -	\$ 195,811	\$ 110,105
Project management services	 185,400	3,600
Total pledges receivable	381,211	113,705
Less present value discount	 (490)	 (196)
Net pledges receivable	\$ 380,721	\$ 113,509

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, 2015 and June 30, 2014, the Organization wrote off \$12,105 and \$50,000, respectively, of pledges receivable.

# 12. Temporarily Restricted Net Assets

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

		2015	2014
Unconditional pledges for cash and donated materials and labor for the construction and rehabilitation of homes in the home ownership program.	\$	364,471	\$ 110,509
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		400.000	400.000
ownership.		420,000	420,000
Donations for future fund-raising events		46,206	40,495
Grants for ReStore	( <b>1</b>	1,144	 13,125
	\$	831,821	\$ 584,129

# 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 Ioan was amortized over 20 years, with the balance of the Ioan 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 January 22, 2016, which is the date the financial statements were available to be issued.

			EX	TENDE	ED TO FE	BRUARY 3	16, 201	.6		
	00		Return of	Orgai	nization	Exempt	From I	ncome	Tax	OMB No. 1545-0047
Forn	<b>. 99</b>	JU	Under section 501(c), 52	27, or 494	7(a)(1) of the l	nternal Reven	ue Code (ex	cept private	foundations	» <b>2014</b>
Depar	tment of t	he Treasury	-		•	ers on this form	-			Open to Public
	al Revenue		Information	n about F	orm 990 and it	instructions			0.	Inspection
-		1	lar year, or tax year begin	ں nning	IUL I, Z	014 an	ل d ending	1	2015	
B C ap	heck if oplicable:	C Name o	f organization					D Employe	er identifica	tion number
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L	Jreturn/ termin- ated		town, state or province, co			postal code		G Gross recei		2,447,735.
	Amendeo return		TON, IL $6018$			poolaroodo		H(a) Is this		
	Applica-		nd address of principal off		ID NEAR	Y			ordinates?	
	pending		AS C ABOVE							uded? Yes No
			X 501(c)(3) 501(c)		) 🗲 (insert no.)	4947(a)(1	l) or 📃 527	-		st. (see instructions)
			DUPAGEHABITAT	ORG						number 🕨 8545
			X Corporation Trus	st 🔄 A	ssociation	Other ►	L Year	of formation:	1995 <mark>м</mark> :	State of legal domicile: ${ t IL}$
Pa		Summary								
e			be the organization's mission				PROVIDE	HOMES	TO EC	ONOMICALLY
Activities & Governance			NTAGED FAMILI							
/er			x ► ⊥ if the organiza						1 1	ets. 13
ĝ			ting members of the gover				· · · · · · · · · · · · · · · · · · ·			13
ര്ഗ			dependent voting members of individuals employed in							22
itie			of volunteers (estimate if r						·····	5000
Ę			d business revenue from F							0.
Ă			business taxable income							0.
								Prior Ye		Current Year
a	<b>8</b> C	ontributions	and grants (Part VIII, line <sup>-</sup>	1h)				1,571		1,174,690.
nue			ice revenue (Part VIII, line 2					1,134		1,260,131.
Revenue	<b>10</b> In	ivestment in	come (Part VIII, column (A)	), lines 3, 4	1, and 7d)				,538.	214.
"	<b>11</b> O	ther revenue	e (Part VIII, column (A), line	s 5, 6d, 8	c, 9c, 10c, and	11e)			,003.	-55,982.
			- add lines 8 through 11 (r					2,685		2,379,053.
			milar amounts paid (Part I)						0.	0.
			to or for members (Part IX						0.	0.
ses	15 S	alaries, othe	r compensation, employee	benefits	(Part IX, colum	n (A), lines 5-10	))	/3/	,071. 0.	875,515.
Expenses	16a Pi	rofessional f	r compensation, employee iundraising fees (Part IX, co ing expenses (Part IX, colu	olumn (A),	line 11e)	190			0.	0.
Щ								2,312	900	1,371,101.
			es (Part IX, column (A), line es. Add lines 13-17 (must e					3,049		2,246,616.
			expenses. Subtract line 18						,107.	132,437.
es	13 11	evenue less	expenses. Subtract line to					ginning of Cur	-	End of Year
ets lanc	<b>20</b> To	otal assets (	Part X, line 16)					3,626		3,781,816.
Ass d Ba									,821.	636,914.
Net Assets or Fund Balances			fund balances. Subtract li					3,024	,833.	3,144,902.
Pa		Signatur								
	-		I declare that I have examined						-	knowledge and belief, it is
true,	correct,	and complete	e. Declaration of preparer (othe	er than offic	er) is based on a	Il information of	which preparer	has any know	ledge.	
		Cianature	e of officer					Det		
Sign		Signatur						Date	5	
Here	•		print name and title							
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Paid			parer's name G. WUJEK		Preparer's sigr	ault	!		if	P01367472
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Preparer	Firm's name 🕒 SELDEN FOX, LTD.	Firm's EIN 🔉 36-2985770
Use Only	Firm's address 🖕 619 ENTERPRISE DRIVE	
	OAK BROOK, IL 60523-8835	Phone no. $630 - 954 - 1400$
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2014)
	3	

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate in 3 11260212 798777 13100-01 2014.05060 DUPAGE HABITAT FOR HUMANITY 13100-01

 Form 990 (2014)
 DUPAGE HABITAT FOR HUMANITY

 Part III
 Statement of Program Service Accomplishments

36-4003119 Page **2** 

Statement of Flogram 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:									
	то	PROVIDE	HOMES	то	ECONOMICALLY	DISADVANTAGED	FAMILIES	IN	DUPAGE	
	COI	JNTY								

2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,291,029. including grants of \$) (Revenue \$ 414,890.)
	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 \$ 531,597. including grants of \$ ) (Revenue \$ 845,378.)
	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 \$) (Revenue \$)

d Other program services (Describe in	Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
e Total program service expenses	1,822,626.		

15260211 798777 13100-01

4 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

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Form	990	(2014)

Part IV Checklist of Required Schedules

DUPAGE HABITAT FOR HUMANITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	23	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Pa	rt 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	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 "Yes,"			
	complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u>-</u> -	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

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Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

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Form 990	(2014)
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X

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.

	tion A. Governing Body and Management				Ver	-
10	Enter the number of voting members of the governing body at the end of the tax year	1a	13	_	Yes	1
Ia		14				
	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.		13			
	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?		·····	2		
3	Did the organization delegate control over management duties customarily performed by or under the	the direct supervisio	n			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6		ĺ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			'a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		······ –	<u> </u>		
D			-	ъ		
~	persons other than the governing body?		······  - '	b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				v	
а	The governing body?		······ <u> </u>	Ba	X	-
b	Each committee with authority to act on behalf of the governing body?			ßb	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)				
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?		1	0a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					Ĩ
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	0b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			1a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bororo ming the				i
				2a	Х	
		a to conflicto?		za 2b	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		······  -	20	Δ	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			_	v	
	in Schedule O how this was done			2c	X	-
3	Did the organization have a written whistleblower policy?			13	X	-
4	Did the organization have a written document retention and destruction policy?		L	14	Х	_
5	Did the process for determining compensation of the following persons include a review and appro	val by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official		1	5a	Х	
	Other officers or key employees of the organization			5b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				
u	taxable entity during the year?		- 1	6a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		······  •			i
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?		1	6b		-
ec	tion C. Disclosure					-
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{IL}$					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3)	is only) ava	ilabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	in in Schedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest po	licy, and fi	nanc	cial	
	statements available to the public during the tax year.		•			
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records.	•			
	DEBBIE YARNALL - (630) 510-3737					-
	1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187					-
					990	-
	3 11-07-14			orm	ววบ	4

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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	ipen sa		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		nploy6	st com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) PAULA BRKICH	5.00	_	_	_	_		_			
DIRECTOR		X						0.	0.	0.
(2) RICHARD DICKSON	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) PATRICIA FRANSON-OLINGER	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) PAUL GARRETT	5.00									
DIRECTOR		Х						0.	0.	0.
(5) ANNE HOUGHTALING	5.00									
VICE PRESIDENT		х		х				0.	0.	0.
(6) PAUL JAROSZ	5.00									
DIRECTOR		х						0.	0.	0.
(7) JARROD LICHTY	5.00									•
DIRECTOR		X						0.	0.	0.
(8) BILL MCBRIDE	5.00							0		0
DIRECTOR		X						0.	0.	0.
(9) KEVIN O'CONNELL	5.00							0	0.	0
SECRETARY	5.00	X		X				0.	0.	0.
(10) PETE PAPAGEORGAKIS	5.00	x		x				0.	0.	0.
TREASURER (11) BEN POHL	5.00	<u>^</u>		<u> </u>				0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(12) KEVIN REIMAN	5.00							0.	0.	<u>0    </u>
DIRECTOR	5.00	x						0.	0.	0.
(13) ANNA BANKS SIMEON	5.00	11								
DIRECTOR		x						0.	0.	0.
(14) DAVE NEARY	45.00									
EXECUTIVE DIRECTOR				x				100,693.	0.	1,389.
								-,		
		1								
		1								
										E 000 (001 4)

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Form 990 (2014)

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	990 (2014) DUPAGE HA									36-4	003	119	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					( <b>-</b> )	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box offic	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on J	an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		fr org an	om the anizati d relate	e ion ed
	Sub-total Total from continuation sheets to Part VI	I, Section A	I	I	I	I	<u> </u>	► ►	100,693.		0.		1,3	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								100,693. received more than \$100	),000 of reportab	<b>0.</b> le		1,3	89. 1
													Yes	No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual			·							3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual		1	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	С	) ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se li: )	stec	d above) who received n	nore than		<b>F</b> a	000 //	
43200 11-07	8 14											rorm	<b>990</b> (2	∠∪14)

		Check if Schedule O cont		or note to any in	///	/ <u>D</u> )	(^)	<u>רח/</u>
					(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
1	а	Federated campaigns	1a					
	b	Membership dues	1b					
	с	Fundraising events	1c	82,246.				
		Related organizations						
		Government grants (contribut		3,099.				
		All other contributions, gifts, gran						
		similar amounts not included abor	ve   1f   1	,089,345.				
		Noncash contributions included in lines		287,761.				
	-	Total. Add lines 1a-1f			1,174,690.			
				Business Code	· ·			
2	а	RESTORE		900099	845,378.	845,378.		
		SALE OF HOMES		900099	292,206.			
	С	MORTGAGE LOAN D	ISCOUNT	900099	122,547.	122,547.		
	d				•	-		
	e							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f			1,260,131.			
3	3	Investment income (including		,	· ·			
		other similar amounts)			214.			21
4		Income from investment of tax						
5		Royalties	•					
			(i) Real	(ii) Personal				
6	а	Gross rents						
-		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
•	-	assets other than inventory						
	h	Less: cost or other basis						
	5	and sales expenses						
	~	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
0		including \$ 82,2						
		contributions reported on line						
		Part IV, line 18		12,563.				
		Less: direct expenses		68,682.				
		Net income or (loss) from func		····· ►	-56,119.			-56,11
		Gross income from gaming ac			,			
5	u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		′ <b>&gt;</b>				
		Gross sales of inventory, less	-					
10	u	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenu		Business Code				
11	а	MISCELLANEOUS	0	900099	137.	137.		
	b							
	c							1
		All other revenue						1
		Total. Add lines 11a-11d			137.			
12	G	Total revenue. See instructions.		<b>C</b>	2,379,053.	1,260,268	0	-55,90
				····· 🔽	_, ,	_,,,	0	

Form 990 (2014)

Part VIII Statement of Revenue

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Part IX Statement of Functional Expenses

DUPAGE HABITAT FOR HUMANITY

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

	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	114,209.	73,665.	23,527.	17,017
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	629,120.	457,574.	84,026.	87,520
8	Pension plan accruals and contributions (include	· ·			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	60,505.	44,955.	12,546.	3,004
0	Payroll taxes	71,681.	50,593.	10,011.	11,077
1	Fees for services (non-employees):				
а	Management				
b	Legal	6,422.	6,422.		
	Accounting	16,689.		16,689.	
	Lobbying				
	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 0.)	41,782.		13,002.	28,780
12	Advertising and promotion	17,097.	374.	4,017.	12,706
3	Office expenses	45,689.	31,476.	13,653.	560
4	Information technology	10,931.			10,931
15	Royalties				
16	Occupancy	249,034.	225,034.	24,000.	
7	Travel	26,287.	16,445.	8,649.	1,193
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,735.	235.	5,500.	
20	Interest	15,584.	7,018.	8,566.	
21	Payments to affiliates	22,500.	22,500.		
22	Depreciation, depletion, and amortization	24,805.	16,936.	1,356.	6,513
23	Insurance	51,995.	40,239.	11,496.	260
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONSTRUCTION COSTS	632,840.	632,840.	0.	0
b	HOME BUILDING EXPENSES	138,966.	138,966.	0.	0
c	CRITICAL HOME REPAIRS	42,527.	42,527.	0.	0
d	MISCELLANEOUS	14,412.	7,629.	6,353.	430
e	All other expenses	7,806.	7,198.		608
25	Total functional expenses. Add lines 1 through 24e	2,246,616.	1,822,626.	243,391.	180,599
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

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DUPAGE HABITAT FOR HUMANITY Part X Balance Sheet

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

		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			294,712.	1	257,253.
	2	Savings and temporary cash investments			56,225.	2	2,767.
	3	Pledges and grants receivable, net			218,167.	2	460,518.
	4				16,488.	4	8,947.
	5	Accounts receivable, netLoans and other receivables from current and f			20,1000	-	075171
		trustees, key employees, and highest compens					
		<b>D I I I I I I I I I I</b>		-		5	
	6	Part II of Schedule L Loans and other receivables from other disgual				5	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		-			
ú		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			1,405,998.	8	1,348,544.
	9	Prepaid expenses and deferred charges			1,063.	9	15,696.
	-	Land, buildings, and equipment: cost or other	I			5	20,000
		basis. Complete Part VI of Schedule D	102	140,813.			
	h	Less: accumulated depreciation		124,986.	40,632.	10c	15,827.
	11	Investments - publicly traded securities			10,0020	11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	6,912.	13	6,649.		
	14	Intangible assets			• / • = = •	14	
	15	Other assets. See Part IV, line 11			1,586,457.	15	1,665,615.
	16	Total assets. Add lines 1 through 15 (must equ			3,626,654.	16	3,781,816.
	17	Accounts payable and accrued expenses			163,327.	17	229,422.
	18	Grants payable		E Contraction of the second		18	
	19	Deferred revenue			11,697.	19	7,053.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			621.	21	3,467.
ş	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employe	es, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties	422,976.	24	387,172.
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X of			
		Schedule D			3,200.	25	9,800.
	26	Total liabilities. Add lines 17 through 25			601,821.	26	636,914.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔽 and			
Ses		complete lines 27 through 29, and lines 33 ar					0 010 001
and	27	Unrestricted net assets			2,440,705.	27	2,313,081.
Fund Balances	28	Temporarily restricted net assets			584,128.	28	831,821.
pui	29					29	
Ę		Organizations that do not follow SFAS 117 (A	ASC 958	3), check here ▶ 📖			
s or		and complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds				30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or en				31	<u> </u>
Net	32	Retained earnings, endowment, accumulated in			3,024,833.	32	3,144,902.
	33	Total net assets or fund balances			3,626,654.	33 34	3,781,816.
	34	Total liabilities and net assets/fund balances			5,020,034.	-34	

Form 990 (2014)

Form 990 (2014)

	DUPAGE HABITAT FOR HUMANITY	36-40	03119	Paç	ge <b>12</b>
Part X	KI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
<b>1</b> To	otal revenue (must equal Part VIII, column (A), line 12)	1	2,379		
<b>2</b> To	otal expenses (must equal Part IX, column (A), line 25)	2	2,246		
	evenue less expenses. Subtract line 2 from line 1	3			37.
<b>4</b> Ne	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,024	1,8	33.
5 Ne	et unrealized gains (losses) on investments	5			
<b>6</b> Do	onated services and use of facilities	6			
<b>7</b> In	vestment expenses	7			
	ior period adjustments	8			
<b>9</b> Of	ther changes in net assets or fund balances (explain in Schedule O)	9	-12	2,3	68.
<b>10</b> Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	blumn (B))	10	3,144	1,9	02.
Part 2	KII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	
				Yes	No
	ccounting method used to prepare the Form 990: L Cash 🛛 🗶 Accrual L Other		_		
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
<b>2a</b> W	ere the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
se	parate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis				
b W	ere the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
_	onsolidated basis, or both:				
L	${f X}$ Separate basis ${oxedsymbol{ omega}}$ Consolidated basis ${oxedsymbol{ omega}}$ 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 th	e audit,			
	view, or compilation of its financial statements and selection of an independent accountant?		2c	х	
lf	the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
<b>3a</b> As	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
Ac	ot and OMB Circular A-133?		3a		X
<b>b</b> If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
or	audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2014)

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SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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# 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.

1	2014
orm990.	Open to Public Inspection
Employer	identification numbe

OMB No. 1545-0047

Name of the organization

Hum		DUPA	GE HABITAT	FOR HUMANIT	Ϋ́				6-4003119
Pa	rt I	Reason for Public				is part.) Se	e instructions.		
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associati	on of churches describe	d in <b>sectic</b>	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E.)					
3		A hospital or a cooperative	hospital service org	ganization described in <b>s</b>	ection 170	<b>)(b)(1)(A)(</b> i	ii).		
4		A medical research organiz	ation operated in co	onjunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(i	i <b>ii).</b> Enter f	the hospital's name,
		city, and state:							
5		An organization operated for		ollege or university owne	d or opera	ted by a g	overnmental un	it describ	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>							
7	X	An organization that norma	-	antial part of its support	from a gov	vernmental	unit or from the	e general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	ired by the org	anization	after June 30, 1975.
40		See section 509(a)(2). (Co							
10	H	An organization organized	•		•			m ( out tho	nurnanan of ana ar
11		An organization organized a	-	•	-			•	
		more publicly supported or lines 11a through 11d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
a	L	the supported organization	-	-	•				
		organization. You must o		• • • •	amajonty			3 01 110 3	apporting
b		<b>Type II.</b> A supporting org	-		tion with i	ts support	ed organization	ı(s) by ha <sup>,</sup>	vina
		control or management of	-				-		-
		organization(s). You mus		-			introl of manag		ported
с		Type III functionally inte	-		in connec	tion with	and functionally	/ integrate	ed with
-		its supported organizatio		• •			-		
d		Type III non-functionally						ed organi;	zation(s)
		that is not functionally int						-	
		requirement (see instruct			-		-		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type II	i, Type III	
		functionally integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.			
f	Ente	er the number of supported of	organizations						
g		vide the following information	n about the support	ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your	(v) Amount of m		(vi) Amount of
		organization		above or IRC section	governing	document?	support (s Instruction		other support (see Instructions)
				(see instructions))	Yes	No			mondonoj
Tota	I								
		Paperwork Reduction Act N	otice, see the Inst	ructions for			Schedu	le A (Forr	m 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

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## Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY

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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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,737,593 1,792,681 2,301,600 1,571,072 1,174,690 8,577,636. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1,737,593. 1,792,681 2,301,600 1,571,072 1,174,690 8,577,636. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 8,577,636. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1,737,593. 1,792,681 2,301,600 1,571,072 1,174,690 8,577,636. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 449. 150. 227. 217. 214 1,257. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 11,243. 14,403. 391 137. assets (Explain in Part VI.) 26,174. 8 605 067. 11 Total support. Add lines 7 through 10 349,095. 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 99.68 14 % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2013 Schedule A, Part II, line 14 99.67 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014

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### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) or	ganization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2013	3 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	•			
17	Investment income percentage for 20	<b>)14</b> (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · · · · · · · · · ·			18	%
19a	33 1/3% support tests - 2014. If the	organization did r				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	eck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization						
	23 09-17-14						m 990 or 990-EZ) 2014
				17		-	-

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### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2014

10a

10b

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Yes

No

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# Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY Part IV Supporting Organizations (continued)

			-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <i>Part VI</i> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
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### Schedule A (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-intear	ated Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

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# Schedule A (Form 990 or 990 EZ) 2014 DUPAGE HABITAT FOR HUMANITY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt purposes							
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.	er distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.	otal annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
		(i)	(ii)	(iii)					
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable					
5000			Pre-2014	Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
a									
b									
C									
d									
	From 2013								
-	Total of lines 3a through e								
	Applied to underdistributions of prior years								
h	Applied to 2014 distributable amount								
i	Carryover from 2009 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2014 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
-	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see instructions).								
	,								
7	Excess distributions carryover to 2015. Add lines 3j								
0	and 4c. Breakdown of line 7:								
8									
<u>a</u>									
<u>b</u>									
<u> </u>	Excess from 2013								
-	Excess from 2013								
e	Excess from 2014								

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE [	)
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(Form 990)

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.



	tment of the Treasury al Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/	form00	Inspection
	ne of the organization		oloyer identification number
	DUPAGE HABITAT FOR HUMANITY		36-4003119
Pa		Accou	Ints.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	<u> </u>	<u> </u>
		(b) Fun	ds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu		
-	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•	
Pa	impermissible private benefit?           rt II         Conservation Easements.         Complete if the organization answered "Yes" to Form 990, Part IV		Yes No
		, inte 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		tent land area
	Preservation of land for public use (e.g., recreation or education)		
		IISTOLC	structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	opoon	ation accoment on the last
2	day of the tax year.		ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b		2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d			
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga		during the tax
	year ►		ů.
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the yea	ır 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear 🕨 :	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state		and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganizat	tion's accounting for
	conservation easements.	<u> </u>	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, p	provide the following amounts
	relating to these items:	•	<b>^</b>
	(i) Revenue included in Form 990, Part VIII, line 1		\$
-	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provid	e
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		ሱ
a L	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	🕨 :	Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

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-		HABITAT FO						0311		ige <b>2</b>
Par	rt III Organizations Maintaining C	Collections of A	rt, Historical 1	Freasures, o	or Othe	r Similar	Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following tha	t are a sig	gnificant us	e of its	collectio	n item	3
	(check all that apply):									
а	Public exhibition	d		kchange progra						
b	Scholarly research	e	• L Other							
c	Preservation for future generations									
4	Provide a description of the organization's co						e in Parl	XIII.		
5	During the year, did the organization solicit o							<b>1 v</b>		1
Par	to be sold to raise funds rather than to be ma rt IV Escrow and Custodial Arran							Yes		No
1 01	reported an amount on Form 990, Pa		ete il the organizat	lon answered	Tes lor	-0m 990, r	an iv, i	110 9, 01		
	Is the organization an agent, trustee, custod		liary for contribution	ons or other as	sets not i	included				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
		·	Ū.					Amoun	t	
с	Beginning balance					. 1c				
	Additions during the year									
е	Distributions during the year					. 1e				
	Ending balance							-		
	Did the organization include an amount on F					ty?	<u>X</u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	X	
Par	rt V Endowment Funds. Complete i	-			1		no hooli	( ) [		haali
4		(a) Current year	(b) Prior year	(c) Two year	S DACK (	a) mee yea	IS DACK	(e) Four	years	Jack
	Beginning of year balance									
	Contributions Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for th	ne organizat	tion	г		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
	If "Yes" to 3a(ii), are the related organizations							3b		
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm	Q	owment tunas.							
1 01	Complete if the organization answere		Part IV line 11a	See Form 990	Part X li	ine 10				
	Description of property	(a) Cost or o		st or other		cumulated		(d) Boo	k value	
	Description of property	basis (investr		s (other)	• •	reciation		<b>(u)</b> D00	i value	
	Land		,	、 /						
	Buildings									
	Leasehold improvements									
	Equipment		1	40,813.	1	.24,98	6.	1	5,82	27.
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	e 10c.)				1	5,82	27.
						0.			- 0001	0044

Schedule D (Form 990) 2014

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Part VII	Investme	ents - O	ther Securi	ties.		
Schedule D	(Form 990) 2	2014	DUPAGE	HABITAT	FOR	HUMANITY

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" t	to Form 990, Part IV, line 1	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)	
Total. (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) MORTGAGE RECEIVABLE	1,595,841.
(2) DEPOSITS	69,774.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,665,615.

### 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)	CLOSING FUNDS HELD ON BEHALF OF	
(3)	PARTNER FAMILIES	9,800.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,800.

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

### Schedule D (Form 990) 2014

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Sche	dule D (Form 990) 2014 DUPAGE HABITAT FOR HUMANIT	Ϋ́Υ		36-	4003119 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturi	າ.	
	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	2,446,187	′ •
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	16,446.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e	16,446	
3	Subtract line 2e from line 1			3	2,429,741	. •
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	-50,688.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	-50,688	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,379,053	•
Do						_
Га	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			Retu 1	ırn. 2,326,118	•
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					•
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a				•
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b				· .
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	16,446.			•
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	16,446.	1	2,326,118	
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	16,446. 63,056.	1 2e	2,326,118 2,326,118	2.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	16,446. 63,056.	1	2,326,118	2.
1 2 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	16,446. 63,056.	1 2e	2,326,118 2,326,118	2.
1 2 3 4 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	16,446. 63,056.	1 2e	2,326,118 2,326,118	2.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	16,446.	1 2e 3	2,326,118 79,502 2,246,616	2.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b	16,446.	1 2e	2,326,118 79,502 2,246,616 0	<u>)</u> .
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	16,446.	1 2e 3	2,326,118 79,502 2,246,616	<u>)</u> .

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:

ESCROW ACCOUNT BALANCE REPRESENTS IN-HOUSE ESCROW MAINTAINED	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	263.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990	-50,951.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-50,688.
PART XII, LINE 2D - OTHER ADJUSTMENTS: 432054 10-01-14	Schedule D (Form 990) 2014

Schedule D (Form 990) 2014       DUPAGE HABITAT FOR HUMANITY         Part XIII       Supplemental Information (continued)	36-4003119 Page 5
UNCOLLECTIBLE PLEDGES	12,105.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990	50,951.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	63,056.
432055 10-01-14	Schedule D (Form 990) 2014
27	

15260211 798777 13100-01 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming <i>I</i>	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	-	e organization answered "Yes" to Forganization entered more than \$1				or 19	, or if the	2014
Department of the Treasury Internal Revenue Service		► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	or Fo	rm 99	0-EZ.	ov/fr		Open to Public Inspection
Name of the organization						07/10	Employer i	dentification number
Part I Fundraisin		HABITAT FOR HUMANI Complete if the organization answe		′es" to	o Form 990, Part IV, li	ine 1	36-400 7. Form 990-1	
required to co	mplete this par							
a Aail solicitation b Internet and en c Phone solicitati d In-person solicit	nail solicitations ions tations	e Solicitat	ion of ion of fundra	non-g gover aising	overnment grants nment grants events		sor	
	ighest paid indi	art VII) or entity in connection with p ividuals or entities (fundraisers) pursi e organization.			-			es No to be
(i) Name and address o or entity (fundrai		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	
			Yes	No				
								-
Total								
		on is registered or licensed to solicit o		outions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Redu	uction Act Not	ice, see the Instructions for Form 9	990 or	990-1	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2014

432081 08-28-14

15260211 798777 13100-01

 

 Schedule G (Form 990 or 990-EZ) 2014
 DUPAGE
 HABITAT
 FOR
 HUMANITY
 36-4003119
 Pag

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

 a 1 and 6h Lista . . .:..... . . . 2 nto

Gross receipts		(b) Event #2	(c) Other events	
Gross receipts		WOMEN'S		(d) Total events
Gross receipts	GOLF OUTING	BUILD	6	(add col. (a) through
Gross receipts	(event type)	(event type)	(total number)	col. <b>(c)</b> )
	79,929.	11,100.	3,780.	94,809
Less: Contributions	67,366.	11,100.	3,780.	82,246
Gross income (line 1 minus line 2)	12,563.			12,563
Cash prizes				
Noncash prizes				
Rent/facility costs	17,731.			17,731
Food and beverages				
Entertainment				
				50,951
			<b>&gt;</b>	68,682
				-56,119
	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.	1			
	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Gross revenue				
Other direct expenses	Noo 0/	Noo 0/	Noo 0/	
Volunteer labor	Yes %   No	│	└── Yes % └── No	
Direct expense summany Add lines 2 throug	h 5 in column (d)	· · · ·		
	Rent/facility costs         Food and beverages         Entertainment         Other direct expenses         Direct expense summary. Add lines 4 through         Net income summary. Subtract line 10 from 1         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	Noncash prizes       17,731.         Rent/facility costs       17,731.         Food and beverages       50,951.         Entertainment       50,951.         Direct expense summary. Add lines 4 through 9 in column (d)	Noncash prizes       17,731.         Rent/facility costs       17,731.         Food and beverages       17,731.         Entertainment       50,951.         Other direct expenses       50,951.         Direct expense summary. Add lines 4 through 9 in column (d)	Noncash prizes       17,731.         Food and beverages       17,731.         Food and beverages       50,951.         Entertainment       50,951.         Other direct expenses       50,951.         Direct expense summary. Add lines 4 through 9 in column (d)       Image: 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         Gross revenue

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<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 DUPAGE HABITAT FOR HUMANITY 36	5-400311	9 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		_
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility	13b	%
	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?		└── No
b	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ►\$		
С	If "Yes," enter name and address of the third party:		
	Nama		
	Address		
16	Coming manager information:		
10	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III, lines 9, 9b, <sup>-</sup>	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
4320		Form 990 or 99	0-EZ) 2014
~ ~ ~			0.0 0.1

15260211 798777 13100-01

2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

	hedule G (Form 990 or 990-EZ)

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

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36-4003119

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.

Open To Public Inspection

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Name of the	organization
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.
Inspection
Employer identification number

### DUPAGE HABITAT FOR HUMANITY

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•		
		applicable		Form 990, Part VIII, line 1g	noncash contribu	IIION ANO	unts	
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	Х	2	185,400.	FAIR MARKET	VALU	JE	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77						
25	Other $( \frac{\text{BUILDING MATE}}{\text{BUILDING MATE}} )$	X	22		FAIR MARKET			
26	Other ( FUNDRAISING I )	X	6		FAIR MARKET			
27	Other (MISCELLANEOUS)	Х	L	25.	FAIR MARKET	VAL(	JE	
28	Other  ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
						Ye	es	No
30a	During the year, did the organization receive by		•••••		-			
	must hold for at least three years from the date		,					v
	exempt purposes for the entire holding period?	,				30a		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?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
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,

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.

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

Schedule M (Form 990) (2014)

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32a

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432141 08-12-14

15260211 798777 13100-01

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

432142 08-12-14					Schedule M	(Form 990) (2014)
		33				
260211 798777 13100-01	2014.05050	DUPAGE	HABITAT	FOR	HUMANITY	13100-01

SCHEDULE O (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.	<b>2U14</b> Open to Public
Name of the organization		Employer identification number
	HEDLEO       Complemental information for response to specific questions on Form 990 or 990-122       2014         Information about Schedule Offern 990 or 900 certifications at twee to ground any addy certification and the instructions is at work to ground any addy certification and the instructions is at work to ground any addy certification number of the organization       Image: Complementation about Schedule Offern 990 or 900 certification is at work to ground any addy certification number of the organization       Image: Complementation about Schedule Offern 990 or 900 certification is at work to ground any addy certification number of the organization         NM 990, PART VI, SECTION B, LINE 11:       Employer identification number of the organization of the organization of the organization of the organization       Image: Complementation about Schedule Offern 990 or the Board Treasurer For A preliminary of the organization of t	
FORM 990, PAR	T VI, SECTION B, LINE 11:	
THE DRAFT OF	THE 990 WAS SENT TO THE BOARD TREASURER FOR	A PRELIMINARY
REVIEW. THE	BOARD TREASURER PRESENTED THE 990 TO THE BOA	RD FOR REVIEW
PRIOR TO FILI	NG.	
FORM 990, PAR	T VI, SECTION B, LINE 12C:	
EACH NEW BOAR	D MEMBER REVIEWS THE CONFLICT OF INTEREST PO	LICY AT
ORIENTATION.	AT EACH BOARD MEETING, MEMBERS ARE ASKED TO	DISCLOSE ANY
CONFLICTS OF	INTEREST. CONFLICTS ARE RECORDED IN THE BOA	RD MINUTES.
FORM 990, PAR	T VI, SECTION B, LINE 15A:	
THE EXECUTIVE	COMMITTEE OF THE BOARD REVIEWS THE EXECUTIV	E DIRECTOR'S
ANNUAL PERFOR	MANCE COMPARED TO THE POSITION AND ORGANIZAT	ION GOALS.
PERFORMANCE O	F KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE	DIRECTOR
ANNUALLY. PE	RFORMANCE IS COMPARED TO ESTABLISHED GOALS A	ND RECORDED IN
EMPLOYEES' PE	RSONNEL RECORDS.	
FORM 990, PAR	T VI, SECTION C, LINE 19:	
DOCUMENTS ARE	POSTED ON THE ORGANIZATION'S WEBSITE. THEY	ARE ALSO
AVAILABLE UPO	N REQUEST.	
FORM 990, PAR	T XI, LINE 9, CHANGES IN NET ASSETS:	
		-263.
		-12,105.
		-12,368.
		• •
LHA For Paperwork Rec 432211 08-27-14	luction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	lule O (Form 990 or 990-EZ) (2014)
08-27-14	34	

15260211 798777 13100-01 2014.05050 DUPAGE HABITAT FOR HUMANITY 13100-01

# SCHEDULE R

(Form 990)

# **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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

### DUPAGE HABITAT FOR HUMANITY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PIONEER				
WHEATON, IL 60187	PRAIRIE DEVELOPMENT	ILLINOIS	23,274.	475,805.	
PRAIRIE GREEN HABITAT LLC - 90-0827510	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PRAIRIE				
WHEATON, IL 60187	GREEN DEVELOPMENT	ILLINOIS	19,470.	1,230,927.	
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL, 1600 EAST ROOSEVELT,	CHDO TO SUPPORT DUPAGE				
WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS	0.	0.	

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.

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

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

Schedule R (Form 990) 2014

OMB No. 1545-0047

2014 Open to Public Inspection

Employer identification number

36-4003119

### Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

36-4003119 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	manag partn	<sup>I or</sup> Percentag <sup>ing</sup> ownership er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	1										
	1										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(1 contri ent	(i) ction (b)(13) trolled tity?
		country)				400010			No

# Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

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

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			1
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			+
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)		X	
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			T
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
(3)			
(4)			
(5)			
(6)	37		0.1

# Schedule R (Form 990) 2014 DUPAGE HABITAT FOR HUMANITY

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.

	, , , , , , , , , , , , , , , , , , ,		(			(2)	4.5			(1)	(1)	
(a)	(b)	(c)	(d)	Are Partner 501(c orgs	<b>;)</b>	(f)	(g)	(ł	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	alloca	tions?	amount in dox 20	partner?	ownership
		country)		Yes		income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	1
				res	NO			res	NO	(	Tes NO	·
	-											
	1											
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Schedule R (Form 990) 2014

Part VII Supplemental Information	۱
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Provide additional information for responses to questions on Schedule R (see instructions).

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+32 105	00-14-14

### **Product: Exempt Extension**

Category:

IRS Center: Ogden e-Postmark: 11/9/2015 3:06:57 PM Notification: eSigned:

Name: DUPAGE HABITAT FOR HUMANITY FEIN: \*\*\*\*3119

Fiscal Year Begin Date: 7/1/2014 Fiscal Year End Date: 6/30/2015

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/9/2015	Upload Started				
11/9/2015	Released for Transmission - Validation in Progress			System	
11/9/2015	Ready to transmit - Validation Complete				
11/9/2015	Transmitted to FD	36221020153130349e75			
11/9/2015	Accepted by FD on 11/9/2015				