

# Selden Fox

Accounting for your future

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February 2, 2017

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, 2016 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  
06/30/16 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
FORM 990 (*Electronic copy only*)  
06/30/16 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION  
ANNUAL REPORT – FORM AG990-IL

We must receive your signed authorization (Form 8879-EO) before we can electronically transmit your federal return. Please return the signed authorization to Selden Fox as soon as possible before February 15, 2017. 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, 2016

|   |   |
|---|---|
| <b>Prepared for</b>                                 | DUPAGE HABITAT FOR HUMANITY<br>1600 EAST ROOSEVELT ROAD<br>WHEATON, IL 60187  |
| <b>Prepared by</b>                                  | SELDEN FOX, LTD.<br>619 ENTERPRISE DRIVE<br>OAK BROOK, IL 60523-8835  |
| <b>Amount due or refund</b>                         | NOT APPLICABLE  |
| <b>Make check payable to</b>                        | NOT APPLICABLE  |
| <b>Mail tax return and check (if applicable) to</b> | NOT APPLICABLE  |
| <b>Return must be mailed on or before</b>           | RETURN SIGNED FORM 8879-EO TO OUR OFFICE BEFORE FEBRUARY 15, 2017   |
| <b>Special Instructions</b>                         | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. |

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

**DUPAGE HABITAT FOR HUMANITY**

**36-4003119**

Name and title of officer

**DAVID NEARY  
EXECUTIVE DIRECTOR**

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

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

|   |  |                             |
|---|--|-----------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>3,154,454.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....      | <b>5b</b> _____             |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

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

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

## Part III Certification and Authentication

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

**36221060523**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

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

Form **990**

**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

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>DUPAGE HABITAT FOR HUMANITY<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1600 EAST ROOSEVELT ROAD<br>City or town, state or province, country, and ZIP or foreign postal code<br>WHEATON, IL 60187<br><b>F Name and address of principal officer:</b> DAVID NEARY<br>SAME AS C ABOVE | <b>D Employer identification number</b><br>36-4003119<br><b>E Telephone number</b><br>(630) 510-3737<br><b>G Gross receipts \$</b> 3,244,270.<br><b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ 8545 |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J Website:</b> ▶ WWW.DUPAGEHABITAT.ORG  |   |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |   |
| <b>L Year of formation:</b> 1995   |   | <b>M State of legal domicile:</b> IL  |

**Part I Summary**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY</b><br>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br>3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 12<br>4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 12<br>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> 20<br>6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 3900<br>7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0.<br>7b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0. |  |
| <b>Revenue</b>                     | 8 Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 1,174,690. <b>Current Year</b> 1,880,056.<br>9 Program service revenue (Part VIII, line 2g) ..... 1,260,131. 1,334,754.<br>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 214. 342.<br>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... -55,982. -60,698.<br>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,379,053.</b> <b>3,154,454.</b>  |  |
| <b>Expenses</b>                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0. 0.<br>14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.<br>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 875,515. 964,328.<br>16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.<br>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 263,542.<br>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 1,371,101. 1,740,608.<br>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 2,246,616. 2,704,936.<br>19 Revenue less expenses. Subtract line 18 from line 12 ..... 132,437. 449,518.   |  |
| <b>Net Assets or Fund Balances</b> | 20 Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 3,781,816. <b>End of Year</b> 4,603,050.<br>21 Total liabilities (Part X, line 26) ..... 636,914. 1,015,981.<br>22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,144,902.</b> <b>3,587,069.</b>   |  |

**Part II Signature Block**

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

|                               |   |   |
|-------------------------------|---|---|
| <b>Sign Here</b>              | Signature of officer _____<br>Date _____  |   |
|                               | Type or print name and title _____  |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>PAUL J. ROZEK</b><br>Preparer's signature _____<br>Date _____<br>Check if self-employed <input type="checkbox"/> PTIN <b>P00542258</b> | Firm's name ▶ <b>SELDEN FOX, LTD.</b><br>Firm's EIN ▶ <b>36-2985770</b><br>Firm's address ▶ <b>619 ENTERPRISE DRIVE</b><br><b>OAK BROOK, IL 60523-8835</b><br>Phone no. <b>630-954-1400</b> |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY

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

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

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

4a (Code: ) (Expenses \$ 1,562,011. including grants of \$ ) (Revenue \$ 486,628.) 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 \$ 619,398. including grants of \$ ) (Revenue \$ 849,919.) THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOUSEHOLD AND CONSTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO LANDFILLS.

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

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

4e Total program service expenses 2,181,409.

**Part IV Checklist of Required Schedules**

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

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

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and their corresponding responses.



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DEBBIE BAKER - (630) 510-3737**  
**1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CHERI ARMSTRONG<br>DIRECTOR           | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) VALERIE COLLETTI<br>DIRECTOR          | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) RICHARD DICKSON<br>PRESIDENT          | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) TODD FULLER<br>DIRECTOR               | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) PAUL GARRETT<br>DIRECTOR              | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) ANNE HOUGHTALING<br>VICE PRESIDENT    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) PAUL JAROSZ<br>TREASURER              | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) JULIE ANN O'CONNELL READ<br>SECRETARY | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) PATRICIA OLINGER<br>VICE PRESIDENT    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) PETE PAPAGEORGAKIS<br>DIRECTOR       | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BEN POHL<br>DIRECTOR                 | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) KEVIN REIMAN<br>VICE PRESIDENT       | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (13) DAVE NEARY<br>EXECUTIVE DIRECTOR     | 45.00   |   |                       | X       |              |                              |        | 107,743.   | 0.  | 5,253.  |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|  |  |   | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|---|----------------------|------------------------------------|----------------------------|--|--|
|  |  |   | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns   | <b>1a</b>   |                      |                                    |                            |  |  |
|  | <b>b</b> Membership dues   | <b>1b</b>   |                      |                                    |                            |  |  |
|  | <b>c</b> Fundraising events  | <b>1c</b>   | 189,401.             |                                    |                            |  |  |
|  | <b>d</b> Related organizations   | <b>1d</b>   |                      |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 687,791.             |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above  | <b>1f</b>   | 1,002,864.           |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |   | 86,370.              |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f  |   | 1,880,056.           |                                    |                            |  |  |
|  | <b>Program Service Revenue</b>   | <b>2 a</b> RESTORE                                    | <b>Business Code</b> | 900099                             | 849,919.                   | 849,919.   |  |
| <b>b</b> SALE OF HOMES   |  |   | 900099               | 357,489.                           | 357,489.                   |  |  |
| <b>c</b> MORTGAGE LOAN DISCOUNT                                      |  |   | 900099               | 127,346.                           | 127,346.                   |  |  |
| <b>d</b>   |  |   |                      |                                    |                            |  |  |
| <b>e</b>   |  |   |                      |                                    |                            |  |  |
| <b>f</b> All other program service revenue                           |  |   |                      |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f                                      |  |   |                      | 1,334,754.                         |                            |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |   |                      | 342.                               |                            | 342.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |   |                      |                                    |                            |  |  |
|  | <b>5</b> Royalties   |   |                      |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents   | (i) Real  |                      |                                    |                            |  |  |
|  |  | (ii) Personal   |                      |                                    |                            |  |  |
|  |  | <b>b</b> Less: rental expenses                        |                      |                                    |                            |  |  |
|  |  | <b>c</b> Rental income or (loss)                      |                      |                                    |                            |  |  |
|  | <b>d</b> Net rental income or (loss)   |   |                      |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities  |                      |                                    |                            |  |  |
|  |  | (ii) Other  |                      |                                    |                            |  |  |
|  |  | <b>b</b> Less: cost or other basis and sales expenses |                      |                                    |                            |  |  |
|  |  | <b>c</b> Gain or (loss)                               |                      |                                    |                            |  |  |
|  | <b>d</b> Net gain or (loss)  |   |                      |                                    |                            |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 189,401. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      | 27,325.                            |                            |  |  |
|  |  | <b>b</b> Less: direct expenses                        | <b>b</b>             | 89,816.                            |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events                |  |   |                      | -62,491.                           |                            | -62,491.   |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |   |                      |                                    |                            |  |  |
|  | <b>b</b> Less: direct expenses   | <b>b</b>  |                      |                                    |                            |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities   |   |                      |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   |   |                      |                                    |                            |  |  |
|  | <b>b</b> Less: cost of goods sold  | <b>b</b>  |                      |                                    |                            |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory  |   |                      |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>                                  |                      |                                    |                            |  |  |
| <b>11 a</b> MISCELLANEOUS  |  | 900099  | 1,793.               | 1,793.                             |                            |  |  |
| <b>b</b>   |  |   |                      |                                    |                            |  |  |
| <b>c</b>   |  |   |                      |                                    |                            |  |  |
| <b>d</b> All other revenue   |  |   |                      |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d                                    |  |   | 1,793.               |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions.                           |  |   | 3,154,454.           | 1,336,547.                         | 0.                         | -62,149.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising 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, trustees, and key employees  | 120,826.              | 77,933.                         | 24,890.                                | 18,003.                     |
| 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  | 695,676.              | 496,562.                        | 66,688.                                | 132,426.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 6,235.                | 4,146.                          | 740.                                   | 1,349.                      |
| 9 Other employee benefits   | 67,255.               | 54,150.                         | 11,019.                                | 2,086.                      |
| 10 Payroll taxes  | 74,336.               | 53,972.                         | 7,381.                                 | 12,983.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 566.                  |                                 | 566.                                   |                             |
| c Accounting  | 16,900.               |                                 | 16,900.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 56,843.               | 2,886.                          | 113.                                   | 53,844.                     |
| 12 Advertising and promotion  | 9,031.                | 543.                            | 3,980.                                 | 4,508.                      |
| 13 Office expenses  | 88,593.               | 44,573.                         | 17,943.                                | 26,077.                     |
| 14 Information technology   | 36,733.               | 20,082.                         | 11,035.                                | 5,616.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 262,266.              | 238,266.                        | 24,000.                                |                             |
| 17 Travel   | 32,292.               | 21,194.                         | 7,489.                                 | 3,609.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 7,773.                | 981.                            | 6,792.                                 |                             |
| 20 Interest   | 17,310.               | 10,557.                         | 6,753.                                 |                             |
| 21 Payments to affiliates   | 4,400.                | 4,400.                          |  |                             |
| 22 Depreciation, depletion, and amortization  | 14,124.               | 12,830.                         | 647.                                   | 647.                        |
| 23 Insurance  | 73,836.               | 50,036.                         | 23,121.                                | 679.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>CONSTRUCTION COSTS</b>   | 910,369.              | 910,369.                        |  |                             |
| b <b>CRITICAL HOME REPAIRS</b>  | 109,767.              | 109,767.                        |  |                             |
| c <b>HOME BUILDING EXPENSES</b>   | 53,148.               | 53,148.                         |  |                             |
| d <b>MISCELLANEOUS</b>  | 34,853.               | 4,280.                          | 29,928.                                | 645.                        |
| e All other expenses  | 11,804.               | 10,734.                         |  | 1,070.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 2,704,936.            | 2,181,409.                      | 259,985.                               | 263,542.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 257,253.                 | <b>1</b>   | 78,461.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,767.                   | <b>2</b>   | 517,592.           |
|   | <b>3</b> Pledges and grants receivable, net .....  | 460,518.                 | <b>3</b>   | 988,869.           |
|   | <b>4</b> Accounts receivable, net .....  | 8,947.                   | <b>4</b>   | 29,659.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   | 1,780,253.         |
|   | <b>8</b> Inventories for sale or use .....   | 1,348,544.               | <b>8</b>   | 1,136,500.         |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 15,696.                  | <b>9</b>   | 3,651.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 153,751.      |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 139,110.      | 15,827.    | <b>10c</b> 14,641. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 6,649.                   | <b>13</b>  | 8,048.             |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,665,615.               | <b>15</b>  | 45,376.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,781,816.   | <b>16</b>                | 4,603,050. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 229,422.                 | <b>17</b>  | 331,849.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   | 7,053.                   | <b>19</b>  | 2,039.             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 3,467.                   | <b>21</b>  | 12,269.            |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 387,172.                 | <b>24</b>  | 663,224.           |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 9,800.                   | <b>25</b>  | 6,600.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 636,914.                 | <b>26</b>  | 1,015,981.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | <b>27</b> Unrestricted net assets .....  | 2,313,081.               | <b>27</b>  | 3,170,394.         |
|   | <b>28</b> Temporarily restricted net assets .....  | 831,821.                 | <b>28</b>  | 416,675.           |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances .....                         | 3,144,902.   | <b>33</b>                | 3,587,069. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 3,781,816.   | <b>34</b>                | 4,603,050. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,154,454. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,704,936. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 449,518.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 3,144,902. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -7,351.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 3,587,069. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)





**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) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 8,720,099. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 150.       | 227.       | 217.       | 214.       | 342.       | 1,150.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            | 14,403.    | 391.       | 137.       | 1,793.     | 16,724.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 8,737,973.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 4,711,174.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 99.80 %                             |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....  | <b>15</b> | 99.68 %                             |
| <b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> 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 supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> 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. | Yes | No |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> .   |     |    |
| <b>b</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.   |     |    |

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

1  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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |                |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2015:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b> From 2013   |                             |  |   |
| <b>e</b> From 2014   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2015 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2015 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2015 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| <b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b> Excess from 2013  |                             |  |   |
| <b>d</b> Excess from 2014  |                             |  |   |
| <b>e</b> Excess from 2015  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2015



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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**

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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)



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

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | CHICAGOLAND HABITAT FOR HUMANITY<br>233 N MICHIGAN AVENUE, SUITE 1820<br>CHICAGO, IL 60601      | \$ 91,130.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | DUPAGE COUNTY TREASURER<br>421 N. COUNTY FARM ROAD<br>WHEATON, IL 60187                         | \$ 90,492.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | ECOLAB FOUNDATION<br>1601 WEST DIEHL ROAD<br>NAPERVILLE, IL 60563                               | \$ 47,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | HABITAT FOR HUMANITY INTERNATIONAL<br>121 HABITAT STREET<br>AMERICAS, GA 31709                  | \$ 131,885.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | ILLINOIS HOUSING DEVELOPMENT AUTHORITY<br>401 N MICHIGAN AVENUE, SUITE 700<br>CHICAGO, IL 60611 | \$ 400,303.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | THRIVENT FINANCIAL<br>625 S FOURTH AVENUE<br>MINNEAPOLIS, MN 55415                              | \$ 274,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

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

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

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

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

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

|   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 153,751.                        | 139,110.                     | 14,641.        |
| <b>e</b> Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 14,641.        |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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  | 6,600.         |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 6,600.         |

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

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

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

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 3,240,203. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 13,539.   |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 13,539.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 3,226,664. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -72,210.  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | -72,210.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 3,154,454. |

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

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

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 2,798,036. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 13,539.   |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 79,561.   |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 93,100.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 2,704,936. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 2,704,936. |

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

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:**

|   |          |
|---|----------|
| INCOME IN EQUITY OF LLC                               | -1,399.  |
| DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990 | -70,811. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                 | -72,210. |

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

**Part XIII** Supplemental Information (continued)

UNCOLLECTIBLE PLEDGES 8,750.

DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990 70,811.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 79,561.

Multiple horizontal lines for supplemental information.





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

|  |   | (a) Event #1                | (b) Event #2                       | (c) Other events     | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|-----------------------------|------------------------------------|----------------------|--|
|  |   | GOLF OUTING<br>(event type) | WOMEN ' S<br>BUILD<br>(event type) | 10<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 108,918.                    | 85,543.                            | 22,265.              | 216,726.   |
|  | <b>2</b> Less: Contributions .....  | 81,593.                     | 85,543.                            | 22,265.              | 189,401.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 27,325.                     |                                    |                      | 27,325.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                             |                                    |                      |  |
|  | <b>5</b> Noncash prizes .....   |                             |                                    |                      |  |
|  | <b>6</b> Rent/facility costs .....  | 19,005.                     |                                    |                      | 19,005.  |
|  | <b>7</b> Food and beverages .....   |                             | 1,578.                             |                      | 1,578.   |
|  | <b>8</b> Entertainment .....  |                             |                                    |                      |  |
|  | <b>9</b> Other direct expenses .....  | 50,700.                     | 7,954.                             | 10,579.              | 69,233.  |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                             |                                    |                      | 89,816.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                             |                                    | -62,491.             |  |

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

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

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

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





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       | X                          | 1   | 35,000.  | FAIR MARKET VALUE   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( FUNDRAISING I )                                 | X                          | 24  | 43,522.  | FAIR MARKET VALUE   |
| 26 Other ▶ ( HOME DEPOT GI )                                 | X                          | 1   | 15,000.  | COST  |
| 27 Other ▶ ( BUILDING MATE )                                 | X                          | 5   | 7,848.   | FAIR MARKET VALUE   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

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

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

Schedule M (Form 990) (2015)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

FORM 990, PART 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 BOARD FOR REVIEW  
PRIOR TO FILING.

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

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

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

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

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

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

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

|                                    |         |
|------------------------------------|---------|
| GAIN (LOSS) IN EQUITY OF LLC       | 1,399.  |
| UNCOLLECTIBLE PLEDGES              | -8,750. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -7,351. |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| PIONEER PRAIRIE LLC - 26-1392429<br>1600 EAST ROOSEVELT<br>WHEATON, IL 60187   | PURCHASING LAND AND<br>CONSTRUCTING THE PIONEER<br>PRAIRIE DEVELOPMENT | ILLINOIS  | 21,112.             | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
| PRAIRIE GREEN HABITAT LLC - 90-0827510<br>1600 EAST ROOSEVELT<br>WHEATON, IL 60187   | PURCHASING LAND AND<br>CONSTRUCTING THE PRAIRIE<br>GREEN DEVELOPMENT   | ILLINOIS  | 382,164.            | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
| DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD<br>REVITALIZATION COUNCIL - 47-4226611, 1600<br>EAST ROOSEVELT, WHEATON, IL 60187 | CHDO TO SUPPORT DUPAGE<br>HABITAT FOR HUMANITY                         | ILLINOIS  | 0.                  | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
|  |  |   |                     |                           |                                     |
|  |  |   |                     |                           |                                     |

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

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

Schedule R (Form 990) 2015





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

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

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

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

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

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



**Part VII Supplemental Information**

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

Lined area for providing supplemental information.

**Product: Exempt Extension**

**Name: DUPAGE HABITAT FOR HUMANITY**

**FEIN: \*\*\*\*\*3119**

**Fiscal Year**

**Begin Date: 7/1/2015**

**Category:**

**Fiscal Year**

**End Date: 6/30/2016**

**IRS Center: Ogden**

**e-Postmark: 11/9/2016 1:23:44 PM**

**Notification:**

**eSigned:**

| Date      | Type Of Activity                                   | Submission ID        | Refund/(Due) | Updated By | eSign Date |
|-----------|--|----------------------|--------------|------------|------------|
| 11/9/2016 | Upload Started                                     |                      |              |            |            |
| 11/9/2016 | Released for Transmission - Validation in Progress |                      |              | System     |            |
| 11/9/2016 | Ready to transmit - Validation Complete            |                      |              |            |            |
| 11/9/2016 | Transmitted to FD                                  | 36221020163140343e65 |              |            |            |
| 11/9/2016 | Accepted by FD on 11/9/2016                        |                      |              |            |            |

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2016

|   |   |
|---|---|
| <b>Prepared for</b>                                 | DUPAGE HABITAT FOR HUMANITY<br>1600 EAST ROOSEVELT ROAD<br>WHEATON, IL 60187  |
| <b>Prepared by</b>                                  | SELDEN FOX, LTD.<br>619 ENTERPRISE DRIVE<br>OAK BROOK, IL 60523-8835  |
| <b>Amount due or refund</b>                         | BALANCE DUE OF \$15.00  |
| <b>Make check payable to</b>                        | ILLINOIS CHARITY BUREAU FUND  |
| <b>Mail tax return and check (if applicable) to</b> | OFFICE OF THE ATTORNEY GENERAL<br>CHARITABLE TRUST BUREAU<br>100 WEST RANDOLPH ST., 11TH FLOOR<br>CHICAGO, IL 60601-3175  |
| <b>Return must be mailed on or before</b>           | FEBRUARY 28, 2017   |
| <b>Special Instructions</b>                         | THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).<br><br>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. |

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

|       |       |
|-------|-------|
| PMT # | _____ |
| AMT   | _____ |
| INIT  | _____ |

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

**CO # 01-028552**

**Report for the Fiscal Period:**

**Beginning** 07/01/2015

**& Ending** 06/30/2016  
MO DAY YR

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

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

Federal ID # 36-4003119

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created:

|   |                  |   |
|---|------------------|---|
| LEGAL NAME <b>DUPAGE HABITAT FOR HUMANITY</b><br>MAIL ADDRESS <b>1600 EAST ROOSEVELT ROAD</b><br>CITY, STATE <b>WHEATON, IL</b><br>ZIP CODE <b>60187</b>                  | Year-end amounts |   |
|   | A) ASSETS        | A) \$ <b>4,603,050.</b>                   |
|   | B) LIABILITIES   | B) \$ <b>1,015,981.</b>                   |
|   | C) NET ASSETS    | C) \$ <b>3,587,069.</b>                   |
| <b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>   | PERCENTAGE       | AMOUNT                                    |
| D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   | <b>78.734%</b>   | D) \$ <b>2,554,344.</b>                   |
| E) GOVERNMENT GRANTS & MEMBERSHIP DUES  | <b>21.200%</b>   | E) \$ <b>687,791.</b>                     |
| F) OTHER REVENUES   | <b>0.066%</b>    | F) \$ <b>2,135.</b>                       |
| G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   | 100 %            | G) \$ <b>3,244,270.</b>                   |
| <b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>   |                  |   |
| H) OPERATING CHARITABLE PROGRAM EXPENSE   | <b>81.267%</b>   | H) \$ <b>2,271,225.</b>                   |
| I) EDUCATION PROGRAM SERVICE EXPENSE  | %                | I) \$                                     |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | <b>81.267%</b>   | J) \$ <b>2,271,225.</b>                   |
| J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  |                  | \$  |
| K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   | %                | K) \$                                     |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | <b>81.267%</b>   | L) \$ <b>2,271,225.</b>                   |
| M) MANAGEMENT AND GENERAL EXPENSE   | <b>9.303%</b>    | M) \$ <b>259,985.</b>                     |
| N) FUNDRAISING EXPENSE  | <b>9.430%</b>    | N) \$ <b>263,542.</b>                     |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   | 100 %            | O) \$ <b>2,794,752.</b>                   |
| <b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b><br>(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) |                  |   |
| <b>PROFESSIONAL FUNDRAISERS:</b>  |                  |   |
| P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   | 100 %            | P) \$ <b>0.</b>                           |
| Q) TOTAL FUNDRAISERS FEES AND EXPENSES  | %                | Q) \$                                     |
| R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  | %                | R) \$                                     |
| <b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>  |                  |   |
| S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |                  | S) \$ <b>0.</b>                           |
| <b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>  |                  |   |
| T) NAME, TITLE: <b>DAVID NEARY, EXECUTIVE DIRECTOR</b>  |                  | T) \$ <b>107,743.</b>                     |
| U) NAME, TITLE: <b>JAMES FESSLER, RESTORE MANAGER</b>   |                  | U) \$ <b>79,643.</b>                      |
| V) NAME, TITLE: <b>DEBORAH YARNALL, CONTROLLER</b>  |                  | V) \$ <b>73,561.</b>                      |
| <b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)<br><small>CODE CATEGORIES</small>   |                  | List on back side of instructions<br>CODE |
| W) DESCRIPTION: <b>HOUSING FOR THE POOR</b>   |                  | W) # <b>131</b>                           |
| X) DESCRIPTION:   |                  | X) #                                      |
| Y) DESCRIPTION:   |                  | Y) #                                      |

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

|  | YES | NO                                  |
|--|-----|-------------------------------------|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....  |     | <input checked="" type="checkbox"/> |
| 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? .....  |     | <input checked="" type="checkbox"/> |
| 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? ..... |     | <input checked="" type="checkbox"/> |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....  |     | <input checked="" type="checkbox"/> |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....  |     | <input checked="" type="checkbox"/> |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....   |     | <input checked="" type="checkbox"/> |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....   |     | <input checked="" type="checkbox"/> |
| 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? .....   |     | <input checked="" type="checkbox"/> |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....   |     | <input checked="" type="checkbox"/> |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....   |     | <input checked="" type="checkbox"/> |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:   |     |                                     |
| <u>WHEATON BANK - 211 SOUTH WHEATON AVENUE, WHEATON, IL 60187</u>  |     |                                     |
| <u>BMO HARRIS BANK - P.O. BOX 94033, PALATINE, IL 60094</u>  |     |                                     |
| <u>MB FINANCIAL BANK - 212 SOUTH WEST STREET, WHEATON, IL 60187</u>  |     |                                     |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DEBBIE BAKER - (630) 510-3737</u>  |     |                                     |

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

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

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

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

\_\_\_\_\_  
PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**PAUL J. ROZEK**

\_\_\_\_\_  
PREPARER (PRINT NAME) SIGNATURE DATE



# Selden Fox

Accounting for your future

619 Enterprise Drive | Oak Brook, Illinois 60523 | [www.seldenfox.com](http://www.seldenfox.com)  
p 630.954.1400 | f 630.954.1327 | [email@seldenfox.com](mailto:email@seldenfox.com)

December 21, 2016

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, 2016

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, 2017. The federal Form 990 has been extended until February 15, 2017.

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.



Edward G. Tracy  
Vice President

EGT/po

**DuPage Habitat for Humanity, Inc. and Subsidiaries**  
**Audit Report**  
**For the Year Ended June 30, 2016**

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## 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, 2016, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

## 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, 2016, 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 2015 consolidated financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 22, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015 is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Selden Fox, Ltd.*

January 20, 2017

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Financial Position**  
**June 30, 2016**  
(With Comparative Totals for 2015)

| <b>Assets</b>   | <u>2016</u>         | <u>2015</u>         |
|---|---------------------|---------------------|
| Current assets:   |                     |                     |
| Cash and cash equivalents                                       | \$ 596,053          | \$ 260,020          |
| Accounts receivable   | 29,659              | 8,947               |
| Government grants receivable                                    | 650,399             | 79,797              |
| Other grants receivable   | 155,385             | -                   |
| Pledges receivable, current portion                             | 178,771             | 366,211             |
| Mortgages receivable, current                                   | 102,214             | 84,797              |
| Inventories - land and construction in progress                 | 1,056,236           | 1,286,965           |
| Inventory - ReStore   | 58,338              | 61,579              |
| Inventory - real estate owned                                   | 21,926              | -                   |
| Prepaid expenses  | 3,651               | 15,696              |
| Deposits and other assets                                       | 45,376              | 69,774              |
| <b>Total current assets</b>                                     | <b>2,898,008</b>    | <b>2,233,786</b>    |
| Property and equipment:   |                     |                     |
| Office equipment and furniture                                  | 12,932              | 12,932              |
| ReStore equipment   | 70,041              | 70,041              |
| Software  | 57,840              | 57,840              |
| Vehicle   | 12,938              | -                   |
|   | <b>153,751</b>      | <b>140,813</b>      |
| Less accumulated depreciation                                   | <b>(139,110)</b>    | <b>(124,986)</b>    |
| <b>Total property and equipment, net</b>                        | <b>14,641</b>       | <b>15,827</b>       |
| Other assets:   |                     |                     |
| Investment in limited liability company                         | 8,048               | 6,649               |
| Mortgages receivable, noncurrent, net of present value discount | 1,678,039           | 1,511,044           |
| Pledges receivable, noncurrent                                  | 4,314               | 14,510              |
| <b>Total other assets</b>                                       | <b>1,690,401</b>    | <b>1,532,203</b>    |
| <b>Total assets</b>   | <b>\$ 4,603,050</b> | <b>\$ 3,781,816</b> |

| <b>Liabilities and Net Assets</b>                             | <u>2016</u>         | <u>2015</u>         |
|---|---------------------|---------------------|
| Liabilities:  |                     |                     |
| Current liabilities:  |                     |                     |
| Accounts payable  | \$ 228,774          | \$ 145,520          |
| Accrued expenses  | 103,075             | 83,902              |
| Escrow and closing funds held                                 | 15,770              | 11,404              |
| Deferred rent   | 2,039               | 7,053               |
| Deferred income   | 3,099               | 1,863               |
| Notes payable, current  | 294,995             | 306,792             |
| <b>Total current liabilities</b>                              | <b>647,752</b>      | <b>556,534</b>      |
| Long-term liabilities - notes payable, net of current portion | <b>368,229</b>      | <b>80,380</b>       |
| <b>Total liabilities</b>                                      | <b>1,015,981</b>    | <b>636,914</b>      |
| Net assets:   |                     |                     |
| Temporarily restricted  | 416,675             | 831,821             |
| Unrestricted  | 3,170,394           | 2,313,081           |
| <b>Total net assets</b>                                       | <b>3,587,069</b>    | <b>3,144,902</b>    |
| <b>Total liabilities and net assets</b>                       | <b>\$ 4,603,050</b> | <b>\$ 3,781,816</b> |

See accompanying notes and independent auditor's report.

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Activities**  
**For the Year Ended June 30, 2016**  
(With Comparative Totals for 2015)

|  | <b>2016</b>         |                           |                     | 2015<br>Total       |
|--|---------------------|---------------------------|---------------------|---------------------|
|  | Unrestricted        | Temporarily<br>Restricted | Total               |                     |
| <b>Changes in net assets:</b>                        |                     |                           |                     |                     |
| <b>Public support and revenue:</b>                   |                     |                           |                     |                     |
| Federal and local government grants                  | \$ 287,488          | \$ -                      | \$ 287,488          | \$ 3,099            |
| Illinois affordable housing tax credits              | 400,303             | -                         | 400,303             | 64,812              |
| Contributions  | 554,362             | 405,654                   | 960,016             | 751,901             |
| Net revenue from home sales                          | 357,489             | -                         | 357,489             | 292,206             |
| Mortgage loan discount amortization                  | 127,346             | -                         | 127,346             | 122,547             |
| ReStore operations                                   | 849,919             | -                         | 849,919             | 845,378             |
| In-kind contributions and donated services           | 56,387              | -                         | 56,387              | 264,728             |
| <b>Special events:</b>                               |                     |                           |                     |                     |
| Contributions  | 123,759             | 22,120                    | 145,879             | 67,117              |
| Ticket sales   | 27,325              | -                         | 27,325              | 12,563              |
| In-kind contributions and donated services           | 8,912               | 34,610                    | 43,522              | 39,479              |
| Less cost of direct benefit to donors                | (19,005)            | -                         | (19,005)            | (17,731)            |
| Miscellaneous income                                 | 2,135               | -                         | 2,135               | 351                 |
| Equity in income (loss) of limited liability company | 1,399               | -                         | 1,399               | (263)               |
| Net assets released from restrictions                | 877,530             | (877,530)                 | -                   | -                   |
| <b>Total public support and revenue</b>              | <b>3,655,349</b>    | <b>(415,146)</b>          | <b>3,240,203</b>    | <b>2,446,187</b>    |
| <b>Expenses:</b>                                     |                     |                           |                     |                     |
| <b>Program services:</b>                             |                     |                           |                     |                     |
| Homebuilding   | 1,582,300           | -                         | 1,582,300           | 1,319,580           |
| ReStore  | 619,398             | -                         | 619,398             | 531,597             |
| Management and general                               | 259,985             | -                         | 259,985             | 243,391             |
| Fund-raising   | 336,353             | -                         | 336,353             | 231,550             |
| <b>Total expenses</b>                                | <b>2,798,036</b>    | <b>-</b>                  | <b>2,798,036</b>    | <b>2,326,118</b>    |
| <b>Change in net assets</b>                          | <b>857,313</b>      | <b>(415,146)</b>          | <b>442,167</b>      | <b>120,069</b>      |
| Net assets, beginning of the year                    | 2,313,081           | 831,821                   | 3,144,902           | 3,024,833           |
| Net assets, end of the year                          | <b>\$ 3,170,394</b> | <b>\$ 416,675</b>         | <b>\$ 3,587,069</b> | <b>\$ 3,144,902</b> |

See accompanying notes and independent auditor's report.

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Functional Expenses**  
**For the Year Ended June 30, 2016**  
(With Comparative Totals for 2015)

|                                  | <b>2016</b>         |                   |                           |                   | <b>Total</b>        | 2015<br>Total       |
|----------------------------------|---------------------|-------------------|---------------------------|-------------------|---------------------|---------------------|
|                                  | Program Services    |                   |                           | Fund-raising      |                     |                     |
|                                  | Homebuilding        | ReStore           | Management<br>and General |                   |                     |                     |
| Construction costs - houses sold | \$ 910,369          | \$ -              | \$ -                      | \$ -              | <b>\$ 910,369</b>   | \$ 632,840          |
| Salaries and wages               | 311,939             | 259,168           | 90,496                    | 149,646           | <b>811,249</b>      | 741,940             |
| Payroll taxes and benefits       | 71,813              | 43,843            | 20,223                    | 17,201            | <b>153,080</b>      | 133,575             |
| Professional fees                | 14,425              | -                 | 28,613                    | 53,844            | <b>96,882</b>       | 75,339              |
| Home building related expenses   | 48,519              | -                 | 1,010                     | -                 | <b>49,529</b>       | 128,965             |
| Tithing to Habitat International | 4,400               | -                 | -                         | -                 | <b>4,400</b>        | 22,500              |
| Printing and publications        | -                   | 543               | 3,980                     | 6,508             | <b>11,031</b>       | 17,097              |
| Postage and shipping             | 336                 | -                 | 1,956                     | 25,297            | <b>27,589</b>       | 2,207               |
| Supplies and software purchases  | -                   | 46,015            | 4,295                     | 5,616             | <b>55,926</b>       | 25,346              |
| Repairs and maintenance          | 109,767             | 5,139             | -                         | -                 | <b>114,906</b>      | 49,066              |
| Rent                             | 307                 | 201,832           | 24,000                    | -                 | <b>226,139</b>      | 218,587             |
| Donated facilities               | -                   | -                 | -                         | -                 | -                   | 6,000               |
| Telephone                        | 158                 | 3,150             | 4,000                     | 780               | <b>8,088</b>        | 8,169               |
| Donor development                | 3,416               | -                 | -                         | 71,881            | <b>75,297</b>       | 50,929              |
| Insurance                        | 45,812              | 16,895            | 23,121                    | 679               | <b>86,507</b>       | 57,114              |
| Travel and entertainment         | 16,589              | 11,923            | 8,631                     | 3,609             | <b>40,752</b>       | 34,551              |
| Bank charges and other fees      | -                   | 9,844             | 32,521                    | -                 | <b>42,365</b>       | 14,538              |
| Education and conferences        | 981                 | -                 | 4,664                     | -                 | <b>5,645</b>        | 4,697               |
| Office equipment purchases       | 59                  | 4,583             | -                         | -                 | <b>4,642</b>        | 12,412              |
| Real estate tax                  | 23,456              | -                 | -                         | -                 | <b>23,456</b>       | 26,122              |
| Interest expense                 | 10,557              | -                 | 6,753                     | -                 | <b>17,310</b>       | 15,584              |
| Reduction of donations           | 8,750               | -                 | -                         | -                 | <b>8,750</b>        | 12,105              |
| Miscellaneous                    | -                   | 4,280             | 5,075                     | 645               | <b>10,000</b>       | 11,630              |
| Depreciation                     | 647                 | 12,183            | 647                       | 647               | <b>14,124</b>       | 24,805              |
|                                  | <b>\$ 1,582,300</b> | <b>\$ 619,398</b> | <b>\$ 259,985</b>         | <b>\$ 336,353</b> | <b>\$ 2,798,036</b> | <b>\$ 2,326,118</b> |

See accompanying notes and independent auditor's report.

**DuPage Habitat For Humanity, Inc. and Subsidiaries**  
**Consolidated Statement of Cash Flows**  
**For the Year Ended June 30, 2016**  
(With Comparative Totals for 2015)

|  | <u>2016</u>       | <u>2015</u>       |
|--|-------------------|-------------------|
| Cash flows from operating activities:  |                   |                   |
| Change in net assets   | \$ 442,167        | \$ 120,069        |
| Adjustments to reconcile change in net assets to net cash from operating activities: |                   |                   |
| Depreciation   | 14,124            | 24,805            |
| Mortgage loan discount amortization  | (127,346)         | (122,547)         |
| Pledges received   | (133,350)         | (306,411)         |
| Payments received on pledges   | 323,040           | 212,200           |
| In-kind pledges received   | (1,000)           | (185,400)         |
| Change in discount on pledges receivable   | 196               | 294               |
| Reduction of donations - bad debt  | 8,750             | 12,105            |
| Changes in ReStore inventory for sale  | 3,241             | (10,388)          |
| Equity in (income) loss of limited liability company                                 | (1,399)           | 263               |
| Present value on mortgages issued for home sales                                     | (284,879)         | (201,964)         |
| Cash from other operating activities:  |                   |                   |
| Accounts receivable  | (20,712)          | 7,541             |
| Grants receivable  | (725,987)         | 24,861            |
| Home building related inventory  | 230,729           | 67,842            |
| Prepays and other current assets   | 36,443            | (15,705)          |
| Accounts payable and accrued expenses  | 102,427           | 62,895            |
| Escrow and closing funds held  | 4,366             | 11,404            |
| Deferred rent  | (5,014)           | (4,644)           |
| Deferred income  | 1,236             | 1,242             |
| <b>Net cash from operating activities</b>  | <b>(132,968)</b>  | <b>(301,538)</b>  |
| Cash flows from investing activities:  |                   |                   |
| Purchase of property and equipment   | (12,938)          | -                 |
| Improvements on real estate owned  | (5,552)           | -                 |
| Principal repayments on mortgage receivables   | 211,439           | 246,425           |
| <b>Net cash from investing activities</b>  | <b>192,949</b>    | <b>246,425</b>    |
| Cash flows from financing activities:  |                   |                   |
| Proceeds from notes payable  | 444,300           | -                 |
| Payments on notes payable  | (168,248)         | (35,804)          |
| <b>Net cash from financing activities</b>  | <b>276,052</b>    | <b>(35,804)</b>   |
| <b>Net change in cash</b>  | <b>336,033</b>    | <b>(90,917)</b>   |
| Cash and cash equivalents, beginning of the year                                     | 260,020           | 350,937           |
| Cash and cash equivalents, end of the year   | <b>\$ 596,053</b> | <b>\$ 260,020</b> |

See accompanying notes and independent auditor's report.



## **DuPage Habitat for Humanity, Inc. and Subsidiaries**

### **Notes to the Consolidated Financial Statements**

---

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

The accompanying financial statements reflect the consolidated operations of DuPage Habitat for Humanity, Inc., Pioneer Prairie, LLC, Prairie Green Habitat, LLC, and DuPage Habitat for Humanity Neighborhood Revitalization Council (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, 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, 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. Pioneer Prairie, LLC ceased operations and is now considered inactive. All remaining balances were eliminated as of June 30, 2016, except for the balance of a note payable as discussed in Note 9, which was assumed by DuPage Habitat for Humanity, Inc. Articles of dissolution were filed in May 2015.

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. Prairie Green Habitat, LLC ceased operations and is now considered inactive. All remaining balances were eliminated as of June 30, 2016, except for the balance of a note payable as discussed in Note 9, which was assumed by DuPage Habitat for Humanity, Inc. Articles of dissolution were filed in June 2016.

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.

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

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**2. Summary of Significant Accounting Policies**

**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 and Prairie Green Habitat are wholly owned limited liability companies with Habitat being the sole member. The NRC is a wholly owned corporation with Habitat being the sole shareholder. 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, 2013, 2014 and 2015 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.

**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.

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

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

**Inventory ReStore** – ReStore inventory is recognized as an asset at its estimated fair value determined at the time it is received. Changes in the Restore inventory balance at year end are recognized as an adjustment of ReStore operations revenue.

**Inventory – Real Estate Owned** – Reclaimed homes are recorded as real estate owned at the lesser of fair value or the outstanding mortgage balance at the date of reclamation. Added to these amounts are closing costs and additional costs necessary to ready the homes for resale. Any write-down based on the home's fair value at the date of foreclosure is charged to the allowance for loan losses. During the year ended June 30, 2016, the Organization reclaimed one home with a net mortgage balance of \$16,374 and incurred additional costs totaling \$5,552. No homes were reclaimed for the year ended June 30, 2015.

**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 or 7 years.

**Investment in Limited Liability Company** – The Organization is one of two equal members in Home Together, LLC, a nonprofit organization formed in 2010 to purchase and share the building used for operations (see Note 13). 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.

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

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

**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.

During the years ended June 30, 2016 and 2015, the Organization received the following unconditional in-kind contributions and donated services:

|                              | 2016      | 2015       |
|------------------------------|-----------|------------|
| Land and building            | \$ 35,000 | \$ 185,400 |
| Building materials and labor | 7,848     | 62,857     |
| Legal services               | -         | 214        |
| Rent and utilities           | -         | 6,000      |
| Mortgage services            | 11,539    | 10,232     |
| Miscellaneous                | 2,000     | 25         |
|                              | \$ 56,387 | \$ 264,728 |

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, 2016 and 2015.

During the year ended June 30, 2016, the Organization received \$43,522 of donated supplies for special events and fund-raisers, including \$34,610 related to an event held in the next fiscal year reported as temporarily restricted at June 30, 2016, of which \$19,005 was included in direct benefits to donors. During 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 2016 fiscal year reported as temporarily restricted at June 30, 2015, of which \$17,731 was included in direct benefits to donors.

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

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

**In-Kind Contributions and Donated Services (cont'd)** – 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, 2016 and 2015, the value of which has not been recognized in the consolidated financial statements as they do not meet the criteria for recognition.

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

**Concentration of Risk** – During the fiscal year ended June 30, 2016, the Organization received approximately 12% of its funding from the Illinois Housing Development Authority awarded through the Affordable Housing Tax Credit Program which encourages private investment in affordable housing. Any negative change in the economy could have an impact on future contributions, fundraising efforts, as well as government grants.

**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 incurred warranty costs of \$4,351 during the fiscal year 2016 (none during fiscal year 2015). There were no warranty costs accrued at June 30, 2016 and 2015.

**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. As of June 30, 2016 and 2015, the Organization has recognized a liability of \$31,934 and \$24,363, respectively, for compensated absences.

**Comparative Information** – The consolidated financial statements include certain prior-year comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended June 30, 2015, from which the summarized information was derived.

**Subsequent Events** – Subsequent events have been evaluated through January 20, 2017, which is the date the consolidated financial statements were available to be issued.

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

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**3. Federal and Local Government Grants**

**Neighborhood Stabilization Program** – The Organization 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 non-interest bearing and are payable only if certain events occur in the future.

Revenue recognized upon the sale of homes is considered unrestricted income based on an amended agreement entered into with the County in 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 \$92,225 for the year ended June 30, 2016. The Organization did not participate in the NSP program during the year ended June 30, 2015.

**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.

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

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

**Community Development Block Grants (cont'd)**

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, 2016 or 2015 in its Pioneer Prairie subdivision. No revenue was recognized as it relates to the CDBG grant during the years ended June 30, 2016 and 2015.

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

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

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

**HOME – (cont'd)**

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. There was no revenue recognized related to the HOME grant award for the Prairie Green subdivision for the years ended June 30, 2016 and 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.

During the current year, the Organization received an additional HOME grant of \$225,000 to fund eligible costs related to the construction of one vacant single family home. A portion of eligible costs were incurred during the current year. Total unrestricted revenue recognized under the grant was \$150,371 for the year ended June 30, 2016.

**Capacity Building for Community Development and Affordable Housing –** The Organization was awarded a \$100,000 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 April 1, 2015 to March 31, 2018. The funds are to be used to increase the home building capacity of the Organization through additional staffing positions. The Organization is required to demonstrate a five-to-one match for the grant funds as they are received and progress towards its housing goals until they are met. The Organization is also required to demonstrate a ten-to-one leverage ratio to perform eligible activities and sustain the project. Total revenue recognized related to the CB grant was \$10,885 for the year ended June 30, 2016. There was no revenue recognized during the year ended June 30, 2015.

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

|       | 2016       | 2015     |
|-------|------------|----------|
| NSP   | \$ 92,225  | \$ -     |
| HOME  | 150,371    | -        |
| CB    | 10,885     | -        |
| Other | 34,007     | 3,099    |
|       | \$ 287,488 | \$ 3,099 |



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

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**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:

|   | <u>2016</u>       | <u>2015</u>       |
|---|-------------------|-------------------|
| Market value of homes sold                                  | \$ 900,000        | \$ 696,000        |
| Excess of market value over sales price<br>of home sold     | (129,385)         | (141,559)         |
| Homeowners' down payments                                   | 19,119            | 7,312             |
| Present value discount on first mortgages<br>(non-interest) | <u>(432,245)</u>  | <u>(269,547)</u>  |
| Net revenue from the sale of homes                          | <u>\$ 357,489</u> | <u>\$ 292,206</u> |

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, 2016 and 2015. That discount is then amortized to income over the term of the mortgage. The Organization recognized \$127,346 and \$122,547 of income from the mortgage loan discount amortization for fiscal years ended June 30, 2016 and 2015, respectively.

The Organization originated mortgages, net of related discounts, in the amount of \$284,879, and \$201,964, for the years ended June 30, 2016 and 2015, 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.

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

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

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

|   | <u>2016</u>         | <u>2015</u>         |
|---|---------------------|---------------------|
| Gross mortgage receivable at face value                                     | \$ 4,762,589        | \$ 4,306,534        |
| Less – unamortized discount based on imputed interest rates of 7.5% to 8.8% | <u>(2,982,336)</u>  | <u>(2,710,693)</u>  |
| Net mortgage receivable   | <u>\$ 1,780,253</u> | <u>\$ 1,595,841</u> |
| Current portion   | \$ 102,214          | \$ 84,797           |
| Long-term   | <u>1,678,039</u>    | <u>1,511,044</u>    |
|   | <u>\$ 1,780,253</u> | <u>\$ 1,595,841</u> |

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

|            |                     |
|------------|---------------------|
| 2017       | \$ 102,214          |
| 2018       | 85,571              |
| 2019       | 82,683              |
| 2020       | 81,684              |
| 2021       | 81,684              |
| Thereafter | <u>1,346,417</u>    |
| Total      | <u>\$ 1,780,253</u> |

In addition, “silent” second mortgages exist on nearly all homes sold by the Organization. In general, the “silent” second mortgages are established for the difference between (a) the estimated market value of the home at date of sale (or, in the case of homes funded through certain grants, the cost of the home) and (b) the sales price of the home (the sum of the undiscounted amount of the first mortgage and the down payment made by the homeowner). The “silent” second mortgages are non-interest bearing and are forgiven ratably beginning in the 83rd month after sale of the home over the remainder of the first mortgage term (beginning with the 61<sup>st</sup> month after sale for mortgages originated prior to 2009). All second mortgages are forgiven after 30 years. Pursuant to some grant arrangements, the grantor may hold a portion of the “silent” second mortgage or may hold a “silent” third mortgage. The Organization does not record its share of the “silent” second mortgages in the consolidated financial statements. Second mortgages totaled \$3,552,723 which is net of \$968,867 in mortgage forgiveness as of June 30, 2016 (\$3,631,284 which is net of \$869,532 in mortgage forgiveness as of June 30, 2015).

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.

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

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

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

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

In the event that a homeowner disposes of a home or otherwise prepays the first mortgage prior to the end of the term of the first mortgage, the balance of the "silent" second mortgage and any sharing of appreciation in the value of the home between the homeowner and the Organization becomes due. Finally, the first mortgage provides the Organization with the right of first refusal, at the then current market value, to purchase any home that a homeowner has decided to sell. There was no income from partner families selling homes in 2016 or 2015.

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, 2016 and 2015. 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 \$11,539 and \$10,232 of donated services for years ended June 30, 2016 and 2015, respectively, which are recorded at fair value in the consolidated financial statements.

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

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**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, 2016 and 2015, contributions to HFHI totaled \$4,400 and \$22,500, respectively.

During the year ended June 30, 2016, the Organization received grant funds, contributions and pass-through funds from HFHI for unrestricted support, build days support, Stewardship and Organizational Sustainability Initiative (SOSI) fee support, and ReStore marketing support totaling \$91,130 (\$67,950 during the year ended June 30, 2015).

The Organization received grant funds from HFHI, which are sponsored by other organizations, totaling \$121,000 and \$7,500 for the years ended June 30, 2016 and 2015, respectively.

During the years ended June 30, 2016 and 2015, the Organization received net proceeds from HFHI through the Cars for Homes program totaling \$11,332 and \$10,312, respectively.

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 \$10,885 related to this grant during the year ended June 30, 2016. No similar grant funds were awarded or received during the year ended June 30, 2015.

During 2011, the Organization borrowed \$249,900 from HFHI, securing the loan by pledging mortgage receivables. The loan was refinanced through proceeds from an additional note through HFHI totaling \$400,300 during the current year. Refer to Note 9 for further information.

On March 1, 2011, the Organization commenced a lease for office space located at 1600 East Roosevelt in Wheaton, Illinois with Home Together, LLC. Refer to Note 8 for more information.

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, 2016.

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

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**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, 2016 and 2015. 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, 2016 and 2015.

The Organization leases retail space for its ReStore operations at 869 South Route 53 in Addison, Illinois, under an operating lease with an original expiration date of February 28, 2016 that was extended in the current year for five additional years through February 28, 2021. Rent, common area maintenance, and utilities for the years ended June 30, 2016 and 2015 were \$201,832 and \$193,793, respectively.

The Organization leases a copy machine under an operating lease, expiring in December 2018. Rent expense for the years ended June 30, 2016 and 2015 was \$3,904 and \$3,968, respectively.

Minimum future lease payments are as follows at June 30:

|      | <u>Retail Space</u> | <u>Other</u>    | <u>Total</u>      |
|------|---------------------|-----------------|-------------------|
| 2017 | \$ 120,344          | \$ 2,581        | \$ 122,925        |
| 2018 | 123,352             | 2,581           | 125,933           |
| 2019 | 126,436             | 1,291           | 127,727           |
| 2020 | 129,597             | -               | 129,597           |
| 2021 | 87,826              | -               | 87,826            |
|      | <u>\$ 587,555</u>   | <u>\$ 6,453</u> | <u>\$ 594,008</u> |

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

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

|  | 2016       | 2015       |
|--|------------|------------|
| <b><u>DuPage Habitat for Humanity, Inc.</u></b>  |            |            |
| <p>The Organization maintains a line of credit with Wheaton Bank and Trust Company in the amount of \$200,000. The loan agreement is collateralized by real property of one home located in Westmont with a total book value of \$182,961 at June 30, 2016 and 2015. Interest varies with the bank's prime rate, which was 4% as of June 30, 2016, and is payable monthly. This line of credit is to be repaid on or before March 31, 2017 (maturity date) with all accrued and unpaid interest.</p>   | \$ 160,000 | \$ 116,000 |
| <p>On June 28, 2016, the Organization obtained a promissory note with HFHI in the amount of \$400,300 with a maturity date of June 30, 2026. A portion of the proceeds were used to repay all notes payable of Prairie Green Habitat, LLC and Pioneer Prairie, LLC. The loan agreement is collateralized by a portion of the mortgage receivables, with a carrying value of \$532,241 at June 30, 2016. The Organization is required to assign and pledge mortgage loans with aggregate mortgage payments equal to or greater than 105% of a quarterly payment and which have aggregate mortgage values equal to or greater than 125% of the outstanding note principal balance. Interest was fixed at a rate of 4.75%. Principal and interest are paid monthly.</p> | 400,300    | -          |
|  | 560,300    | 116,000    |
| Less current portion   | (192,071)  | (116,000)  |
| Net long-term debt   | \$ 368,229 | \$ -       |

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

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

|   | 2016      | 2015       |
|---|-----------|------------|
| <b><u>Prairie Green Habitat, LLC</u></b>  |           |            |
| 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, 2016. The loan agreement was collateralized by real property with a book value of \$155,784 and \$842,948 at June 30, 2016 and 2015, located in unincorporated Glen Ellyn. Interest was 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. In August 2016, the note was fully repaid with proceeds from a new note with HFHI. | \$ 71,200 | \$ 121,749 |
| Less current portion  | (71,200)  | (121,749)  |
| Net long-term debt  | \$ -      | \$ -       |
| <b><u>Pioneer Prairie, LLC</u></b>  |           |            |
| The Organization has a short-term promissory note renewable annually with Hinsdale Bank with a maturity date of April 6, 2017. This promissory note was collateralized by real property with a book value of \$337,697 and \$104,214 at June 30, 2016 and 2015, respectively, located in West Chicago. Interest varied with the bank's prime rate, which was 5% as of June 30, 2016, and is payable monthly. In August 2016, the note was fully repaid with proceeds from a new note with HFHI.   | \$ 31,724 | \$ 31,724  |
| On June 23, 2011, the Organization obtained a promissory note with HFHI in the amount of \$249,900 with a maturity date of June 30, 2018. Interest was fixed at a rate of 4.95%. Principal and interest are paid monthly. In June 2016, the note was fully repaid with proceeds from a new note with HFHI.  | -         | 117,699    |
|   | 31,724    | 149,423    |
| Less current portion  | (31,724)  | (69,043)   |
| Net long-term debt  | \$ -      | \$ 80,380  |

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

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

Minimum future principal payments are as follows at June 30:

|               | DuPage Habitat<br>For Humanity | Prairie Green<br>Habitat, LLC | Pioneer<br>Prairie, LLC | Total             |
|---------------|--------------------------------|-------------------------------|-------------------------|-------------------|
| 2017          | \$ 192,071                     | \$ 71,200                     | \$ 31,724               | \$ 294,995        |
| 2018          | 33,622                         | -                             | -                       | 33,622            |
| 2019          | 35,248                         | -                             | -                       | 35,248            |
| 2020          | 36,952                         | -                             | -                       | 36,952            |
| 2021          | 38,739                         | -                             | -                       | 38,739            |
| 2022 - 2026   | 223,668                        | -                             | -                       | 223,668           |
| <b>Totals</b> | <b>\$ 560,300</b>              | <b>\$ 71,200</b>              | <b>\$ 31,724</b>        | <b>\$ 663,224</b> |

Interest expense and interest paid totaled \$17,310 for the year ended June 30, 2016 (\$15,584 for the year ended June 30, 2015).

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:

|  | 2016                | 2015                |
|--|---------------------|---------------------|
| Homes under construction (6 properties in 2016 and 8 properties in 2015) | \$ 939,194          | \$ 1,131,401        |
| Land held for future development   | 114,964             | 153,486             |
| Building supplies  | 2,078               | 2,078               |
| <b>Total</b>   | <b>\$ 1,056,236</b> | <b>\$ 1,286,965</b> |

**11. Pledges Receivable**

Pledges for cash, in-kind contributions and certain qualified donated services are recognized in the consolidated financial statements at the time of commitment based on written documentation or strong verbal assurances from the donor. At June 30, 2016 and 2015, pledge receivables are restricted to construction and rehabilitation of homes in the home ownership program.



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

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

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

|  | <b>2016</b>       | 2015              |
|--|-------------------|-------------------|
| Pledges receivable:                              |                   |                   |
| Current  | \$ 178,771        | \$ 366,211        |
| Long-term, net of discount of 3.25%<br>per annum | 4,314             | 14,510            |
| <b>Total</b>                                     | <b>\$ 183,085</b> | <b>\$ 380,721</b> |

Pledges receivable are composed of:

|   | <b>2016</b>       | 2015              |
|---|-------------------|-------------------|
| Cash  | \$ 148,671        | \$ 195,811        |
| In-kind and donated services -<br>project management services | 35,100            | 185,400           |
| <b>Total pledges receivable</b>                               | <b>183,771</b>    | 381,211           |
| Less present value discount                                   | <b>(686)</b>      | (490)             |
| <b>Net pledges receivable</b>                                 | <b>\$ 183,085</b> | <b>\$ 380,721</b> |

When a pledge receivable is deemed uncollectible, it is written off as a reduction of donation expense (pledges unrealized). For the years ended June 30, 2016 and 2015, the Organization wrote off \$8,750 and \$12,105, respectively, of pledges receivable.

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

**12. Temporarily Restricted Net Assets**

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

|   | <b>2016</b>       | <b>2015</b> |
|---|-------------------|-------------|
| Unconditional pledges for cash and donated materials and labor for the construction and rehabilitation of homes in the home ownership program.                        | <b>\$ 190,147</b> | \$ 364,471  |
| HOME – Mortgages held by the DuPage County Community Development Commission to be forgiven on a pro rata basis upon the sale of the properties in the home ownership. | -                 | 420,000     |
| Grants for homebuilding costs and Neighborhood Revitalization Programs  | <b>168,654</b>    | -           |
| Donations for future fund-raising events  | <b>56,730</b>     | 46,206      |
| Grants for ReStore  | <b>1,144</b>      | 1,144       |
|   | <b>\$ 416,675</b> | \$ 831,821  |

**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.

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

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**13. Home Together LLC (cont'd)**

The promissory note with West Suburban Bank has a term of 5 years, a maturity date of March 2016, and a fixed interest rate at 4.25%. Principal is being paid monthly as if the loan was amortized over 20 years, with the balance of the loan due in March of 2016. Effective November 1, 2015, the note was amended increasing the interest rate to 5.25% and extending the maturity date to October 1, 2025.

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.

Form **990**

**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

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>DUPAGE HABITAT FOR HUMANITY</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1600 EAST ROOSEVELT ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>WHEATON, IL 60187</b><br><b>F</b> Name and address of principal officer: <b>DAVID NEARY</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>36-4003119</b><br><b>E</b> Telephone number<br><b>(630) 510-3737</b><br><b>G</b> Gross receipts \$ <b>3,244,270.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ <b>8545</b> |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: ▶ <b>WWW.DUPAGEHABITAT.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>IL</b>  |  |   |

**Part I Summary**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>12</b><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>12</b><br><b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> <b>20</b><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>3900</b><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b><br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b> |  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>1,174,690.</b> <b>Prior Year</b> <b>1,880,056.</b> <b>Current Year</b><br><b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>1,260,131.</b><br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>214.</b> <b>342.</b><br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-55,982.</b> <b>-60,698.</b><br><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,379,053.</b> <b>3,154,454.</b>   |  |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>0.</b><br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b><br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>875,515.</b> <b>964,328.</b><br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b><br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>263,542.</b><br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,371,101.</b> <b>1,740,608.</b><br><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,246,616.</b> <b>2,704,936.</b><br><b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>132,437.</b> <b>449,518.</b>  |  |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16) ..... <b>3,781,816.</b> <b>Beginning of Current Year</b> <b>4,603,050.</b> <b>End of Year</b><br><b>21</b> Total liabilities (Part X, line 26) ..... <b>636,914.</b> <b>1,015,981.</b><br><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,144,902.</b> <b>3,587,069.</b>  |  |

**Part II Signature Block**

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

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | Signature of officer _____<br>Date _____   |   |
|                               | Type or print name and title _____   |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>PAUL J. ROZEK</b>   | Preparer's signature _____<br>Date _____<br>Check if self-employed <input type="checkbox"/> PTIN <b>P00542258</b> |
|                               | Firm's name ▶ <b>SELDEN FOX, LTD.</b><br>Firm's address ▶ <b>619 ENTERPRISE DRIVE</b><br><b>OAK BROOK, IL 60523-8835</b> | Firm's EIN ▶ <b>36-2985770</b><br>Phone no. <b>630-954-1400</b>   |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE COUNTY

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

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

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

4a (Code: ) (Expenses \$ 1,562,011. including grants of \$ ) (Revenue \$ 486,628.) 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 \$ 619,398. including grants of \$ ) (Revenue \$ 849,919.) THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOUSEHOLD AND CONSTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO LANDFILLS.

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

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

4e Total program service expenses 2,181,409.

**Part IV Checklist of Required Schedules**

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

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

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBBIE BAKER - (630) 510-3737 1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CHERI ARMSTRONG<br>DIRECTOR           | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) VALERIE COLLETTI<br>DIRECTOR          | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) RICHARD DICKSON<br>PRESIDENT          | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) TODD FULLER<br>DIRECTOR               | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) PAUL GARRETT<br>DIRECTOR              | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) ANNE HOUGHTALING<br>VICE PRESIDENT    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) PAUL JAROSZ<br>TREASURER              | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) JULIE ANN O'CONNELL READ<br>SECRETARY | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) PATRICIA OLINGER<br>VICE PRESIDENT    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) PETE PAPAGEORGAKIS<br>DIRECTOR       | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BEN POHL<br>DIRECTOR                 | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) KEVIN REIMAN<br>VICE PRESIDENT       | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (13) DAVE NEARY<br>EXECUTIVE DIRECTOR     | 45.00   |   |                       | X       |              |                              |        | 107,743.   | 0.  | 5,253.  |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|---|--|--------------------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                                |   |   |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |                                |   |   |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 189,401.                       |   |   |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |                                |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  | 687,791.                       |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 1,002,864.                     |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 86,370.                        |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 1,880,056.                     |   |   |  |  |
|   | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> RESTORE .....                                       | <b>Business Code</b><br>900099 | 849,919.  | 849,919.                                |  |  |
| <b>b</b> SALE OF HOMES .....  |   | 900099   | 357,489.                       | 357,489.  |   |  |  |
| <b>c</b> MORTGAGE LOAN DISCOUNT .....   |   | 900099   | 127,346.                       | 127,346.  |   |  |  |
| <b>d</b> .....  |   |  |                                |   |   |  |  |
| <b>e</b> .....  |   |  |                                |   |   |  |  |
| <b>f</b> All other program service revenue .....                              |   |  |                                |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   |  | 1,334,754.                     |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 342.                           |   |   | 342.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                                |   |   |  |  |
|   | <b>5</b> Royalties .....  |  |                                |   |   |  |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real   |                                |   |   |  |  |
|   |   | (ii) Personal  |                                |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses .....                           |                                |   |   |  |  |
|   |   | <b>c</b> Rental income or (loss) .....                         |                                |   |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |  |                                |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   |                                |   |   |  |  |
|   |   | (ii) Other   |                                |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                                |   |   |  |  |
|   |   | <b>c</b> Gain or (loss) .....                                  |                                |   |   |  |  |
|   | <b>d</b> Net gain or (loss) .....   |  |                                |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 189,401. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 27,325.                        |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>                       | 89,816.   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | -62,491.                       |   |   | -62,491.   |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  |  |                                |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   |                                |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  |                                |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  |  |                                |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   |                                |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  |                                |   |   |  |  |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                                |   |   |  |  |
| <b>11 a</b> MISCELLANEOUS .....   |   | 900099   | 1,793.                         | 1,793.  |   |  |  |
|   | <b>b</b> .....  |  |                                |   |   |  |  |
|   | <b>c</b> .....  |  |                                |   |   |  |  |
|   | <b>d</b> All other revenue .....  |  |                                |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |  |                                | 1,793.  |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                               |   |  | 3,154,454.                     | 1,336,547.                                      | 0.                                      | -62,149.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising 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, trustees, and key employees  | 120,826.              | 77,933.                         | 24,890.                                | 18,003.                     |
| 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  | 695,676.              | 496,562.                        | 66,688.                                | 132,426.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 6,235.                | 4,146.                          | 740.                                   | 1,349.                      |
| 9 Other employee benefits   | 67,255.               | 54,150.                         | 11,019.                                | 2,086.                      |
| 10 Payroll taxes  | 74,336.               | 53,972.                         | 7,381.                                 | 12,983.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 566.                  |                                 | 566.                                   |                             |
| c Accounting  | 16,900.               |                                 | 16,900.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 56,843.               | 2,886.                          | 113.                                   | 53,844.                     |
| 12 Advertising and promotion  | 9,031.                | 543.                            | 3,980.                                 | 4,508.                      |
| 13 Office expenses  | 88,593.               | 44,573.                         | 17,943.                                | 26,077.                     |
| 14 Information technology   | 36,733.               | 20,082.                         | 11,035.                                | 5,616.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 262,266.              | 238,266.                        | 24,000.                                |                             |
| 17 Travel   | 32,292.               | 21,194.                         | 7,489.                                 | 3,609.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 7,773.                | 981.                            | 6,792.                                 |                             |
| 20 Interest   | 17,310.               | 10,557.                         | 6,753.                                 |                             |
| 21 Payments to affiliates   | 4,400.                | 4,400.                          |  |                             |
| 22 Depreciation, depletion, and amortization  | 14,124.               | 12,830.                         | 647.                                   | 647.                        |
| 23 Insurance  | 73,836.               | 50,036.                         | 23,121.                                | 679.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a CONSTRUCTION COSTS  | 910,369.              | 910,369.                        |  |                             |
| b CRITICAL HOME REPAIRS   | 109,767.              | 109,767.                        |  |                             |
| c HOME BUILDING EXPENSES  | 53,148.               | 53,148.                         |  |                             |
| d MISCELLANEOUS   | 34,853.               | 4,280.                          | 29,928.                                | 645.                        |
| e All other expenses  | 11,804.               | 10,734.                         |  | 1,070.                      |
| 25 Total functional expenses. Add lines 1 through 24e   | 2,704,936.            | 2,181,409.                      | 259,985.                               | 263,542.                    |
| 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)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 257,253.                 | <b>1</b>   | 78,461.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,767.                   | <b>2</b>   | 517,592.           |
|   | <b>3</b> Pledges and grants receivable, net .....  | 460,518.                 | <b>3</b>   | 988,869.           |
|   | <b>4</b> Accounts receivable, net .....  | 8,947.                   | <b>4</b>   | 29,659.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   | 1,780,253.         |
|   | <b>8</b> Inventories for sale or use .....   | 1,348,544.               | <b>8</b>   | 1,136,500.         |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 15,696.                  | <b>9</b>   | 3,651.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 153,751.      |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 139,110.      | 15,827.    | <b>10c</b> 14,641. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 6,649.                   | <b>13</b>  | 8,048.             |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,665,615.               | <b>15</b>  | 45,376.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,781,816.   | <b>16</b>                | 4,603,050. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 229,422.                 | <b>17</b>  | 331,849.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   | 7,053.                   | <b>19</b>  | 2,039.             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 3,467.                   | <b>21</b>  | 12,269.            |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 387,172.                 | <b>24</b>  | 663,224.           |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 9,800.                   | <b>25</b>  | 6,600.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 636,914.                 | <b>26</b>  | 1,015,981.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|   | <b>27</b> Unrestricted net assets .....  | 2,313,081.               | <b>27</b>  | 3,170,394.         |
|   | <b>28</b> Temporarily restricted net assets .....  | 831,821.                 | <b>28</b>  | 416,675.           |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances .....                         | 3,144,902.   | <b>33</b>                | 3,587,069. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 3,781,816.   | <b>34</b>                | 4,603,050. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,154,454. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,704,936. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 449,518.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 3,144,902. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -7,351.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 3,587,069. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 8,720,099. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1,792,681. | 2,301,600. | 1,571,072. | 1,174,690. | 1,880,056. | 8,720,099.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 150.       | 227.       | 217.       | 214.       | 342.       | 1,150.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            | 14,403.    | 391.       | 137.       | 1,793.     | 16,724.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 8,737,973.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 4,711,174.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 99.80 %                             |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....  | <b>15</b> | 99.68 %                             |
| <b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> 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 supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> 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. | Yes | No |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> .   |     |    |
| <b>b</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.   |     |    |

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

1  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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |                |              |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013   |                                     |   |  |
| <b>e</b> From 2014   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013  |                                     |   |  |
| <b>d</b> Excess from 2014  |                                     |   |  |
| <b>e</b> Excess from 2015  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2015



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

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

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

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

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

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

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

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

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

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

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

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

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

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

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 153,751.                        | 139,110.                     | 14,641.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 14,641.        |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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  | 6,600.         |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 6,600.         |

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

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

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

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 3,240,203. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 13,539.   |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | 13,539.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 3,226,664. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -72,210.  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | -72,210.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 3,154,454. |

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

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

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 2,798,036. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 13,539.   |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 79,561.   |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 93,100.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 2,704,936. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 2,704,936. |

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

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:**

|   |          |
|---|----------|
| INCOME IN EQUITY OF LLC                               | -1,399.  |
| DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990 | -70,811. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                 | -72,210. |

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





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

|  |   | (a) Event #1                | (b) Event #2                       | (c) Other events     | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|-----------------------------|------------------------------------|----------------------|--|
|  |   | GOLF OUTING<br>(event type) | WOMEN ' S<br>BUILD<br>(event type) | 10<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 108,918.                    | 85,543.                            | 22,265.              | 216,726.   |
|  | <b>2</b> Less: Contributions .....  | 81,593.                     | 85,543.                            | 22,265.              | 189,401.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 27,325.                     |                                    |                      | 27,325.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                             |                                    |                      |  |
|  | <b>5</b> Noncash prizes .....   |                             |                                    |                      |  |
|  | <b>6</b> Rent/facility costs .....  | 19,005.                     |                                    |                      | 19,005.  |
|  | <b>7</b> Food and beverages .....   |                             | 1,578.                             |                      | 1,578.   |
|  | <b>8</b> Entertainment .....  |                             |                                    |                      |  |
|  | <b>9</b> Other direct expenses .....  | 50,700.                     | 7,954.                             | 10,579.              | 69,233.  |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                             |                                    |                      | 89,816.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                             |                                    | -62,491.             |  |

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

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

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

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







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       | X                          | 1   | 35,000.  | FAIR MARKET VALUE   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( FUNDRAISING I )                                 | X                          | 24  | 43,522.  | FAIR MARKET VALUE   |
| 26 Other ▶ ( HOME DEPOT GI )                                 | X                          | 1   | 15,000.  | COST  |
| 27 Other ▶ ( BUILDING MATE )                                 | X                          | 5   | 7,848.   | FAIR MARKET VALUE   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

FORM 990, PART 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 BOARD FOR REVIEW  
PRIOR TO FILING.

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

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

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

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

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

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

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

|                                    |         |
|------------------------------------|---------|
| GAIN (LOSS) IN EQUITY OF LLC       | 1,399.  |
| UNCOLLECTIBLE PLEDGES              | -8,750. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -7,351. |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| PIONEER PRAIRIE LLC - 26-1392429<br>1600 EAST ROOSEVELT<br>WHEATON, IL 60187   | PURCHASING LAND AND<br>CONSTRUCTING THE PIONEER<br>PRAIRIE DEVELOPMENT | ILLINOIS  | 21,112.             | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
| PRAIRIE GREEN HABITAT LLC - 90-0827510<br>1600 EAST ROOSEVELT<br>WHEATON, IL 60187   | PURCHASING LAND AND<br>CONSTRUCTING THE PRAIRIE<br>GREEN DEVELOPMENT   | ILLINOIS  | 382,164.            | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
| DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD<br>REVITALIZATION COUNCIL - 47-4226611, 1600<br>EAST ROOSEVELT, WHEATON, IL 60187 | CHDO TO SUPPORT DUPAGE<br>HABITAT FOR HUMANITY                         | ILLINOIS  | 0.                  | 0.                        | DUPAGE HABITAT FOR<br>HUMANITY      |
|  |  |   |                     |                           |                                     |
|  |  |   |                     |                           |                                     |

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

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

Schedule R (Form 990) 2015

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

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

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

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

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

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

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

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

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



**Part VII** Supplemental Information

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

Lined area for supplemental information.



**Product: Exempt Extension**

**Name: DUPAGE HABITAT FOR HUMANITY**

**FEIN: \*\*\*\*\*3119**

**Fiscal Year**

**Begin Date: 7/1/2015**

**Category:**

**Fiscal Year**

**End Date: 6/30/2016**

**IRS Center: Ogden**

**e-Postmark: 11/9/2016 1:23:44 PM**

**Notification:**

**eSigned:**

| Date      | Type Of Activity                                   | Submission ID        | Refund/(Due) | Updated By | eSign Date |
|-----------|--|----------------------|--------------|------------|------------|
| 11/9/2016 | Upload Started                                     |                      |              |            |            |
| 11/9/2016 | Released for Transmission - Validation in Progress |                      |              | System     |            |
| 11/9/2016 | Ready to transmit - Validation Complete            |                      |              |            |            |
| 11/9/2016 | Transmitted to FD                                  | 36221020163140343e65 |              |            |            |
| 11/9/2016 | Accepted by FD on 11/9/2016                        |                      |              |            |            |