

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

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

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning $\ JUL\ 1$, 2015, and ending $\ JUN\ 30$,20 $\ 16$

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

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Employer identification number Name of exempt organization

36-4003119

DUPAGE HABITAT FOR HUMANITY

Name and title of officer

DAVID NEARY

EXECUTIVE DIRECTOR

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	3,154,454.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		_	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 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

X lauthorize SELDEN FOX, LTD.	to enter my PIN 03119
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2015 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also 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 2 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating program, I will enter my PIN on the return's disclosure consent screen.	-
Officer's signature ▶ Date ▶	

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

EXTENDED TO FEBRUARY 15, 2017

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

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

and ending JUN 30, 2016

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

Information about Form 990 and its instructions is at www.irs.gov/form990. Tax year beginning JUL 1, 2015 and ending JUN 30,

ONB NO. 1545-0047
2015
Open to Public Inspection

В	Check if applicab	C Name of organization			D Employer id	entific	ation number	
г	Addre		ΔΝΤͲϒ					
F	Name		ANIII		1 3	6-40	003119	
F	chang Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)		703117			
F	Final	1600 EXCT DOOCEVELT DO		Room/suite	E Telephone n	630)	510-3737	
_	—lreturn termir ated				G Gross receipts \$		3,244,270.	
Г	Amen return		Zii or foreight postal code		H(a) Is this a gr			
F	Applic		ID NEARY		for subord			
	pendi	SAME AS C ABOVE			cluded? Yes No			
T	Tax-ex		◀ (insert no.) 4947(a)(1)	or 527	1		ist. (see instructions)	
J	Websi	te: WWW.DUPAGEHABITAT.ORG	<u> </u>				number ▶ 8545	
			sociation Other	L Year			State of legal domicile: IL	
	art I	Summary		•		•	-	
_	1	Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	HOMES T	OEC	CONOMICALLY	
Governance		DIŚADVANTAGED FAMILIES IN	DUPAGE COUNTY			,		
rna	2	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its	net ass	sets.	
o ve	3	Number of voting members of the governing body	(Part VI, line 1a)			3	12	
	4	Number of independent voting members of the go					12	
es &		Total number of individuals employed in calendar y					20	
Activities &		Total number of volunteers (estimate if necessary)					3900	
Ę	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.	
٩		Net unrelated business taxable income from Form					0.	
			•		Prior Year		Current Year	
Ф	8	Contributions and grants (Part VIII, line 1h)		1,174,6	90.	1,880,056.		
Ž	9				1,260,1	31.	1,334,754.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				14.	342.	
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-55,9	82.	-60,698.	
	1	Total revenue - add lines 8 through 11 (must equal			2,379,0	53.	3,154,454.	
		Grants and similar amounts paid (Part IX, column (0.	0.	
	14	Benefits paid to or for members (Part IX, column (A				0.	0.	
s		Salaries, other compensation, employee benefits (I			875,5	15.	964,328.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			-	0.	0.	
þe	b	Total fundraising expenses (Part IX, column (D), lin	e 25) ▶ 263,5	42.				
й	17	Other expenses (Part IX, column (A), lines 11a-11d	. 11f-24e)		1,371,1	01.	1,740,608.	
		Total expenses. Add lines 13-17 (must equal Part I			2,246,6		2,704,936.	
		Revenue less expenses. Subtract line 18 from line			132,4		449,518.	
or or		·			ginning of Current	Year	End of Year	
sets	20	Total assets (Part X, line 16)			3,781,8		4,603,050.	
ASS	21	Total liabilities (Part X, line 26)			636,9	14.	1,015,981.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		3,144,9	02.	3,587,069.	
	art II	Signature Block						
Und	der pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the bes	st of my	knowledge and belief, it is	
true	e, corre	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge	3.		
Sig	ın	Signature of officer			Date			
He								
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Ch	neck	PTIN	
Pai	d	PAUL J. ROZEK			if se	lf-employed	P00542258	
Pre	parer	Firm's name SELDEN FOX, LTD.		<u> </u>	Firm's E		36-2985770	
	Only	Firm's address 619 ENTERPRISE D	RIVE					
		OAK BROOK, IL 60			Phone n	0.630	0-954-1400	
Ma	y the I	RS discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No	
	001 12-			ions.			Form 990 (2015)	

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE HOMES TO ECONOMICALLY DISADVANTAGED FAMILIES IN DUPAGE
	COUNTY
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,562,011. 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 \$) (Revenue \$)
	THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOUSEHOLD AND
	CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES
	ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL
	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO
	LANDFILLS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,181,409.
5005	Form 990 (2015

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-25
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated limit classification of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			. v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	41	
19		19		х
	complete Schedule G, Part III	פו	000	

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	34		х
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0-1		34	х	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		 -
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	The second secon			(004.5)

Form **990** (2015)

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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?)	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a state of the organization have a s	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			1
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	X	<u> </u>
				7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		v
	to file Form 8282?	 I	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of multiplication and individual payable of the support of			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	ı by iii	e	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	000	(0045)
F0						(2015)

532005 12-16-15 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
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	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	l finan	cial	
	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.

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

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

Compensation	(A) Name and Title	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
DIRECTOR		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation
Carrest Colletti	, - ,	5.00	, .							0	0
DIRECTOR X		<u> </u>	^						0.	0.	0.
S		3.00								0	0.
Name		5 00	Δ						0.	0.	<u> </u>
TODD FULLER		3.00	x		x				0.	0.	0.
Director X		5.00									
S			X						0.	0.	0.
(6) ANNE HOUGHTALING	(5) PAUL GARRETT	5.00									
VICE PRESIDENT	DIRECTOR		Х						0.	0.	0.
TREASURER	(6) ANNE HOUGHTALING	5.00									
X X X X X X X X X X	VICE PRESIDENT		Х		Х				0.	0.	0.
(8) JULIE ANN O'CONNELL READ 5.00 SECRETARY X X (9) PATRICIA OLINGER 5.00 VICE PRESIDENT X X (10) PETE PAPAGEORGAKIS 5.00 DIRECTOR X 0. (11) BEN POHL 5.00 0. DIRECTOR X 0. 0. (12) KEVIN REIMAN 5.00 X 0. 0. VICE PRESIDENT X X 0. 0. (13) DAVE NEARY 45.00 45.00 0. 0.	(7) PAUL JAROSZ	5.00									
X X X X X X X X X X	TREASURER		Х		Х				0.	0.	0.
(9) PATRICIA OLINGER 5.00 VICE PRESIDENT X X (10) PETE PAPAGEORGAKIS 5.00 DIRECTOR X (11) BEN POHL 5.00 DIRECTOR X (12) KEVIN REIMAN 5.00 VICE PRESIDENT X (13) DAVE NEARY 45.00	(8) JULIE ANN O'CONNELL READ	5.00								_	_
VICE PRESIDENT X X 0. 0. (10) PETE PAPAGEORGAKIS 5.00 0. 0. 0. DIRECTOR X 0. 0. 0. (11) BEN POHL 5.00 0. 0. 0. DIRECTOR X 0. 0. 0. (12) KEVIN REIMAN 5.00 X X 0. 0. VICE PRESIDENT X X 0. 0. 0. (13) DAVE NEARY 45.00 0. 0. 0. 0.	SECRETARY		Х		X				0.	0.	0.
Column	, , , , , , , , , , , , , , , , , , , ,	5.00	l		l						
DIRECTOR X 0. 0.			X		X				0.	0.	0.
(11) BEN POHL 5.00 X 0. 0. (12) KEVIN REIMAN 5.00 X X 0. 0. (13) DAVE NEARY 45.00		5.00								0	0
DIRECTOR X 0. 0.		F 00	X						0.	0.	0.
(12) KEVIN REIMAN 5.00 VICE PRESIDENT X X (13) DAVE NEARY 45.00		5.00	,,							0	0
VICE PRESIDENT X X X 0. 0. (13) DAVE NEARY 45.00		F 00	A						0.	0.	0.
(13) DAVE NEARY 45.00		3.00			_v					0	0.
		45.00	^		^				0.	0.	0.
TOT, 143. 0. 3,23		43.00	-		v				107 7/3	0	5 253
	EXECUTIVE DIRECTOR				<u> </u>				107,743.	0.	3,233.
			-								
			1								
			1								

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Part VIII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		1 than	one	Reportable	Reportable		Est	imate	t
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	amo	ount c	ıf
	week	\vdash	cer ar	na a a	irecto	or/trus	itee)	from	from related		C	ther	
	(list any	Individual trustee or director						the	organization			ensat	
	hours for related	or di	98			ated		organization	(W-2/1099-MIS	3C)		m the	
	organizations	ustee	truste		gy.	suadı		(W-2/1099-MISC)				nizatio	
	below	ual tr	ional		ploye	t con	L					relate nizatio	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organ	iizatio	113
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								100 040					
1b Sub-total								107,743.		0.	5	, 25	
c Total from continuation sheets to Part V	II, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)		<u> </u>					<u> </u>	107,743.		0.	5	, 25	3.
2 Total number of individuals (including but i	not limited to th	ıose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			_
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer			-	•	•	•		•					
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsati	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch _I	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	npens	ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C))	
Name and business	address	NC	INC	Ξ				Description of s	ervices	C	compen	sation	
											-		
							一				-		
2 Total number of independent contractors (includina but n	not li	mite	d to	tho	se li	sted	l above) who received n	nore than				
\$100,000 of compensation from the organ		"		5		0		,					
Troo, and an only on action from the organ						•					Гокт О	ΩΩ (0	24.5

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	n 990 (AT FOR HU	MANITY		36-4003	119 Page 9
Pa	rt VII				a in this Dout VIII			
		Check if Schedule O conta	ains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and /e 1f 1 ,	189,401. 687,791. ,002,864. 86,370.	1,880,056.			
Program Service Revenue	2 a b c d e f	RESTORE SALE OF HOMES MORTGAGE LOAN D All other program service revered total. Add lines 2a-2f	ISCOUNT	Business Code 900099 900099 900099		849,919. 357,489. 127,346.		
Other Revenue	b c d 7 a b c d 8 a b c 9 a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ 189,4 contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	(i) Real (i) Securities (i) Securities g events (not 01 • of 1c). See a b draising events tivities. See a b draising activities	(ii) Personal (ii) Other 27,325. 89,816.	-62,491.			-62,491.
	С	And allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue MISCELLANEOUS	b of inventory		1,793.	1,793.		
	ii a b				=,,,,,,,	_,,,,,,,,		

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

1,793. 3,154,454.1,336,547.

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 77,933. 24,890. 120,826. 18,003. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 695,676. 496,562. 66,688. 132,426. 7 Other salaries and wages Pension plan accruals and contributions (include 6,235 4,146 740 1,349. section 401(k) and 403(b) employer contributions) 67,255. 54,150. 11,019. 2,086. Other employee benefits 9 53,972. 74,336. 7,381. 12,983. Payroll taxes 10 Fees for services (non-employees): a Management 566. 566. Legal 16,900. 16,900. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 53,844. 56,843 2,886. 113. column (A) amount, list line 11g expenses on Sch O.) 4,508. 3,980. 9,031. 543. Advertising and promotion 12 17,943. 88,593. 44,573. 26,077. 13 Office expenses 36,733. 20,082. 11,035. 5,616. 14 Information technology 15 Royalties 262,266. 238,266. 24,000. 16 Occupancy 32,292. 21,194. 7,489. 3,609. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,792. 7,773. 981. Conferences, conventions, and meetings 19 17,310.10,557. 6,753. 20 4.400. 4,400. Payments to affiliates 21 14,124. 12,830. 647. 647. Depreciation, depletion, and amortization 22 73,836. <u>679.</u> 50,036. 23,121. 23 Other expenses. Itemize expenses not covered 24 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.) CONSTRUCTION COSTS 910,369. 910,369. CRITICAL HOME REPAIRS 109,767. 109,767. 53,148. HOME BUILDING EXPENSES 53,148. 4,280. d MISCELLANEOUS 34,853. 29,928. 645. 1,070. 11,804. 10,734.

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263,542.

25

2,704,936.

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

e All other expenses

Check here

259,985.

2,181,409.

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			257,253.	1	78,461
2	Savings and temporary cash investments	2,767.	2	517,592		
3	Pledges and grants receivable, net			460,518.	3	988,869
4	Accounts receivable, net	8,947.	4	29,659		
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensations	ated em	ployees. Complete			
	Part II of Schedule L				5	
6		Loans and other receivables from other disqualified persons (as defined under				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
	employers and sponsoring organizations of section 501(c)(9) voluntary					
2	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net				7	1,780,253
² 8	Inventories for sale or use			1,348,544.	8	1,136,500
9	Prepaid expenses and deferred charges			15,696.	9	1,136,500 3,651
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	153,751.			
b		-	139,110.	15,827.	10c	14,641
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line			12		
13	Investments - program-related. See Part IV, line			6,649.	13	8,048
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		1,665,615.	15	45,376	
16	Total assets. Add lines 1 through 15 (must equ	3,781,816.	16	4,603,050		
17	Accounts payable and accrued expenses			229,422.	17	331,849
18	Grants payable				18	
19	Deferred revenue		7,053.	19	2,039	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete			3,467.	21	12,269
ຊ 22	Loans and other payables to current and former	r officer	s, directors, trustees,			
[key employees, highest compensated employee	es, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate	d third	oarties	387,172.	24	663,224
25	Other liabilities (including federal income tax, pa	yables	to related third			
	parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
	Schedule D			9,800.	25	6,600
26	Total liabilities. Add lines 17 through 25			636,914.	26	1,015,981
	Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es es	complete lines 27 through 29, and lines 33 an	nd 34.				
27	Unrestricted net assets			2,313,081.	27	3,170,394
28	Temporarily restricted net assets			831,821.	28	416,675
29					29	
2	Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
g 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated in			2 144 222	32	2 505 050
33	Total net assets or fund balances			3,144,902.	33	3,587,069
34	Total liabilities and net assets/fund balances			3,781,816.	34	4,603,050

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	70		
3	Revenue less expenses. Subtract line 2 from line 1	3			9,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	3,14	4,9	02.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	7,3	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,58	7,0	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative		•			i).		
4	Ħ	A medical research organiz					•	the hospital's name	
7		city, and state:	ation operated in co	injunction with a noopita	1 400011500	111000110	ii ii o(b)(i)(A)(iii)i Entor	the hoopital o hame,	
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in	
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III	
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
6		•	-				•		
7	X	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). (C	• •						
8	Н	A community trust describe							
9		An organization that norma	•	•	•				
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Con	•						
10	Н	An organization organized a	•	•	•				
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	~					Check the box in	
		lines 11a through 11d that				•			
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting	
		organization. You must o	-						
b			· ·					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported	
		organization(s). You mus							
С							· ·	ed with,	
		its supported organizatio							
d		☐ Type III non-functionally							
		that is not functionally int	-		•			iveness	
		requirement (see instruct	•	-					
е		☐ Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,					
t		er the number of supported of							
g		vide the following information		 	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see	
		- · J · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)	
					Yes	No	•	·	
Гotа	ı								

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,792,681.	2,301,600.	1,571,072.	1,174,690.	1,880,056.	8,720,099.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8,720,099.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,792,681.	2,301,600.	1,571,072.	1,174,690.	1,880,056.	8,720,099.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	150.	227.	217.	214.	342.	1,150.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		14,403.	391.	137.	1,793.	16,724.
11							8,737,973.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,711,174.
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	here					> □
Sec	ction C. Computation of Publ	ic Support Pei	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.80 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	99.68 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2014. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check thi	s box and stop he	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY AND CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
48		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
0.0		
9с		
10a		
40.		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A parson who directly or indirectly controls, either alone or togother with persons described in (b) and (c) below, the governing douty of a supported organization? b A family member of a person described in (a) above? c A 35% controlled writty of a person described in (a) above? 7 B A 35% controlled writty of a person described in (a) above? 8 C A 35% controlled writty of a person described in (a) above? 8 D Did the directors, trushess, or membership of one or more supported organizations have the power to regularly apport or redeated a least a majority of the organization of directors or trustees at all times during the tax year? *I *No.* (describe in Part VI No the supported organizations directors or trustees at all times during the tax year. 1 Did the directors, trushess at an analysis of the organization had more than one supported organizations, controlled the organization's setwines. If the organization had more than one supported organization, described organizations and what conditions or restrictions, if any, applied to such powers during the supported organization operated for the benefit of any supported organization of the than the supported organization operated by the benefit of any supported organization of the than the supported organization operated by the benefit of any supported organization of the than the supported organization of	Par	TIV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (c) billow, the governing body of a supported organization? b A tamily member of a person described in (a) above? c A 55% controlled entity of a person described in (a) or (b) above?! Section B. Type I Supporting Organizations 1 Did the directors, fustees, 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 "It's "leach be in Part VI how the supported organization," describe how the powers to appoint and/or remove direction or trustees at all times during the tax year? If "It's "leach be in Part VI how the supported organization," describe how the powers to appoint and/or remove direction or trustees are eallocated among the supported organization, describe how the powers to appoint and/or remove direction or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove direction or trustees were ellocated among the supported organization, and with a conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organizations section C. Type III Supporting Organizations Section D. All Type III Supporting Organizations Wes 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 organizations by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by expended organizations have a significant v		_		Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) or (b) above? A 55% controlled entity of a person described in (a) or (b) above? A 55% controlled entity of a person described in (a) or (b) above? Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sidectors or trustees at all times during the tax year? If "No," describe in Part VI now the supported organizations (all controlled entity of the organizations) describe in Part VI now the supported organization is directory operated, supervised, or controlled the organizations and what conditions or restrictions; if any, applied to any power during organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the than the supported organization is part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the same persons that controlled or managed the supported organization(s). 1 Were a majority of the organization is directors or trustees during the same persons that controlled or	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If VPC, "describe in Part VI how the supported organization," described how the powers to appoint and/or enterior directors or trustees at all times during the tax year. 2 Did the organization's activities. If the organization flat once than one supported organization, describe how the powers to appoint and/or enterior directors or trustees are all carded among the supported organization, described how the powers to appoint and/or enterior directors or trustees are all carded and the supported organization, described how the powers to appoint and/or enterior directors or the supported organization, described and analysis of the supported organization other than the supported organization organization other than the supported organization organization other than the supported organization of the supporting organization of the supported organization of the supported organization of the supported organizations or trustees of each of the organization's directors or frustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's provided organization's provided organization's provided organization provided organization's provided organization provided organization provided organization provided the supported organization provided the supported organization or the supported organization or supported organization's and the supported organization's provided? 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provided the supported organiza	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to supported organization greated organization and what conditions or restrictions, if any, applied to supported organization file that personal organization greated organization and what conditions or restrictions, if any, applied to supported organization file that the supported organization or supported organization or supported organization or the than the supported organization is apported organization or supported organization or supported organization or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's in Part V how control or arrangement of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the organization's power than the same persons that controlled or management of the organization's provide to each of its supported organization's provided organization's provide to each of its supported organization's trust year. (i) a copy of the Form 990 that was most exceptly life as of the date of ontitica		below, the governing body of a supported organization?	11a		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. If No." describe he part If how the organization's directors or trustees at all times during the tax year. If No." describe he part If how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization that the supported organization(s) that operated, supervised, or controlled the supporting organization that the supported organization of the trust the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's tax year, (i) a written notice describing the type and amount of support provided uring the prior tax year, (i) a copy of the Form 99 that was most recently filed as of the date of notification, and (iii) copies of the organization supported organizations). 1 Did the organization provide to each of its supported organization? If No." explain in Part VI how the organization maintained a close and continuous working reliabonship with the supported organization(s). 2 Section E. Type III Functionally-Integrate	b	A family member of a person described in (a) above?	11b		
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 organizations directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization services. If the organization and what conditions or restrictions, if any, applied to such power allocated among the supported organization and what conditions or restrictions, if any, applied to such power allocated among the supported organization sand what conditions or restrictions, if any, applied to such power allocated among the supported organization sand what conditions or restrictions, if any, applied to such power allocated among the supported organization (s) that operated, organization (s) the organization is supported organization(s)? If "No," describe in Part VI how control or remangement of the supporting organization (s) the supported organization (s) that operated organization (s) that operated organization (s) the organization (s) and the supported organization (s) that operated organization (s) that operated organization (s) that operated organization (s) that operated organization (s) (s) and the organization (s) that operated organization (s) (s) and the organization (s) that operated organization (s) (s) and the organization (s) the organization (s) of the organ	С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
1 Did the directors, tustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization than that the supported organization of controlled the supported organization of the trust of the purposes of the supported organizations) that operated, supervised, or controlled the supported organization's directors or trustees of each of the supported organization's organization's power in the organization's powering orga	Sec	tion B. Type I Supporting Organizations			
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	h		Ju.		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See inst ri	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
O 4:	- Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
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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.

OMB No. 1545-0047

Name of the organization

Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	X 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		
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special Rules			
sections 509(a)(1) any one contributo	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.			
year, contributions is checked, enter hourpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$		
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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)

Name of organization Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

(a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contributions Type of contri	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
233 N MICHIGAN AVENUE, SUITE 1820 S 91,130. CHICAGO, IL 60601 CHICAGO, IL 60601 Ce) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions Ce) (d) No. Name, address, and ZIP + 4 Total contributions Person X Payroll Noncash Chicago, IL 60187 Ce) (d) No. Name, address, and ZIP + 4 Total contributions Ce) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions Ce) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions Ce) (d) No. Name, address, and ZIP + 4 Total contributions Type of		. ,	` '	1 ' '
No. Name, address, and ZIP + 4 DUPAGE COUNTY TREASURER 421 N. COUNTY FARM ROAD \$ 90,492. Complete Part II for noncash contributions Type of contributions Type of contributions Complete Part II for noncash contributions Type of contributions Person X Payroll Complete Part II for noncash contributions Complete Part II for noncash contributions Type of contributions Person X Payroll Complete Part II for noncash contributions Complete Part II for noncash contributions Type of contributions Person X Payroll Complete Part II for noncash contributions Person X Payroll Payr	1	233 N MICHIGAN AVENUE, SUITE 1820	\$\$	Payroll Noncash (Complete Part II for
A21 N. COUNTY FARM ROAD \$ 90,492.		. ,		1 ' '
No. Name, address, and ZIP + 4 Total contributions Type of contribution Complete Part II for noncash contributions Complete Part II for noncash contr	2	421 N. COUNTY FARM ROAD	\$ 90,492.	Payroll Noncash (Complete Part II for
BECOLAB FOUNDATION 1601 WEST DIEHL ROAD 1601 WEST DIEHL ROAD		. ,		1 , ,
No. Name, address, and ZIP + 4 HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET \$ 131,885.	3	1601 WEST DIEHL ROAD	\$\$	Payroll Noncash (Complete Part II for
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET \$ 131,885. Person X Payroll Noncash X (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4		. ,		1 ' '
No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Type of contribution Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution (Complete Part II for noncash contributions) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions) Type of contributions.)		HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET		Person X Payroll Noncash X (Complete Part II for
401 N MICHIGAN AVENUE, SUITE 700 CHICAGO, IL 60611 (c) (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions 6 THRIVENT FINANCIAL 625 S FOURTH AVENUE \$ 274,500.		` ,		1
No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Person X Payroll Noncash (Complete Part II for	5	401 N MICHIGAN AVENUE, SUITE 700	\$ 400,303.	Payroll Noncash (Complete Part II for
625 S FOURTH AVENUE \$ 274,500. Payroll Noncash (Complete Part II for		. ,	` '	1
523452 10-26-15 Schedule B (Form 990, 990-EZ, or 990-PF) (2019	6	625 S FOURTH AVENUE		Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	BUILDING MATERIALS AND HOME DEPOT GIFT CARDS		
		\$15,371.	01/08/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
523453 10-26			990, 990-EZ, or 990-PF) (20

Employer identification number

Name of organization

OUPAGE	HABITAT FOR HUMANITY		36-4003119
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	ributions to organizations described columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -			
-		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		NI 0: 11 A
Ра	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic 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 trea		al gain, provide
	the following amounts required to be reported under SFAS 1	` ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		> ¢

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

Schedule D (Form 990) 2015

а b

Part IV

(check all that apply): ☐ Public exhibition

1a Beginning of year balance

e Other expenditures for facilities

b Permanent endowment

bv:

Temporarily restricted endowment

Scholarly research

☐ Preservation for future generations

•	DCCC	ibe iii i u	11 / 1111 1110	IIIICIIGCC	1 4505 0	i tilo organ
Par	t VI	Land,	Buildir	ngs, an	d Equi	ipment.

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

- Complete ii the organization anowered	·	ı ´ ı	· · · · · · · · · · · · · · · · · · ·				
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value			
	basis (investment)	basis (other)	depreciation				
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment		153,751.	139,110.	14,641.			
e Other							
tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2015

Schedu	le D (Form 990) 2015 DUPAGE HABI	TAT FOR HU	MANITY	36	-4003119	Page 3
	VII Investments - Other Securities.					, ago s
	Complete if the organization answered "Yes"	on Form 990. Part I	/. line 11b. See Form 990. I	Part X. line 12.		
(a) De:	scription of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-year market v	/alue
(1) Fina	ncial derivatives					
	sely-held equity interests					
(3) Oth						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
_ , ,	ol. (b) must equal Form 990, Part X, col. (B) line 12.)					
	/III Investments - Program Related.					
1 3 0	Complete if the organization answered "Yes"	on Form 990 Part I	/ line 11c See Form 990 I	Part Y line 13		
	(a) Description of investment	(b) Book value		aluation: Cost or end	d-of-vear market v	/alue
(1)	(4) = 2224 2000	(,	(-,		,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	ol (h) must aqual Form 000 Port V col (P) line 12)					
Part	ol. (b) must equal Form 990, Part X, col. (B) line 13.)					
1 art	Complete if the organization answered "Yes"	on Form 000 Port I	/ line 11d See Form 000 I	Part V lina 15		
		Description	v, line 11a. See Form 990, i	rant A, line 15.	(b) Book va	ماريد
(4)	(4)	Description			(b) Book ve	
(1)						
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
(7)						
(8)						
(9)	2.1 (1) 15 200 5 17 17 17	45)				
Part	Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		<u></u>		
Part		E 000 B 11	/ II	000 5 1 1 1 1 05		
	Complete if the organization answered "Yes"	on Form 990, Part I		1990, Part X, line 25) <u>.</u>	
1.	(a) Description of liability		(b) Book value			
	Federal income taxes	λΙΕ Ο Ε				
	CLOSING FUNDS HELD ON BEH	ALF OF	6 600			
	PARTNER FAMILIES		6,600.			
(4)						
(5)						
(6)						
(7)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8)

6,600.

Sche	dule D (Form 990) 2015 DUPAGE HABITAT FOR HUMANI				4003119 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents Witl	n Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,240,203.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		12 520		
b	Donated services and use of facilities	2b	13,539.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d		_	12 520
	Add lines 2a through 2d			2e	13,539. 3,226,664.
	Subtract line 2e from line 1			3	3,220,004.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما			
	Investment expenses not included on Form 990, Part VIII, line 7b		-72,210.		
	Other (Describe in Part XIII.)			4-	-72,210.
	Add lines 4a and 4b			4c	3,154,454.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial States			•	
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		in Expenses per	rictu	
1	Total expenses and losses per audited financial statements			1	2,798,036.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	2773070300
	Donated services and use of facilities	2a	13,539.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		79,561.		
	Add lines 2a through 2d			2e	93,100.
	Subtract line 2e from line 1			3	2,704,936.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	' <u>-</u>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,704,936.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Part	X, line 2; Part XI,
PAR	T IV, LINE 2B:				
ESC	ROW ACCOUNT BALANCE REPRESENTS IN-HOUSE	ESCROW	MAINTAINED	BY	
ORG	SANIZATION ON BEHALF OF A PARTNER FAMILY.	FUNDS	ARE PAID T	O TI	HE
ORG	SANIZATION AND MAINTAINED UNTIL REQUIRED	PAYMEN'	rs for prop	ERT	Y TAXES ARE
NEC	ESSARY.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
INC	OME IN EQUITY OF LLC				-1,399.
DIR	ECT FUNDRAISING EXPENSE NETTED WITH REVE	NUE ON	990		-70,811.
TOT	'AL TO SCHEDULE D, PART XI, LINE 4B				-72,210.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						

532081

Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 DUPAGE HABITAT FOR HUMANITY 36-4003119 Page 2 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 WOMEN'S (add col. (a) through GOLF OUTING BUILD 10 col. (c)) (event type) (total number) (event type) 85,543. 22,265. 108,918. 216,726. 1 Gross receipts 22,265 81,593 85,543. 189,401. 2 Less: Contributions 27,325 27,325. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 19,005. 19,005. 6 Rent/facility costs 1,578. 1,578. 7 Food and beverages 8 Entertainment 50,700. 10,579. 69,233. 9 Other direct expenses 89,816. 10 Direct expense summary. Add lines 4 through 9 in column (d) -62,491. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 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? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2015 DUPAGE HABITAT FOR HUMANITY 36	-4003119	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		110
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l lines 9 9h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	i, iii 103 0, 00, 10	Б, ТОБ,

Schedule 6	G (Form 990 or 990-EZ)	DUPAGE HABITAT	' FOR HUMANITY	36-4003119 _{Page}
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u>~</u>
		,		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

DUPAGE HABITAT FOR HUMANITY 36-40										
Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	is		
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	VA	LUE			
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other \blacktriangleright (FUNDRAISING I)	X	24		FAIR MARKET	' VA	LUE			
26	Other ► (HOME DEPOT GI)	X	1							
27	Other \blacktriangleright ($BUILDING MATE$)	X	5	7,848.	FAIR MARKET	' VA	LUE			
28	Other (
29	Number of Forms 8283 received by the organia	zation during	g the tax year for o	contributions						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29						
							Yes	No		
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	h 28, that it					
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not required to be t	used for					
	exempt purposes for the entire holding period	?				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contribu	itions?	31		Х		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash						
	contributions?					32a		Х		
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is che	ecked,					
	describe in Part II.									

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

Schedule M (Form 990) (2015)

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

36-4003119 DUPAGE HABITAT FOR HUMANITY 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 PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN ANNUALLY. 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: 1,399. GAIN (LOSS) IN EQUITY OF LLC UNCOLLECTIBLE PLEDGES -8,750.TOTAL TO FORM 990, PART XI, LINE 9 -7,351.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DUPAGE HABITAT FOR HUMANITY

 $\begin{array}{c} \text{Employer identification number} \\ 36-4003119 \end{array}$

Part I Identification of Disregarded Entities Comple	te if the organization answered "Yes" of	on Form 990, Part IV, line 33.			
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PIONEER				DUPAGE HABITAT FOR
WHEATON, IL 60187	PRAIRIE DEVELOPMENT	ILLINOIS	21,112.	0.	HUMANITY
PRAIRIE GREEN HABITAT LLC - 90-0827510	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PRAIRIE				DUPAGE HABITAT FOR
WHEATON, IL 60187	GREEN DEVELOPMENT	ILLINOIS	382,164.	0.	HUMANITY
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
EAST ROOSEVELT, WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS	0.	0.	HUMANITY
	1				

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

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

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

Schedule R (Form 990) 2015

Page 2

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. Part III

organization is a carbot as a parameter from tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ging ownersh	age hip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
												_
												_
										\Box		_

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	ownership cor		ti) etion b)(13) rolled ity?
		country)						Yes	No
									<u> </u>

Page 3

Yes No

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

b Gift, grant, or capital contribution to related organization(s)

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

c Gift, grant, or capital contribution from related organization(s)	1c		X					
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)	1f		X					
g Sale of assets to related organization(s)	1g		X					
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)			X					
m Performance of services or membership or fundraising solicitations by related organization(s)			X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X					
Sharing of paid employees with related organization(s)			X					
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
,								
r Other transfer of cash or property to related organization(s)								
s 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 three								
(a) (b) (c) (d Name of related organization Transaction Amount involved Method of determining)	t						
type (a-s)								
(1)								
(2)								
(3)								
(4)								
(5)								
	·							
(6)								
532163 09-08-15	Schedule R (Fo							

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	ю
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Product: Exempt Extension Category: IRS Center: Ogden

Name: DUPAGE HABITAT FOR HUMANITY e-Postmark: 11/9/2016 1:23:44 PM

Notification:

Fiscal Year Fiscal Year eSigned:

Begin Date: 7/1/2015 **End Date:** 6/30/2016

FEIN: *****3119

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

Prepared for	DUPAGE HABITAT FOR HUMANITY 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
Amount due or refund	BALANCE DUE OF \$15.00
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	FEBRUARY 28, 2017
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE FORM AG990-IL MUST BE SIGNED BY TWO DIFFERENT OFFICERS OR BY TWO TRUSTEES. ONE SIGNATURE SHALL BE ACCEPTED IF THERE IS ONLY ONE TRUSTEE. A FORM AG990-IL WITHOUT TWO OF THE PREVIOUSLY MENTIONED REQUIRED SIGNATURES WILL BE CONSIDERED INCOMPLETE.

	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Form AG990-1 Revised 3/0
PMT	#	Attorney General LISA MADIGAN State of II		
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	oibu CO	# 01-028552
		, ,	v	Check all items attached:
AMT		Report for the Fiscal Period:	Make Checks X	1.7
		Beginning 07/01/2015	Make Checks X Payable to	Copy of Form IFC
INIT		Degining 07/01/2015	the Illinois	\$15.00 Annual Report Filing Fee
IIVII		& Ending 06/30/2016	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Feder	al ID# 36-4003119	MO DAY YR		MO DAY YR
	ontributions to the organization t	ax deductible? X Yes No Date O	ganization was create	
	LEGAL		Year-end	
	NAME DUPAGE HA	BITAT FOR HUMANITY	amounts	
	MAIL		A) ASSETS	A) \$ 4,603,050
		ROOSEVELT ROAD	B) LIABILITIES	B) \$ 1,015,981
	, STATE WHEATON,	ΙL	C) NET ASSETS	C) \$ 3,587,069
ZI	P CODE 60187			
l.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	78.734%	D) \$ 2,554,344
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	21.200%	E) \$ 687,791
	F) OTHER REVENUES		0.066%	F) \$ 2,135
	O) TOTAL DEVENUE INCOME	AND CONTRIBUTIONS RESERVED (ARD D. E. O. E.)	100.0/	G) \$ 3,244,270
п.	·	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) EXPENDITURES DURING THE YEAR:	100 %	G) \$ 3,244,270
" "-	H) OPERATING CHARITABLE		81.267%	H) \$ 2,271,225
	II) UFLING GHANHADLL	F NOUNAIN EXPENSE	01.207/0	Π) φ Ζ, Ζ/ Ι, ΖΖ Ξ
	I) EDUCATION PROGRAM SI	FRVICE EXPENSE	%	l) \$
	1) EBOOKTION TROUBLING	ENVIOLENCE ENGL	70	Ι) Ψ
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	81.267%	J) \$ 2,271,225
	,	,		, ,
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	%	K) \$
			04 065	0 074 005
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	81.267%	L) \$ 2,271,225
			0 202-	250 005
	M) MANAGEMENT AND GENE	:RAL EXPENSE	9.303%	M)\$ 259,985
	N) FUNDRAISING EXPENSE		9.430%	N) \$ 263,542
	II) FUNDRAISING EXPENSE		J. 450%	N) \$ 203,342
	0) TOTAL EXPENDITURES TI	HIS PERIOD (ADD I M & N)	100 %	0) \$ 2,794,752
	•	, , ,		Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι
1111.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISER			
		EY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING			0, 4
	,	PROFESSIONAL FUNDRAISING CONSULTANTS	FAD:	S) \$ 0
IV.		THE (3) HIGHEST PAID PERSONS DURING THE YINEARY, EXECUTIVE DIRECTOR	EAK:	T) \$ 107,743
		FESSLER, RESTORE MANAGER		U) \$ 79,643
		AH YARNALL, CONTROLLER		V) \$ 73,561
\ <u>,</u>		·	ED)	List on back side of instructions
V .	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND CODE CATEGORIES	/	CODE
598091 04-01-15	W) DESCRIPTION: HOUS	ING FOR THE POOR		W)# 131
91 04	X) DESCRIPTION:			X) #
5980	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?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
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 \$			
_				37
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
•	LIAO TUE ODOANIZATION EVED DEEN DEELIGED DEGIGEDATION OD UAD ITO DEGIGED ATION OD TAV EVENDTION GUODENDED OD			
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			Х
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Λ
40	WAG THERE OR DO VOLUMAVE ANNIVATION EROS OF ANNIVATION ROLL REPORT OF ANNIVATION REPORT OF AN ANNIVATION AND ARREST OF AN ANNIVATION REPORT OF AN ANDIVATION REPORT OF AN ANDIVATION REPORT OF AN ANDIVATION REPORT OF AN ANDIVATION REPORT OF AN ANDIVATION REPORT OF ANDIVATION RE			
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	10		Х
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Λ
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
11.	THREE LARGEST ACCOUNTS:			
	TITALE LANGEST ACCOUNTS.			
	WHEATON BANK - 211 SOUTH WHEATON AVENUE, WHEATON, IL 60187			
	BMO HARRIS BANK - P.O. BOX 94033, PALATINE, IL 60094			
	MB FINANCIAL BANK - 212 SOUTH WEST STREET, WHEATON, IL 60187			
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DEBBIE BAKER - (630) 510-3737			
12.	TO THE TELE TIONE NOWIDER OF CONTROL PERSON.			
ALI	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			
JNDE	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND TI	HE AT	TACHED	

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		

598101 04-01-15



619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

December 21, 2016

Illinois Attorney General's Office Charitable Trust Bureau Attn: Annual Report Section 11th 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 & Tracy

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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Statement of Activities	5 - 6
Statement of Functional Expenses	7 - 8
Statement of Cash Flows	9
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619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying consolidated financial statements of **DuPage Habitat for Humanity**, **Inc. and Subsidiaries**, which comprise the consolidated statement of financial position as of June 30, 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.

January 20, 2017

Selden Fox, Ltd.

DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Financial Position June 30, 2016

(With Comparative Totals for 2015)

Assets			
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 Total current assets 2,898,008 2,233,786 Property and equipment: 0 12,932 12,932 ReStore equipment and furniture 12,932 12,932 12,932 ReStore equipment 70,041 70,041 57,840 Vehicle 12,938 - Investment in limited liability company 8,048 6,649 Mortgages receivable, noncurrent, net of p		2016	2015
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 on progress 1,056,236 1,286,965 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 2,898,008 2,233,786 Property and equipment: 0ffice equipment and furniture 12,932 12,932 ReStore equipment and furniture 12,932 7,840 57,840 Vehicle 153,751 140,813 Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 Other assets: Investment in limited liability company 8,048 6,649 <t< th=""><th>Assets</th><th></th><th></th></t<>	Assets		
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 100,214 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 Total current assets 2,898,008 2,233,786 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 - Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Current assets:		
Government grants receivable	Cash and cash equivalents	\$ 596,053	\$ 260,020
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 2,898,008 2,233,786 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 - Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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	•	29,659	8,947
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 Total current assets 2,898,008 2,233,786 Property and equipment: 0ffice equipment and furniture 12,932 12,932 ReStore equipment and furniture 70,041 70,041 70,041 Software 57,840 57,840 57,840 Vehicle 12,938 - Italization 140,813 140,813 Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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	Government grants receivable	650,399	79,797
Mortgages receivable, current Inventories - land and construction in progress Inventories - land and construction in progress Inventory - ReStore 58,338 61,579 Inventory - ReStore 58,338 61,579 Inventory - real estate owned 21,926 - Prepaid expenses 3,651 15,696 Prepaid expenses 3,651 15,696 69,774 15,696 15,69	Other grants receivable	155,385	·
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 Total current assets 2,898,008 2,233,786	Pledges receivable, current portion	178,771	366,211
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 Total current assets 2,898,008 2,233,786	Mortgages receivable, current	102,214	84,797
Inventory - real estate owned		1,056,236	1,286,965
Prepaid expenses 3,651 15,696 Deposits and other assets 45,376 69,774 Total current assets 2,898,008 2,233,786 Property and equipment: 2,932 12,932 12,932 ReStore equipment and furniture 70,041 70,041 70,041 70,041 57,840 57,840 57,840 57,840 57,840 57,840 Vehicle 12,938 - - 140,813 -	Inventory - ReStore	58,338	61,579
Deposits and other assets	Inventory - real estate owned	21,926) = :
Total current assets 2,898,008 2,233,786 Property and equipment: 12,932 12,932 ReStore equipment and furniture 70,041 70,041 Software 57,840 57,840 Vehicle 12,938 - Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Prepaid expenses	3,651	15,696
Property and equipment: Office equipment and furniture ReStore equipment Software Vehicle 153,751 140,813 Less accumulated depreciation Total property and equipment, net Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent Total other assets 1,690,401 12,932 170,041 7	Deposits and other assets	45,376	69,774
Office equipment and furniture 12,932 12,932 ReStore equipment 70,041 70,041 Software 57,840 57,840 Vehicle 12,938 - Itage: Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Total current assets	2,898,008_	2,233,786
Office equipment and furniture 12,932 12,932 ReStore equipment 70,041 70,041 Software 57,840 57,840 Vehicle 12,938 - Itage: Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Property and equipment:		
Software Vehicle 57,840 12,938 - 57,840 12,938 - Less accumulated depreciation 153,751 140,813 Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 Other assets: Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent 1,678,039 1,511,044 14,510 Total other assets 1,690,401 1,532,203	·	12,932	12,932
Vehicle 12,938 - Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	• •	70,041	70,041
Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Software	57,840	57,840
Less accumulated depreciation (139,110) (124,986) Total property and equipment, net 14,641 15,827 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 Total other assets 1,690,401 1,532,203	Vehicle	12,938	5 0 0
Total property and equipment, net 14,641 15,827 Other assets: Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent Total other assets 1,690,401 1,532,203		153,751	140,813
Other assets: Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent Total other assets 1,690,401 1,532,203	Less accumulated depreciation	(139,110)	(124,986)
Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent Total other assets 8,048 6,649 1,511,044 1,511,044 1,510	Total property and equipment, net	14,641	15,827
Investment in limited liability company Mortgages receivable, noncurrent, net of present value discount Pledges receivable, noncurrent Total other assets 8,048 6,649 1,511,044 1,511,044 1,510	Other assets:		
present value discount 1,678,039 1,511,044 Pledges receivable, noncurrent 4,314 14,510 Total other assets 1,690,401 1,532,203	Investment in limited liability company	8,048	6,649
Pledges receivable, noncurrent 4,314 14,510 Total other assets 1,690,401 1,532,203	<u> </u>	1,678,039	1,511,044
	·		
Total assets \$ 4,603,050 \$ 3,781,816	Total other assets	1,690,401	1,532,203
	Total assets	\$ 4,603,050	\$ 3,781,816

See accompanying notes and independent auditor's report.

Liabilities and Net Assets	2016	2015
Lieleitaiee.		
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
Total current liabilities	647,752	556,534
Long-term liabilities - notes payable, net		
of current portion	368,229	80,380
Total liabilities	1,015,981	636,914
Net assets:		
Temporarily restricted	416,675	831,821
Unrestricted	3,170,394	2,313,081
Total net assets	3,587,069	3,144,902
Total liabilities and net assets	\$ 4,603,050	\$ 3,781,816

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

For the Year Ended June 30, 2016

(With Comparative Totals for 2015)

	Temporarily		20	
	Unrestricted	Restricted	Total	Total
Changes in net assets:				
Public support and revenue:				
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
Special events:				
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)	<u>-</u>	_
Total public support and revenue	3,655,349	(415,146)	3,240,203	2,446,187
Expenses:				
Program services:				
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
Total expenses	2,798,036		2,798,036	2,326,118
Change in net assets	857,313	(415,146)	442,167	120,069
Net assets, beginning of the year	2,313,081	,	3,144,902	3,024,833
	2,313,001	031,021	3,144,302	3,024,033
Net assets, end of the year	\$ 3,170,394	\$ 416,675 \$	3,587,069	\$ 3,144,902

See accompanying notes and independent auditor's report.

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DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Functional Expenses For the Year Ended June 30, 2016

(With Comparative Totals for 2015)

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

See accompanying notes and independent auditor's report.

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DuPage Habitat For Humanity, Inc. and Subsidiaries Consolidated Statement of Cash Flows For the Year Ended June 30, 2016

(With Comparative Totals for 2015)

		2016		2015
Cash flows from operating activities: Change in net assets	\$	442,167	\$	120,069
Adjustments to reconcile change in net assets	•	,	Ψ	.20,000
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 Cash from other operating activities:		(284,879)		(201,964)
Accounts receivable		(20,712)		7,541
Grants receivable		(725,987)		24,861
Home building related inventory		230,729		67,842
Prepaids 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
Net cash from operating activities		(132,968)		(301,538)
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
Net cash from investing activities		192,949		246,425
Cash flows from financing activities:				
Proceeds from notes payable		444,300		-
Payments on notes payable		(168,248)		(35,804)
Net cash from financing activities		276,052		(35,804)
Net change in cash		336,033		(90,917)
Cash and cash equivalents, beginning of the year		260,020		350,937
Cash and cash equivalents, end of the year	\$	596,053	\$	260,020

See accompanying notes and independent auditor's report.

1. Organization and Purpose

The accompanying financial statements reflect the consolidated operations of DuPage Habitat for Humanity, Inc., Pioneer Prairie, LLC, 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.

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.

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.

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.

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 prioryear comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's 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.

3. Federal and Local Government Grants

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

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.

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 1/12th 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.

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:

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

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:

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

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.

5. Mortgages Receivable (cont'd)

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

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

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	 1,346,417
Total	\$ 1,780,253

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 61st 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.

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.

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.

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:

	Re	tail Space	(Other		Total
2017 2018 2019 2020	\$	120,344 123,352 126,436 129,597	\$	2,581 2,581 1,291	\$	122,925 125,933 127,727 129,597
2021		87,826				87,826
	\$	587,555	\$	6,453	\$	594,008

9. Notes Payable and Lines of Credit		
	2016	2015
DuPage Habitat for Humanity, Inc.		
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.	\$ 160,000	\$ 116,000
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.	400,300	<u> </u>
	560,300	116,000
Less current portion	(192,071)	(116,000)
Net long-term debt	\$ 368,229	\$ -

9.	Notes Payable and Lines of Credit (cont'd)			
		 2016	2015	
	Prairie Green Habitat, LLC			
	On April 30, 2012, the Organization obtained a promissory note with West Suburban Bank in the amount of \$210,000 with a maturity date of November 1, 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	\$ _	\$	
	Pioneer Prairie, LLC			
	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
	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.	<u>-</u>		117,699
		31,724		149,423
	Less current portion	 (31,724)		(69,043)
	Net long-term debt	\$ 	\$	80,380

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

Minimum future principal payments are as follows at June 30:

	age Habitat Humanity		irie Green oitat, LLC	Pioneer 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
Totals	\$ 560,300	\$	71,200	\$	31,724	\$	663,224

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		
Total	\$	1,056,236	\$	1,286,965		

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:

	2016		2015		
Pledges receivable: Current Long-term, net of discount of 3.25% per annum	\$	178,771 4,314	\$	366,211 14,510	
Total	\$	183,085	\$	380,721	
Pledges receivable are composed of:					
		2016		2015	
Cash	\$	148,671	\$	195,811	
In-kind and donated services - project management services		35,100		185,400	
Total pledges receivable		183,771		381,211	
Less present value discount		(686)		(490)	
Net pledges receivable	\$	183,085	\$	380,721	

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:

	 2016	2015		
Unconditional pledges for cash and donated materials and labor for the construction and rehabilitation of homes in the home ownership program.	\$ 190,147	\$	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	168,654		-	
Donations for future fund-raising events	56,730		46,206	
Grants for ReStore	 1,144		1,144	
	\$ 416,675	\$	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)

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.

EXTENDED TO FEBRUARY 15, 2017

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

Open to Public

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.

Inspection

OMB No. 1545-0047

<u> </u>	ror the	e 20 is calendar year, or tax year beginning U	OL I, ZUIS and	ending U	<u>on 30, </u>	2010			
В	Check if applicable	e: C Name of organization			D Employer	identifica	tion number		
	Addre		ANITY						
	Name chang	e Doing business as				36-40	03119		
	Initial return Final return		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 EAST ROOSEVELT ROAD						
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s\$	3,244,270.		
	Amen		Zii di leleigii pediai edae		H(a) Is this a				
F	Applic	F Name and address of principal officer:DAV	ID NEARY			rdinates?			
	pendi	SAME AS C ABOVE					uded? Yes No		
$\overline{}$	Toy ov			or 527	7		et. (see instructions)		
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			sociation Other	I Voor			State of legal domicile: IL		
	art I	Summary	ociation other	L Teal	oriorination, ±		otate of legal doffliche. ± 1		
		Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	HOMES	TO EC	ONOMICALLY		
Activities & Governance		DISADVANTAGED FAMILIES IN	DUPAGE COUNTY						
ern		Check this box if the organization discor	•	sed of more	than 25% of				
Š		Number of voting members of the governing body					12		
<u>«</u>		Number of independent voting members of the go					12		
ies	5	Total number of individuals employed in calendar y	rear 2015 (Part V, line 2a)				20		
₹		Total number of volunteers (estimate if necessary)					3900		
Ąct		Total unrelated business revenue from Part VIII, co					0.		
_	b	Net unrelated business taxable income from Form	990-T, line 34			7b	0.		
					Prior Year		Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)			1,174,		1,880,056.		
eur	9				1,260,		1,334,754.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4				214.	342.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		-55,		-60,698.		
	_	Total revenue - add lines 8 through 11 (must equal	. ,,,		2,379,		3,154,454.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
		Benefits paid to or for members (Part IX, column (A			0. 875,515. 964,				
es	15	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)		8/5,		964,328.		
ens	16a	Salaries, other compensation, employee benefits (I Professional fundraising fees (Part IX, column (A), I Total fundraising expenses (Part IX, column (D), line	ine 11e)			0.	0.		
Expenses	b				4 254	101	1 540 600		
	17	Other expenses (Part IX, column (A), lines 11a-11d			1,371,		1,740,608.		
		Total expenses. Add lines 13-17 (must equal Part I			2,246,		2,704,936.		
	19	Revenue less expenses. Subtract line 18 from line	12		132,		449,518.		
SOU				Be	ginning of Curre		End of Year		
Sset	20	Total assets (Part X, line 16)			3,781,		4,603,050.		
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)			636,		1,015,981.		
Z	22	Net assets or fund balances. Subtract line 21 from	line 20		3,144,	902.	3,587,069.		
	art II	Signature Block	to all alternations and a second and a				and the Box (a te		
		Ilties of perjury, I declare that I have examined this return,				-	nowleage and belief, it is		
true	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowie	age.			
٠.		Signature of officer			Date				
Sig		olginatare er emeer			Duto				
He	re	Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Pai	d	PAUL J. ROZEK	-			if self-employed	P00542258		
Pre	parer	Firm's name SELDEN FOX, LTD.		I	Firm's		36-2985770		
Use	Only	Firm's address 619 ENTERPRISE D					054 1400		
_		OAK BROOK, IL 60			Phon	e no. o 3 U	-954-1400		
		RS discuss this return with the preparer shown abo		<u></u>		<u></u>	Yes No		
532	001 12-1	6-15 LHA For Paperwork Reduction Act Notice	e, see the separate instructi	ons.			Form 990 (2015)		

	Check if Schoolule O contains a reconcess or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III 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 X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,562,011 • including grants of \$) (Revenue \$ 486,628 •)
44	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
	CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED PRICES
	ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDITIONAL
	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING INTO LANDFILLS.
	TAUDLITI2.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
-ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,181,409.

532002 12-16-15

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-25
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated invarious statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			. v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	41	
19		19		х
	complete Schedule G, Part III	פו	000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If Tes, complete Schedule L, Fart W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
20		28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		20		х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20	Х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-21	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
6 -	Part V, line 1	34	Λ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1_	37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v					Ш					
					Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37						
	(gambling) winnings to prize winners?	 I	I	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		20								
	filed for the calendar year ending with or within the year covered by this return	2a		2b	Х						
р	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
20	5111			3a		х					
	 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 										
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i> 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
- a	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x					
h	If "Yes," enter the name of the foreign country:	accou		Tu							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t										
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	X						
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		="			,,					
	to file Form 8282?	1		7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			v					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11							
Ü		•		8							
9	Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a							
		12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
L	Note. See the instructions for additional information the organization must report on Schedule O.										
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	I								
_	Enter the amount of reserves on hand	13c									
	Did the second in the second is a second of the description of the second of the secon		<u> </u>	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b							
		<u> </u>			990	(2015)					
						. /					

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
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	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	l finan	cial	
	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.

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

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

Compensation	(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
DIRECTOR		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation	
Carrest Colletti	, - ,	5.00	, .							0	0	
DIRECTOR X		<u> </u>	^						0.	0.	0.	
S		3.00								0	0.	
Name		5 00	Δ						0.	0.	<u> </u>	
TODD FULLER		3.00	x		x				0.	0.	0.	
Director X		5.00										
S			X						0.	0.	0.	
(6) ANNE HOUGHTALING	(5) PAUL GARRETT	5.00										
VICE PRESIDENT	DIRECTOR		Х						0.	0.	0.	
TREASURER	(6) ANNE HOUGHTALING	5.00										
X X X X X X X X X X	VICE PRESIDENT		Х		Х				0.	0.	0.	
(8) JULIE ANN O'CONNELL READ 5.00 SECRETARY X X (9) PATRICIA OLINGER 5.00 VICE PRESIDENT X X (10) PETE PAPAGEORGAKIS 5.00 DIRECTOR X 0. (11) BEN POHL 5.00 0. DIRECTOR X 0. 0. (12) KEVIN REIMAN 5.00 X 0. 0. VICE PRESIDENT X X 0. 0. (13) DAVE NEARY 45.00 45.00 0. 0.	(7) PAUL JAROSZ	5.00										
X X X X X X X X X X	TREASURER		Х		Х				0.	0.	0.	
(9) PATRICIA OLINGER 5.00 VICE PRESIDENT X X (10) PETE PAPAGEORGAKIS 5.00 DIRECTOR X (11) BEN POHL 5.00 DIRECTOR X (12) KEVIN REIMAN 5.00 VICE PRESIDENT X (13) DAVE NEARY 45.00	(8) JULIE ANN O'CONNELL READ	5.00								_	_	
VICE PRESIDENT X X 0. 0. (10) PETE PAPAGEORGAKIS 5.00 0. 0. 0. DIRECTOR X 0. 0. 0. (11) BEN POHL 5.00 0. 0. 0. DIRECTOR X 0. 0. 0. (12) KEVIN REIMAN 5.00 X X 0. 0. VICE PRESIDENT X X 0. 0. 0. (13) DAVE NEARY 45.00 0. 0. 0. 0.	SECRETARY		X		X				0.	0.	0.	
Column	, , , , , , , , , , , , , , , , , , , ,	5.00	l		l							
DIRECTOR X 0. 0.			X		X				0.	0.	0.	
(11) BEN POHL 5.00 X 0. 0. (12) KEVIN REIMAN 5.00 X X 0. 0. (13) DAVE NEARY 45.00		5.00								0	0	
DIRECTOR X 0. 0.		F 00	X						0.	0.	0.	
(12) KEVIN REIMAN 5.00 VICE PRESIDENT X X (13) DAVE NEARY 45.00		5.00	,,							0	0	
VICE PRESIDENT X X X 0. 0. (13) DAVE NEARY 45.00		F 00	A						0.	0.	0.	
(13) DAVE NEARY 45.00		3.00			_v					0	0.	
		45.00	^		^				0.	0.	0.	
TOT, 143. 0. 3,23		43.00	-		v				107 7/3	0	5 253	
	EXECUTIVE DIRECTOR				<u> </u>				107,743.	0.	3,233.	
			-									
			1									
			1									

Pai	T VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C				1	(F)	
	(A)	(B)			Pos	C) ition	,		(D)	(E)	` '			
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			stimate nount (
		week		box, unless person is both an officer and a director/trustee)					from	from related		"	other	<i>J</i> 1
		(list any	rector						the	organization			pensa	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	uaduc		(** 27 1000 141100)			_	d relate	
		below line)	ividua	titutior	Officer	Key employee	hest c	mer				orga	anizatio	วทร
	related organizations below line) line) line) line) line) organizations below line)													
			-											
			-											
1b	Sub-total							<u> </u>	107,743.		0.		5,2	53.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								107,743.		0.		5,2	<u>53.</u>
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			1
_	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-					•	the organization				v
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									dual for convicos		4		X
3	rendered to the organization? If "Yes," com	•				-			•		•	5		Х
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,								
1	Complete this table for your five highest co										npens	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir 	n the organization's tax y	/ear.			C)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	С		nsatio	า
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0					Form	990 c	2015

-orm 990 (20	15)	DUPAGE	HABLTAT	FOR	HUMA
Part VIII	Statement	of Revenue	•		
-	Chapte if Cahar	dula O containa		noto to c	novi lina ir

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
			<u></u>	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					012 014
ra Z		Membership dues						
ا ق		Fundraising events		189,401.				
iffs ar A		Related organizations	·····					
ا≝'ج		Government grants (contributi	·····	687,791.				
Sis		All other contributions, gifts, grant	, 	00,,,,,,				
her		similar amounts not included above		002,864.				
호텔	~	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	06 000				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,880,056.			
<u> </u>		Totali Add lines 1a 11		Business Code				
o l	2 a	RESTORE		900099	849,919.	849,919.		
Ş (SALE OF HOMES		900099	357,489.	357,489.		
Ser	c	MORTGAGE LOAN D	ISCOUNT	900099	127,346.	127,346.		
an eve	d				,	, -		
Program Service Revenue	e							
<u>r</u>	f	All other program service reve	nue					
		Total. Add lines 2a-2f			1,334,754.			
	3	Investment income (including						
		other similar amounts)			342.			342.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>	<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
enne	8 a	Gross income from fundraising including \$189,4	g events (not : 01 • of					
Şe		contributions reported on line						
Other Reven		Part IV, line 18		27,325.				
₩		Less: direct expenses		89,816.	60 401			60 401
		Net income or (loss) from fund		<u></u>	-62,491.			-62,491.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu MISCELLANEOUS	е	Business Code 900099	1,793.	1,793.		
	11 a			700075	±,155•	±,100•		
	D C							
		All other revenue						
	d All other revenue e Total. Add lines 11a-11d			<u> </u>	1,793.			
	12	Total revenue. See instructions.			3,154,454.		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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 77,933. 24,890. 120,826. 18,003. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 695,676. 496,562. 66,688. 132,426. 7 Other salaries and wages Pension plan accruals and contributions (include 6,235 4,146 740 1,349. section 401(k) and 403(b) employer contributions) 67,255. 54,150. 11,019. 2,086. Other employee benefits 9 53,972. 74,336. 7,381. 12,983. Payroll taxes 10 Fees for services (non-employees): a Management 566. 566. Legal 16,900. 16,900. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 53,844. 56,843 2,886. 113. column (A) amount, list line 11g expenses on Sch O.) 4,508. 3,980. 9,031. 543. Advertising and promotion 12 17,943. 88,593. 44,573. 26,077. 13 Office expenses 36,733. 20,082. 11,035. 5,616. 14 Information technology 15 Royalties 262,266. 238,266. 24,000. 16 Occupancy 32,292. 21,194. 7,489. 3,609. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,792. 7,773. 981. Conferences, conventions, and meetings 19 17,310.10,557. 6,753. 20 4.400. 4,400. Payments to affiliates 21 14,124. 12,830. 647. 647. Depreciation, depletion, and amortization 22 73,836. <u>679.</u> 50,036. 23,121. 23 Other expenses. Itemize expenses not covered 24 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.) CONSTRUCTION COSTS 910,369. 910,369. CRITICAL HOME REPAIRS 109,767. 109,767. 53,148. HOME BUILDING EXPENSES 53,148. 4,280. d MISCELLANEOUS 34,853. 29,928. 645. 1,070. 11,804. 10,734. e All other expenses Total functional expenses. Add lines 1 through 24e 2,704,936. 2,181,409. 259,985. 263,542. 25 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)

Form 990 (2015) Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	257,253.	1	78,461.	
	2	Savings and temporary cash investments	2,767.	2	517,592.	
	3	Pledges and grants receivable, net	460,518.	3	988,869	
	4	Accounts receivable, net		8,947.	4	29,659
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	1,780,253
Ä	8	Inventories for sale or use		1,348,544.	8	1,136,500
	9	Prepaid expenses and deferred charges		15,696.	9	3,651
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 153,751.			
	b	Less: accumulated depreciation	10b 139,110.	15,827.	10c	14,641
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11	6,649.	13	8,048
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,665,615.	15	45,376
	16	Total assets. Add lines 1 through 15 (must equ		3,781,816.	16	4,603,050
	17	Accounts payable and accrued expenses		229,422.	17	331,849
	18	Grants payable			18	
	19	Deferred revenue		7,053.	19	2,039
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	3,467.	21	12,269
es	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee				
iab		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela		205 450	23	662 004
	24	Unsecured notes and loans payable to unrelate		387,172.	24	663,224
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of	0 000		6 600
				9,800.	25	6,600. 1,015,981.
	26	Total liabilities. Add lines 17 through 25		636,914.	26	1,015,961
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 ar		2,313,081.	07	3,170,394.
au	27	Unrestricted net assets		831,821.	27	416,675.
Ba	28	Temporarily restricted net assets		031,021.	28 29	410,075
P L	29		SO OFFI) abank have N		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Net Assets or Fund Balances	20	and complete lines 30 through 34.			00	
set	30	Capital stock or trust principal, or current funds			30	
t As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net	32	Retained earnings, endowment, accumulated in	_	3,144,902.	32	3,587,069.
·	33	Total net assets or fund balances		3,781,816.	33	4,603,050.
	34	Total liabilities and net assets/fund balances		3,101,010.	34	Form 990 (2015

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)		3,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,70		$\frac{36.}{18.}$	
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 3	3,14	4,9	02.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	7,3	51.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,58	7,0	69.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
-	Act and OMB Circular A-133?	•	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
	, , , , , , , , , , , , , , , , , , , ,			990	(2015)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3			hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Ħ						•	the hospital's name			
7		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:									
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in			
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III			
_		section 170(b)(1)(A)(iv). (C	•				, ,				
6		A federal, state, or local go	-				•				
7	X	An organization that norma	•	antial part of its support	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	• •								
8	Н	A community trust describe									
9		An organization that norma	•	•	•						
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Con	•								
10	Н	An organization organized a	•	•	•						
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported or	~					Check the box in			
		lines 11a through 11d that				•					
а		☐ Type I. A supporting orga	•	•							
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting			
		organization. You must o	-								
b			· ·					•			
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported			
		organization(s). You mus	=								
С							· ·	ed with,			
		its supported organizatio									
d		☐ Type III non-functionally									
		that is not functionally int	-		•			iveness			
		requirement (see instruct	•	-							
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,							
t		er the number of supported of									
g		vide the following information		 	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	 i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see			
		- · J · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)			
					Yes	No	•	·			
Гotа											

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,792,681.	2,301,600.	1,571,072.	1,174,690.	1,880,056.	8,720,099.
	The portion of total contributions		, ,		, ,	, ,	·_·
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8,720,099.
	etion B. Total Support						. , ,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,792,681.	2,301,600.	1,571,072.	1,174,690.	1,880,056.	8,720,099.
	Gross income from interest,	_ / /				_ / * * * / * * * *	7 - 7 - 7
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	150.	227.	217.	214.	342.	1,150.
9	Net income from unrelated business					0 0	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		14,403.	391.	137.	1,793.	16,724.
11			11/1031	3,2.	2374	1,7331	8,737,973.
12	Gross receipts from related activities,	ote (soo instruction	ne)			12 4	,711,174.
13	First five years. If the Form 990 is for	•	,	I fourth or fifth ta			,,,,,,,,,
10	organization, check this box and stor				-		ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			olumn (f))		14	99.80 %
15	Public support percentage from 2014					15	99.68 %
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū			, , ,		•
	meets the "facts-and-circumstances"		•	-	•	•	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
<u> </u>		on cont u		, , a, o, 17 L	,		······

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	>
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Ou		
3b		
3с		
4a		
4b		
4-		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
<u>.</u>		
9b		
9с		
4.5		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u>'</u> '		<u> </u>
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See inst ri	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4:	ion E. Dietvikution Allocations (acc instructions)	Excess Distributions	Underdistributions	Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. Lincol 1, 2, 26, 46, 45, 56, 60, 20, 20, 116, 118, and 119, Dat N. Section B. Lincol 1, and 2, 1, 1, 1, 1, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
<u></u>	
-	
-	
-	
-	
	
_	

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Pa	t I Organizations Maintaining Donor Advised		s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	6.		·
		(a) Donor advised funds	(b) Fur	nds 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 wri	iting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
_	for charitable purposes and not for the benefit of the donor or o			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	<u> </u>	<u> </u>	
	Preservation of land for public use (e.g., recreation or edu	·	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			۱	
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure	
	listed in the National Register			
3	Number of conservation easements modified, transferred, release			n during the tax
	year▶			
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts 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)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	tion's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of A		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ince of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of pu	blic 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 treas	ures, or other similar assets for financia	al gain, provid	de
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2015

	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, d	or Othe	r Simila	r Asse	ts(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	t are a si	gnificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exer	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, hi	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			L	Yes	└─ No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							_	_	
	on Form 990, Part X?							L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance								_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or c	ustodial acco	ount liabili	ty?	LX	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII.									X
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	ınd administe	ered for th	ne organiza	ition	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?					. 3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Ac	cumulated	ı	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			15	3,751.	1	.39,11	0.	14	,641.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶ □	$1\overline{4}$,641.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 DUPAGE HABI	TAT FOR HUMAI	NITY	36-4003119 Page 3
Part VII Investments - Other Securities.			Ŭ
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		+	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11c Soo Form 000 Part V line	12
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(-,	(0,1112111211111111111111111111111111111	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	·····	
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part	Y line 25
1. (a) Description of liability	OTT OTTI 990, I ALLIV, IIIR	(b) Book value	Λ, ιιπε 23.
(1) Federal income taxes		(a) Been value	
(2) CLOSING FUNDS HELD ON BEH	ALF OF		
(3) PARTNER FAMILIES		6,600.	
(4)		,	
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

6,600.

Sche	edule D (Form 990) 2015 DUPAGE HABITAT FOR HUMANITY		36-	4003119	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per F	Returi	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			2 0 4 0	000
1			1	3,240,	203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	I			
а		12 520	-		
b		13,539.	_		
С.			-		
d			┥, │	12	539.
e	•		2e	3,226,	
3	Subtract line 2e from line 1		3	3,220,	004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
a	, , , ,	-72,210.	-		
b		· · ·	1	-72	210.
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	3,154,	
Da	rt XII Reconciliation of Expenses per Audited Financial Statements V		_		1 31.
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	vitii Expenses per	11010		
1	Total expenses and losses per audited financial statements		1	2,798,	036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			2,750,	030.
a		13,539.			
b			-		
C			-		
d		79,561.	1		
e		-	2e	93.	100.
3	Subtract line 2e from line 1		3	2,704,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_		
a.					
b	/- /- /- /- /- /- /- /- /- /- /- /-				
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,704,	936.
Pa	rt XIII Supplemental Information.				
Prov	ide 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 >	(I,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		,	, ,	,
PA	RT IV, LINE 2B:				
ES	CROW ACCOUNT BALANCE REPRESENTS IN-HOUSE ESCRO	W MAINTAINED	BY		
OR	GANIZATION ON BEHALF OF A PARTNER FAMILY. FUND	S ARE PAID T	T O	HE	
OR	GANIZATION AND MAINTAINED UNTIL REQUIRED PAYME	NTS FOR PROP	ERT	Y TAXES	ARE
NE	CESSARY.				
PA.	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	COMP. THE POSITERY OF THE			_	200
TN(COME IN EQUITY OF LLC			-1,	399.
די	DECE EINIDATATNA EVDENAE NEEDEN VITER DEVENIUS A	NT 000		70	011
דד.	RECT FUNDRAISING EXPENSE NETTED WITH REVENUE O	N 990		-70,	QTT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XI, LINE 4B

-72,210.

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 DUPAGE HABITAT FOR HUMANITY 36-4003119 Page 2 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 WOMEN'S (add col. (a) through GOLF OUTING BUILD 10 col. (c)) (event type) (total number) (event type) 85,543. 108,918 22,265. 216,726. Gross receipts 22,265 81,593 85,543 189,401. 2 Less: Contributions 27,325 27,325. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 19,005. 19,005. 6 Rent/facility costs 1,578. 1,578. **7** Food and beverages 8 Entertainment Other direct expenses 50,700. 7,954. 10,579. 69,233. 89,816. **10** Direct expense summary. Add lines 4 through 9 in column (d) -62,491. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No

	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	o If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:	Yes	No No

Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-EZ) 2015 532082 09-14-15

7 Direct expense summary. Add lines 2 through 5 in column (d)

Sch	edule G (Form 990 or 990-EZ) 2015 DUPAGE HABITAT FOR HUMANITY 36	-4003119	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		110
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l lines 9 9h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	i, iii 103 0, 00, 10	Б, ТОБ,

Schedule G (Form 990 or 990-EZ) DUPAGE HABITAT FOR HUMANITY	36-4003119 Page 4
Schedule G (Form 990 or 990-EZ) DUPAGE HABITAT FOR HUMANITY Part IV Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number 36-4003119 DUPAGE HABITAT FOR HUMANITY

Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo	orted on		(d) Method of de ash contribu		•	
1	Art - Works of art		itomo continuatou	1 01111 000, 1 411	viii, iii io 1g					
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	3.5	5,000.	FAIR	MARKET	VA	LUE	
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts		0.4	4.						
25	Other (FUNDRAISING I)	X	24				MARKET	VA	LUE	
26	Other (HOME DEPOT GI)	X	1		5,000.					
27	Other \blacktriangleright ($\overline{\text{BUILDING MATE}}$)	X	5		7,848.	FAIR	MARKET	VA	LUE	
28	Other ()				1 1					
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement	29				1	
	5				4.11				Yes	No
30a	During the year, did the organization receive by						ππ			
	must hold for at least three years from the date							20-		Х
b	exempt purposes for the entire holding period?							30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	aquires the review	of any non-stand	lard contrib	ıtione?		31		Х
31 32a	Does the organization have a girt acceptance p	•	•	-		161101		31		
JŁa			_		cii HoHoasH			32a		Х
h	If "Yes," describe in Part II.							<u>J_u</u>		
33	If the organization did not report an amount in o	column (c) f	or a type of prope	rty for which colu	ımn (a) is ch	ecked.				
	describe in Part II.	(0) 1		,	(2) 10 011					
				_						

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

Schedule M (Form 990) (2015)

33

532142 08-21-15

Schedule M (Form 990) (2015)

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

36-4003119 DUPAGE HABITAT FOR HUMANITY 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 PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN ANNUALLY. 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: 1,399. GAIN (LOSS) IN EQUITY OF LLC UNCOLLECTIBLE PLEDGES -8,750.TOTAL TO FORM 990, PART XI, LINE 9 -7,351.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2015 Open to Public Inspection

OMB No. 1545-0047

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
PIONEER PRAIRIE LLC - 26-1392429	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PIONEER				DUPAGE HABITAT FOR
WHEATON, IL 60187	PRAIRIE DEVELOPMENT	ILLINOIS	21,112.	0.	HUMANITY
PRAIRIE GREEN HABITAT LLC - 90-0827510	PURCHASING LAND AND				
1600 EAST ROOSEVELT	CONSTRUCTING THE PRAIRIE				DUPAGE HABITAT FOR
WHEATON, IL 60187	GREEN DEVELOPMENT	ILLINOIS	382,164.	0.	HUMANITY
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
EAST ROOSEVELT, WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS	0.	0.	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HOME TOGETHER LLC - 27-3797097	OFFICE SPACE FOR DUPAGE						
1600 ROOSEVELT	HABITAT AND ANOTHER TAX						
WHEATON, IL 60187	EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			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.

		<u> </u>									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin	Percentage ownership
		foreign		excluded from tax under		assets		1	20 of Schedule	partie:	-
		country)		366110113 3 12-3 14)			Yes	No	K-1 (F0111 1065)	Yes No	9
	1										
							<u> </u>				+
	-										
	1										
	1										

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sec 512(b contr enti	o)(13) olled ity?
		country)						Yes	No
									-
]								
	1								
	1								
	1								
	1								
	1								
	1								
	•	2.6			•	·			

Yes No

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

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X			
	Gift, grant, or capital contribution from related organization(s)				1c		X			
	Loans or loan guarantees to or for related organization(s)				1d	Х				
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
						х				
k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	Performance of services or membership or fundraising solicitations for related organization(s				11		X			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		_X_			
	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete :	this line, including covered	relationships and transaction thresholds.						
	Name of related organization Trans	b) action e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
3216	63 09-08-15	37		Schedule F	R (Forr	n 990)	2015			

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	ю
]											
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Product: Exempt Extension Category: IRS Center: Ogden

Name: DUPAGE HABITAT FOR HUMANITY e-Postmark: 11/9/2016 1:23:44 PM

Notification:

Fiscal Year Fiscal Year eSigned:

Begin Date: 7/1/2015 **End Date:** 6/30/2016

FEIN: *****3119

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				