

#### Accounting for your future

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

February 2, 2018

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, 2017 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 06/30/17 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 (Electronic copy only) 06/30/17 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 May 15, 2018. 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 (by February 28) 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, 2017

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 MAY 15, 2018
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30 , 2017Do not send to the IRS. Keep for your records.



Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

#### Name and title of officer DAVID NEARY

EXECU	TIVE	DIRECTOR	
<b>D</b>			-

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

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

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,338,680.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	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 2016 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 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a 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 2016 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chapter program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► Date ►	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 3622106052 do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	0
ERO's signature  Date  Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	o So
LHA For Paperwork Reduction Act Notice, see instructions. 623051 09-26-16	Form <b>8879-EO</b> (2016)

	~	00	Return of Organization Exempt From	m In	como	Tav		OMB No. 1545-0047
Forr	"У	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code				ons)	2016
- 011			Do not enter social security numbers on this form as it r		-			
Department of the Treasury         Internal Revenue Service         Information about Form 990 and its instructions is at www.irs.gov/form990.							Open to Public Inspection	
AF	or th	e 2016 calend	ar year, or tax year beginning JUL 1, 2016 and ending				/	· · ·
Bc	heck if	C Name of	f organization		Employ			number
а	oplicat	ole:	5					
	Addr	ge DUPA	GE HABITAT FOR HUMANITY					
	Name Chan	ge Doing bi	usiness as			36-4	003	119
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/	n/suite E	Telepho			
	Final		EAST ROOSEVELT ROAD			(630		10-3737
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G	Gross recei	ipts \$		2,446,118.
	Amer returr	היידואי ו	TON, IL 60187	⊦	<b>l(a)</b> Is this	a group r	return	
	Appli tion pend	ing F Name a	nd address of principal officer: DAVID NEARY			oordinate		Yes X No
		SAME	AS C ABOVE					Yes No
		empt status:		527				ee instructions)
			DUPAGEHABITAT.ORG	H	(c) Group		on num	ber ▶ 8545
			X Corporation Trust Association Other ▶ L	_ Year of I	formation:	19921	M State	of legal domicile: ${f IL}$
Pa	rt I	Summary		יתחדי	IIOMEC			OMTOATTY
e	1	Briefly describ	e the organization's mission or most significant activities: TO PROV. NTAGED FAMILIES IN DUPAGE COUNTY	TDE	HOMES	TOE	LON	OMICALLI
Jan	~			6 All	050/ -	6 Ha		
veri	2		$x \triangleright$ if the organization discontinued its operations or disposed of				Issets.	14
Ĝ	3							14
Š	4 5							23
Activities & Governance	5 6		of individuals employed in calendar year 2016 (Part V, line 2a) of volunteers (estimate if necessary)					1272
Ę			of volunteers (estimate if necessary)					0.
Ă			business taxable income from Form 990-T, line 34				-	0.
	~	The amolated		<u> </u>	Prior Ye			Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		1,880			1,173,564.
nu	9		ce revenue (Part VIII, line 2g)	·	1,334			1,234,210.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)			342.		3,590.
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,698.		-72,684.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,154	,454.		2,338,680.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0.		0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		964	,328.		1,019,829.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <b>234,373.</b>			0.		0.
ъ	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	_				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,740			912,000.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,704			1,931,829.
	19	Revenue less	expenses. Subtract line 18 from line 12			,518.		406,851.
Net Assets or Fund Balances					ning of Cu	rrent Year		End of Year
sset 3alai	20	Total assets (F		. <b> </b>	4,603	,050.	· · ·	4,783,466.
et A nd E	21		(Part X, line 26)	·	1,015			788,817.
	22		fund balances. Subtract line 21 from line 20		3,587	,069.		3,994,649.
	rt II	_		ototo		a haat of		ladge and halisf it is
			I declare that I have examined this return, including accompanying schedules and s				ny know	ieage and belief, it is
uue,	COLLE	ci, and complete.	. Declaration of preparer (other than officer) is based on all information of which pre	eparer na	is any know	ieuye.		

Sign	Signature of officer		Date						
Here	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	PAUL J. ROZEK		self-employed P00542258						
Preparer	Firm's name <b>SELDEN FOX</b> , LTD.		Firm's EIN 🔉 36-2985770						
Use Only	Firm's address 519 ENTERPRISE D								
	OAK BROOK, IL 60	523-8835	Phone no.630-954-1400						
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No						

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	1 990 (2016) DUPAGE HABITAT FOR HUMANITY	36-4003119	Page <b>2</b>
Pa	rt 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 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	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
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.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses,	and
4a	(Code: ) (Expenses \$ 785,772. including grants of \$ ) (Reven DUPAGE HABITAT HAS HELPED OVER 60 FAMILIES ACHIEVE THE		<b>912.</b> )
	HOMEOWNERSHIP. THIS IS DONE BY WORKING IN PARTNERSHIP	WITH PARTNER	
	FAMILIES AND THE COMMUNITY TO BUILD NEW OR REHABILITATE	EXISTING HO	MES
	THROUGHOUT DUPAGE COUNTY. DUPAGE HABITAT HAS DEVELOPED	UNITS RANGI	NG
	FROM SINGLE-FAMILY HOMES, TO DUPLEXES, TO TOWNHOMES. D	UPAGE HABITA	T
	BUILDS HIGH-QUALITY, LOW-FRILL HOMES DESIGNED TO BLEND	SEAMLESSLY W	ITH
	THE SURROUNDING COMMUNITY. HOMES ARE TYPICALLY AROUND		
	WITH 3-4 BEDROOMS, 1-2 BATHS AND A GARAGE. LIKE EVERY		
	DUPAGE, DUPAGE HABITAT HOMES MUST CONFORM WITH ALL LOCA		
	CODES, AND MUST PASS INSPECTIONS TO ENSURE QUALITY CONS		)
	LIVEABILITY.		
4b	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE	SEHOLD AND REDUCED PRIC N ADDITIONAL	ES
	LANDFILLS.		
4c	(Code:         ) (Expenses \$) (Reven	iue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,440,133.		
63200:	2 11-11-16	Form <b>9</b>	<b>90</b> (2016)

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 2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

Form §	an (c	016)

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

Form **990** (2016)

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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		X
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			x
<b>.</b>	Schedule J	23		
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	24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
c b	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	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,	000		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	, 3 ,,,, 3 ,, , , , , , , , , , , , , ,			
•	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
<b>0</b> -	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	noter and obtained are required to complete confedule of	1 00		L

Form **990** (2016)

632004 11-11-16

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Form	990 (2016)DUPAGE HABITAT FOR HUMANITY36-4003	119	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
-		Form	990	(2016)

Form 990	(2016)	)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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

			1 /		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any ot	her			
	officer, director, trustee, or key employee?			2		2
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed	?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Σ
6	Did the organization have members or stockholders?			6		Σ
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Σ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	.)			
			,		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	in Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14	Х	
	Did the process for determining compensation of the following persons include a review and approva			17		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by indepen	uent			
2	The organization's CEO, Executive Director, or top management official			150	х	
	Other officers or key employees of the organization			15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont with a				
				16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			108		
U			aliun			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			165		
001	exempt status with respect to such arrangements?			16b	1	
	List the states with which a copy of this Form 990 is required to be filed <b>IL</b>	(Contine 50)	1(a)(0)= =====		10	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 50	r(c)(3)s only) a	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.	in Octor 1				
~	X Own website Another's website Own request Other (explain a			J. £:	مادا	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	milet of intere	est policy, and	a tinan	cial	
~	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo DEBBIE BAKER - (630) 510-3737	oks and reco	ords: ►			
	1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187					
					990	

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHERI ARMSTRONG	5.00							0.	0.	0
DIRECTOR (2) MEENA BEYERS	5.00	X						0.	0.	0.
(2) MEENA BEYERS DIRECTOR	5.00	x						0.	0.	0.
(3) JOHN CAMPBELL	5.00							0.	0.	
DIRECTOR	5.00	x						0.	0.	0.
(4) VALERIE COLLETTI	5.00								0.	
DIRECTOR	5.00	x						0.	0.	0.
(5) RICHARD DICKSON	5.00							•••	•••	
PRESIDENT		x		x				0.	0.	0.
(6) PATRICIA FRANSON-OLINGER	5.00									
VICE PRESIDENT		x		x				0.	0.	0.
(7) TODD FULLER	5.00									
DIRECTOR		X						0.	0.	0.
(8) PAUL GARRETT	5.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN EDINGER	5.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL JAROSZ	5.00								_	_
TREASURER		Х		Х				0.	0.	0.
(11) GEORGE MULLIGAN	5.00								-	_
DIRECTOR		X						0.	0.	0.
(12) JULIE ANN O'CONNELL	5.00									
SECRETARY		X		X				0.	0.	0.
(13) PETE PAPAGEORGAKIS	5.00	.,						0	0	0
DIRECTOR	F 00	X						0.	0.	0.
(14) KEVIN REIMAN	5.00	x		x				0.	0.	0.
VICE PRESIDENT (15) DAVE NEARY	45.00	<b>^</b>		^			<u> </u>	0.	0.	0.
EXECUTIVE DIRECTOR	45.00			x				94,228.	10,000.	0.
ANDOITVE DIRECTOR	-	-		1		<u> </u>	$\vdash$	57,220.	10,000.	<u></u>
		1								
		1								
		-	-	-	_					

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

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Form 990 (2016)

	990 (2016) DUPAGE HA									36-40	)03	119	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per	(do	not c	(C Pos heck	<b>C)</b> ition	) than	one	Compensated Employe (D) Reportable compensation	es (continued) (E) Reportable compensatio	_		(F) timate	
		(list any hours for related organizations below line)	tee or director			lirecto	Highest compensated single sin	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	S	com fre orga and	other pensa om the anizati d relate	tion e ion ed
с	Sub-total Total from continuation sheets to Part VI	I, Section A							94,228.	10,00	0.			0.0.0.
d 2	Total (add lines 1b and 1c)								94,228. received more than \$100	10 , 0 ( 0,000 of reportabl				0.
3	compensation from the organization Did the organization list any <b>former</b> officer,	director or tri	ister			nolo		or	highest compensated a	mplovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual			· ·····							3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens			
	(A) Name and business	address	NC	ONI	3				<b>(B)</b> Description of s	ervices	С	(C omper		<u>ו</u>
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	iot lii	mite	d to	tho (	se lis )	stec	d above) who received m	nore than				
												Form	aan r	2016)

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Form **990** (2016)

				T FOR HU	MANITY		36-4003	119 Page <b>9</b>
	t VII	I Statement of Rever						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	(D)	<i>/</i> 2	
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra Dou		Membership dues		155 010				
Å,		Fundraising events		155,918.				
ilar liar		Related organizations		102 000				
Sin's		Government grants (contribut		183,090.				
utic	f	All other contributions, gifts, gran		831 556				
₫	~	similar amounts not included above		834,556. 101,310.				
and		Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f			1,173,564.			
<u> </u>				Business Code				
ø	2 a	RESTORE				1,084,536.		
e vio	b	MORTGAGE LOAN D	ISCOUNT	900099	149,674.	149,674.		
s Se	с							
am	d							
Program Service Revenue	е							
۲,	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►	1,234,210.			
	3	Investment income (including			1 - 2			1 - 0
		other similar amounts)			153.			153.
	4	Income from investment of tax						
	5	Royalties						
	•	<b>a</b>	(i) Real	(ii) Personal				
	b c	Less: rental expenses Rental income or (loss)						
		••••	L					
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory		14,528.				
	b	Less: cost or other basis						
		and sales expenses		11,091.				
	с	Gain or (loss)		3,437.				
		Net gain or (loss)			3,437.			3,437.
Other Revenue	8 a	Gross income from fundraisin including \$ 155,9						
eve		contributions reported on line						
Ř		Part IV, line 18		14,425.				
the	b	Less: direct expenses	b	96,347.				
		Net income or (loss) from func		►	-81,922.			-81,922.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gam	ning activities	►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
ŀ		Miscellaneous Revenu MISCELLANEOUS	e	Business Code 900099	9,238.	9,238.		
		MIDCELLANEOUD		300033	5,430.	5,430.		
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d			9,238.			
	12	Total revenue. See instructions.				1,243,448.	0.	-78,332.
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Part IX Statement of Functional Expenses

DUPAGE HABITAT FOR HUMANITY

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	this Part IX (B) Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,934.	89,618.	22,234.	16,082
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	731,215.	542,115.	64,310.	124,790
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,981.	9,378.	1,989.	3,614 9,283
Э	Other employee benefits	75,110.	51,383.	14,444.	9,283
)	Payroll taxes	70,589.	52,311.	6,566.	11,71
1	Fees for services (non-employees):				
а	Management				
b	Legal	4,707.	4,707.		
С	Accounting	17,400.		17,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	44.056	07 110	F 001	
	column (A) amount, list line 11g expenses on Sch 0.)	44,956.	27,110.	5,281.	12,565
2	Advertising and promotion	8,697.	450.	6,915.	12,565 1,332 29,935
3	Office expenses	104,056.	60,070.	14,051.	29,93
1	Information technology	16,299.	5,214.	10,536.	549
5	Royalties	280,578.	256 570	24 000	
6	Occupancy	59,260.	256,578.	24,000. 17,524.	5,45
	Travel	59,200.	36,283.	17,524.	<b>5,4</b> 5
3	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	13,478.	7,215.	6,263.	
)	Conferences, conventions, and meetings	25,851.	25,732.	119.	
)		23,031.	23,132.		
1	Payments to affiliates	5,465.	5,413.	26.	20
2	Depreciation, depletion, and amortization	80,643.	67,953.	11,017.	1,67
	Other expenses. Itemize expenses not covered	00,043.			±,07.
ŀ	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) HOME BUILDING EXPENSES	101,755.	88,844.		12,91
a b	CRITICAL HOME REPAIRS	90,901.	90,901.		
D D	MISCELLANEOUS	43,834.	8,223.	34,648.	96
d	DONOR DEVELOPMENT	14,120.	10,635.		3,48
	All other expenses	,,	,		-, -0
e	Total functional expenses. Add lines 1 through 24e	1,931,829.	1,440,133.	257,323.	234,37
;	Joint costs. Complete this line only if the organization	.,,	_,,,,,		,,,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2016)

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		Check if Schedule O contains a response or not	te to an	v line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cook non-interest bearing			78,461.	1	253,221.
	2	Cash - non-interest-bearing Savings and temporary cash investments			517,592.	2	326,698.
	2				988,869.	3	567,873.
	4	Pledges and grants receivable, net			29,659.	4	47,107.
	5	Accounts receivable, net Loans and other receivables from current and for			25,055.	4	47,1070
	5	trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L Loans and other receivables from other disquali				5	
	ľ	section 4958(f)(1)), persons described in section		· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		F	1,780,253.	7	1,709,016.
As	8	Inventories for sale or use			1,136,500.	8	1,783,623.
	9				3,651.	9	20,835.
		Land, buildings, and equipment: cost or other			-,	Ŭ	
		basis. Complete Part VI of Schedule D	10a	158,697.			
	ь	Less: accumulated depreciation		142,725.	14,641.	10c	15,972.
	11	Investments - publicly traded securities		-	•	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		F	8,048.	13	8,777.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			45,376.	15	50,344.
	16	Total assets. Add lines 1 through 15 (must equ			4,603,050.	16	4,783,466.
	17	Accounts payable and accrued expenses			331,849.	17	206,467.
	18	Grants payable				18	
	19	Deferred revenue			2,039.	19	7,163.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			12,269.	21	35,958.
es	22	Loans and other payables to current and former	rofficer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties	663,224.	24	528,229.
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X of	<i>c c c c c c c c c c</i>		44 000
		Schedule D			6,600.	25	11,000.
	26	Total liabilities. Add lines 17 through 25			1,015,981.	26	788,817.
		Organizations that follow SFAS 117 (ASC 958		k here ► 🔽 and			
sec		complete lines 27 through 29, and lines 33 an			2 1 7 0 2 0 4		
anc	27	Unrestricted net assets			3,170,394.	27	3,735,097.
Net Assets or Fund Balances	28	Temporarily restricted net assets		416,675.	28	259,552.	
pu	29					29	
Ъ.		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶ 📖			
s o		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in		F	3,587,069.	32	3 001 610
-	33	Total net assets or fund balances			4,603,050.	33	3,994,649. 4,783,466.
	34	Total liabilities and net assets/fund balances			4,000,000.	34	
							Form <b>990</b> (2016

Form 990 (2016) Part X Balance Sheet

	990 (2016) DUPAGE HABITAT FOR HUMANITY	36-40	03119	Paç	ge <b>12</b>
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	2,338		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,931		
3	Revenue less expenses. Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,587	/,0	69.
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	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		~ ~ ~ ~		
_	column (B))	10	3,994	1,6	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2016)

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SCHEDULE A
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2010	
Open to Public	
Inspection	

OMB No. 1545-0047

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

Name	of t	he organization							identification number		
				FOR HUMANIT					6-4003119		
Parl	:1	Reason for Public (	Charity Status (	All organizations must co	mplete th	iis part.) Se	e instruction	S.			
The or	gan	ization is not a private found	lation because it is: (	(For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)(1	l)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3 L		A hospital or a cooperative	hospital service org	anization described in <b>se</b>	ection 170	)(b)(1)(A)(ii	i).				
4 🗆		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
_		city, and state:									
5 🗋		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a go	overnmental	unit descrik	bed in		
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).				
7 🗋	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	rernmental	unit or from t	he general	public described in		
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 [		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)						
9 🗌		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
_	_	university:									
10 🗌		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
_	_	See section 509(a)(2). (Cor	mplete Part III.)								
11 L		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2). S	See section	5 <b>09(a)(3).</b> (	Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving		
		the supported organization			a majority	of the dired	ctors or truste	ees of the s	supporting		
		organization. You must c	-								
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported		
	_	organization(s). You mus	-								
С		Type III functionally inte						Illy integrate	ed with,		
		its supported organization									
d		Type III non-functionally						-			
		that is not functionally int	<b>v</b>	<b>c</b> ,			•	d an attent	iveness		
		requirement (see instruct									
е		Check this box if the orga					і туре і, туре	ii, iype iii			
	<b>-</b>	functionally integrated, or				zation.					
		r the number of supported o	•	d organization(a)							
g		ride the following information ) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	fmonetarv	(vi) Amount of other		
	v	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ir	,	support (see instructions)		
				above (see instructions))	100	110					
Total											
	or P	aperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 o	r 990-EZ.	632021 09-	21-16 <b>Sche</b>	dule A (For	m 990 or 990-EZ) 2016		

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#### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY Part II Support Schedule for Organizations Described in Sections 17

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
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 $\dots$						
4	Total. Add lines 1 through 3	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
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)						
	Public support. Subtract line 5 from line 4.						8,100,982.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.07	01 1	014	240	1 - 2	1 1 5 2
	and income from similar sources $\dots$	227.	217.	214.	342.	153.	1,153.
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	14 402	201	1 2 7	1 702	0 220	
	assets (Explain in Part VI.)	14,403.	391.	137.	1,793.	9,238.	25,962.
	Total support. Add lines 7 through 10					<b>5</b>	8,128,097. ,959,809.
	Gross receipts from related activities,	•	,				, 959,009.
13	First five years. If the Form 990 is for	•			•		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2016 (I			olump (f))		14	99.67 %
	Public support percentage from 2015					15	99.80 %
	33 1/3% support test - 2016. If the c						,
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2015.</b> If the c						
-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-		• • •	-		
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•		, <b>v</b>		s
	₩		· · ·			edule A (Form 990	

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### Schedule A (Form 990 or 990 EZ) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	► (a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	t					
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						
<b>3</b> 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	0					
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, an						
3 received from disqualified persor						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_	_	
Calendar year (or fiscal year beginning in)	► (a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	3S					
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 first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Pu		-				
<b>15</b> Public support percentage for 201		-	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv					<u> </u>	
17 Investment income percentage for					17	%
<b>18</b> Investment income percentage fro					18	%
19a 33 1/3% support tests - 2016. If t						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2015. If t						
line 18 is not more than 33 1/3%, o						
20 Private foundation. If the organiza	mon ala not check a	box on line $14, 19$	a, or 19D, check t			
632023 09-21-16			15	Sch	equie A (Form 99	90 or 990-EZ) 2016

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#### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY

#### Part IV Supporting Organizations

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

#### 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 12a or 12b 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.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes

No

# Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h		11b		
	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 <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		V.	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	······································		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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			
		-		
0	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 <b>Part VI</b> 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 <b>Part VI</b> 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				
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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
62000	5 09-21-16 Schedule A (Form 9		لم ۱۵-EZ	2016
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#### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990 EZ) 2016 DUPAGE HABITAT FOR HUMANITY

Par	t V   Type III 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	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
300			FIE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>	Evenes from 2012			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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14570126 798777 13100-01

Schedule A (Form 990 or 990-EZ) 2016	DUPAGE	HABITAT	FOR	HUMANITY
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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

32028 09-21-1	16			20	Sche	edule A (Form 99	0 or 990-EZ) 2
2016 A	MOUNT:	\$	9,238.				
2015 A	MOUNT :	\$	1,793.				
		\$	137.				
	MOUNT : MOUNT :	<u>+</u> \$	391.				
		S	14,403.				

## 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

2016

Employer identification number

#### Name of the organization

DUPAGE	I HABITAT	FOR	HUMANITY	
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

DUPAGE HABITAT FOR HUMANITY

Employer identification number

36-4003119

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUPAGE MEDICAL GROUP CHARITABLE FUND OF THE DUPAGE FOUNDATION 3000 WOODCREEK DR., SUITE 310 DOWNERS GROVE, IL 60515	\$ <u>65,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICAS, GA 31709	\$44,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LIBERTY MUTUAL GROUP INSURANCE 175 BERKELEY STREET BOSTON, MA 02116	\$48,568.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THRIVENT FINANCIAL 625 S FOURTH AVENUE MINNEAPOLIS, MN 55415	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHICAGOLAND HABITAT FOR HUMANITY 233 N MICHIGAN AVE SUITE 1820 CHICAGO, IL 60601	\$ <u>129,593.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1	8-16	\$ Schedule B (Form	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)

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36-4003119

#### DUPAGE HABITAT FOR HUMANITY

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncush property given	(See instructions)	Batereceived
	FUNDRAISING SUPPLIES		
3			
		\$ 48,568.	03/22/17
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Datereceived
		\$	
(a)	<i>.</i>	(c)	<i></i>
No. from	(b)	FMV (or estimate)	(d) Data reasived
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)	<i>.</i>	(c)	<i></i>
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
		—	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d) Data waasiwad
from Part I	Description of noncash property given	(See instructions)	Date received
		—	

14570126 798777 13100-01

Name of orga	nization		Employer identification number
DUPAGE	HABITAT FOR HUMANITY		36-4003119
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet	ntributions to organizations described e columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
	completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) <b>*</b>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.  -		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
	, ,		·
(a) No.		[	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address,	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
623454 10-18-1	6		Schedule B (Form 990, 990-EZ, or 990-PF) (2016

14570126 798777 13100-01 2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

24

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of grants from (during year)       (a) Donor advised funds       (b) Funds and other accounts         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of advisor, or for any other purpose conferring impermissible private benefit?       Yes       No         6       Did the organization flam for public use (e.g., recreation or education)       Preservation of a historically important land area         1       Conservation easements held by the organization (check all that apply).       Preservation of a conservation easements         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Complete lines 2a through 2d if the organizat	Namo	e of the organization DUPAGE HABITAT FOR	HUMANITY		lentification number -4003119
organization answered 'Yes' on Form 900, Part IV, line 6.     Total number at end of year     Aggregate value of contributions to (during year)     Aggregate value of the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible of conservation assements, and donor advisors in writing that that apply.     Preservation of a historically important tand area     Protection of natural habitat     Preservation of a historically important tand area     Protection of natural habitat     Preservation of a contribution easements     Total arreage restricted by conservation easements	Par			Funds or Accounts.co	mplete if the
a Aggregate value of centributions to (during year)   Aggregate value of centributions to (during year)   Aggregate value of centributions to (during year)   Aggregate value of grants from (during year)   b Part Mi Conservation easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7.   Part II Conservation easements   b Prosevation of a histocially important land area   Preservation of and for public use (e.g., recreation or education)   Preservation of a conservation easements   b Total arceage restricted by conservation easements   b Total arce					
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds an the organization inform all donors and donor advisors in writing that grant funds can be used only for charable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering memeriselible private benefit? 7 Purpose(s) of conservation assements. Complete if the organization answered "Yes" on Form 930, Part IV, line 7. 1 Purpose(s) of conservation assements. Neld by the organization (check all that apply). Protection of autual habitat Protection of open space 2 Complete lines 2 at hroug? Joil (1 the organization held a qualified conservation contribution in the form of a conservation assements and conservation easements. 2 ad a total innome of conservation easements. 2 ad a total arrosper restricted by conservation easements. 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted in the National Register 4 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted in the value availing the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is a donor in the conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted in the National Register 5 Does the organization have a written pulcy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year is 3. 6 Does the organization have a written pulcy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements dur				(b) Funds and	other accounts
Aggregate value of contributions to (during year)     Aggregate value at end of year     Aggregate value benefit     Yes     No     Part II     Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area     Preservation of land for public use (e.g., recreation or education)     Preservation of a conservation easements     Aggregate value at end of year     Yes     You of open space     Complete inte 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements     Xube of conservation easements     Xube of conservation easements     Xube of conservation easements     Xube of XIII (XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-1	Total number at end of year	(-)	(-),	
Aggregate value of grants from (during year)     Aggregate value at end of year     Aggregate value at end of year     Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all donors and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Purposets) of conservation easements held by the organization (check all that apply).     Preservation of an certified historic structure     Preservation of an certified historic structure     Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation of a conservation easements on a certified historic structure     Preservation of a conservation easements and explain advisor.     Aumber of conservation easements and explained and and the tax year.     Aumber of conservation easements moldied in (c) acquired after 8/17.06, and not on a historic structure     Ze     Ze     Number of conservation easements moldied, transferred, released, extinguished, on terminated by the organization fund many field at the tax     year      Yea and enforciment of the conservation easements to hold?     Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     Yes      Nome of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements to actified historic structure     Yes      Nome of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements to user      Yes      Nome of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements to acerife 4/2 (above	-				
Aggregate value at end of year     Did the organization inform all donors and donor advisors in writing that the assats held in donor advisors of new regarization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Purposets) of conservation easements. Complete if the organization newered "Yes" on Form 990, Part IV, line 7.     Perservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area     Preservation of land for public use (e.g., recreation or education)     Preservation of a conservation easement held by the organization (enck all that apply).     Preservation of a conservation easements held by the organization in the form of a conservation easement of the tax year.     Total number of conservation easements     Did the arganization included in (c) acquired after 8/17/06, and not on a historic structure     Lead     Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year \science{2}     Momber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year \science{2}     Momber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year \science{3}     Does the organization have a written policy regarding the periodic monitoring, inspection, handling of     wielations, and enforcement of the conservation easements is located \science{3}     Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)     not section 170					
Do the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?     Do the organization inform all grantees, donors, and donor advisors in writing that grant truds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?     Purposet(s) of conservation Easements. Complete if the organization (check all that apply).     Preservation of and/or public use (e.g., ecreation or education)     Preservation of a historically important land area     Protection of natural habitat     Protection of natural habitat     Preservation of a conservation easements     Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total anreager estricted by conservation easements     Number of con					
are the organization's property, subject to the organization's exclusive legal control?       Yes       No         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of or of ond or divers, or for any other purpose conferring impermissible private benefit?       Yes       No         9       Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 7.       Impervises the organization assements held by the organization (check all that apply).       Preservation of and for public use (e.g., recreation or education)       Preservation of a certified historic structure         1       Purpose(s) of conservation easements       Preservation of a certified historic structure       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Za         3       Total number of conservation easements       Za       Za         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy organization and a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in located          4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a writthe policy regarding the periodic monitoring, inspect			writing that the assets held in dor	or advised funds	
<ul> <li>6 Did the organization inform all grantees, donors, and donor advisor, in for any other purpose conferring impermissible purpose benefit?</li> <li>Perstull Conservation Easements. Both by the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of a configure assements held by the organization (check all that apply).</li> <li>Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation easements held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>a Total number of conservation easements in curve included in (a)</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year is the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>Staff and volumeter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>S</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1700(h)(4)(B)(i)</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applic</li></ul>	Ŭ	-	-		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring       Yes       No         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Improvesses of conservation easements held by the organization (check all that apply).       Improvesses of conservation easements held by the organization (check all that apply).       Improvesses of a certified historic structure         Preservation of land for public use (e.g., recreation or education)       Improvesses of a certified historic structure       Improvesses of a certified historic structure         Ocomplete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure included in (a)       Improvesses of a certified historic structure       Improvesses of a certified historic structure	6				
Important       Important solide private benefit?       Yes       Not         Part II       Conservation easements held by the organization (check all that apply).       Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Total anceage restricted by conservation easements       Za         0       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Zd         1       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Zd         2       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Zd         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Zd         4       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure       Zd         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         5       Staff and volun	•				
Part III       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. <ul> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of a certified historic structure</li> <li>Preservation of one space</li> </ul> <ul> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>Total number of conservation easements</li> <li>Total acreage restricted by conservation easements</li> <li>Total acreage restricted by conservation easements</li> <li>Number of conservation easements included in (c) acquired attre 8/17/06, and not on a historic structure</li> <li>Istorian register</li> <li>Number of conservation easements included in (c) acquired attre 8/17/06, and not on a historic structure</li> <li>Istorian register</li> <li>Number of states where property subject to conservation easement is located &gt;</li> <li>Soes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is locids?</li> <li>Does the organization enverted on nine 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and enforcement of the conservation easements in holds?</li> <li>Soes each conservation easements</li> <li>Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>In Part XIII, describe how the organization repo</li></ul>				· · ·	Yes No
1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to a conservation easements.       2a         3       Total acreage restricted by conservation easements       2a         4       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easements is located log         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         > \$       S         9       In Part XIII, describe how the organization reports conservation easements in dita revunue and expense statement, and balance sheet, and	Par				
□       Preservation of and for public use (e.g., recreation or education)       □       Preservation of a certified historic structure         □       Preservation of a certified historic structure       □         □       Preservation of a conservation easement on the last       □         day of the tax year.       □       Held at the End of the Tax Year         □       Total number of conservation easements       □       2a         □       Number of conservation easements included in (c) acquired atter 8/17/06, and not on a historic structure       2d         1       Number of conservation easements included in (c) acquired atter 8/17/06, and not on a historic structure       2d         2       □       2d       1d       1d         3       Number of conservation easements included in (c) acquired atter 8/17/06, and not on a historic structure       2d         2       1d       1d       1d       1d       1d         3       Number of states where property subject to conservation easement is located >	1			, ,	
□       Preservation of a certified historic structure         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         a Total number of conservation easements       2a         2       2a         a Total number of conservation easements       2a         2       2a         2       2a         2       2a         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure         3       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure         4       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure         3       Number of states where property subject to conservation easement is located ▶         4       Number of states where property subject to conservation easements in holds?         5       Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         ★       5         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements end in clude, if applicable, the text of the footnote to the organization 's inancial statements in its revenue a	-			of a historically important lan	d area
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day of the tax year.       Held at the End of the Tax Year.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2a         c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2a         d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2		fied conservation contribution in t	e form of a conservation eas	sement on the last
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<ul> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure</li> <li>a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li> <li>d Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>s</li> <li>d Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>s</li> <li>d Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)</li> <li>and section 170(h)(4)(B)(iii)?</li> <li>yes in No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization alsevent "Yes" on Form 990, Part IV, line 8.</li> <li>14 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service</li></ul>	а			2a	
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<ul> <li>historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historica treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>					
<ul> <li>the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>	Та				
<ul> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historica treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>				urtherance of public service	, provide, în Part XIII,
<ul> <li>treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>	h.			to see the second s	
<ul> <li>relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>	a				
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1 ► \$</li> <li>(ii) Assets included in Form 990, Part X ► \$</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>			ducation, or research in furtheran	e of public service, provide i	the following amounts
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>		-			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		···· · · · · · · · · · · · · · · · · ·			
	~				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	2				
	-				
A 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) 2010					In D (Earm 000) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form	990) 2016
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Sche		HABITAT FO						36-40			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tre	easures, o	or Othe	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check ar	ny of the f	following tha	t are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
a		c			nange progra						
b	Scholarly research	e	e ∟ Oth	er							
c	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								7.		1
Da	to be sold to raise funds rather than to be month to the the sold to raise funds rather than to be month to be monthanded be month to be month to be month to be monthanded be								Yes		No
1 0	reported an amount on Form 990, Pa		ete il trie orç	Janization	Tanswered	res on	Form 990	, Part IV,	line 9, oi		
1a	Is the organization an agent, trustee, custod		diary for cor	tribution	s or other as	sets not	included				
Ĩ	on Form 990, Part X?		-						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII							······			
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Did the organization include an amount on F							X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								<u></u>	X	]
Par	<b>t V</b> Endowment Funds. Complete i	if the organization ar	nswered "Ye	es" on Fo							
		(a) Current year	(b) Prior	year	(c) Two year	's back	(d) Three y	ears back	(e) Fou	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur										
2	Board designated or quasi-endowment		%	olumn (a	)) neiù as.						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that a	re held ar	nd administe	red for t	he organiz	ration			
04	by:			e noia a			no organiz		1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, lir	ne 11a. S	ee Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (		• •	ccumulate preciation	d	( <b>d)</b> Boo	k value	÷
1a	Land			(	,						
	Buildings										
	Leasehold improvements										
	Equipment			15	8,697.	-	142,72	25.	1	5,9'	72.
	Other						<u> </u>				
	Add lines 1a through 1e. (Column (d) must e		X, column (	B), line 1	0c.)				1	5,9'	72.
								<u> </u>	D /F	0001	0040

Schedule D (Form 990) 2016

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Part VII	Investments -	<b>Other Securi</b>	ties.		
Schedule D	(Form 990) 2016	DUPAGE	HABITAT	FOR	HUMANITY

I) Financial derivatives	(b) Book value	(c) Method	d of valuation: Cost or	end-of-year market value
				-
Closely-held equity interests				
) Other				
·				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" on Fe	orm 990, Part IV,	line 11c. See Form	990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method	d of valuation: Cost or	end-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes" on Fo		line 11d. See Form	990, Part X, line 15.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(8) (9)	)			►
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	)			▶
(8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.		line 11e or 11f Soc	Form QQ0 Port V line	• 25
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation of liability.			∋ Form 990, Part X, line	≥ 25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability		line 11e or 11f. See <b>(b)</b> Book value	∋ Form 990, Part X, line	≥ 25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes	orm 990, Part IV,		Form 990, Part X, line	25.
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE	orm 990, Part IV,	(b) Book value	_	25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes	orm 990, Part IV,		_	► 25.
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Fo (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE (3) PARTNER FAMILIES	orm 990, Part IV,	(b) Book value	_	► 25.
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Fo (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE (3) PARTNER FAMILIES (4)	orm 990, Part IV,	(b) Book value	_	25.
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE (3) PARTNER FAMILIES (4) (5)	orm 990, Part IV,	(b) Book value	_	25.
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALH (3) PARTNER FAMILIES (4) (5) (6)	orm 990, Part IV,	(b) Book value	_	25.
<ul> <li>(8)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(1)</li> <li>(2)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>	orm 990, Part IV,	(b) Book value	_	25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE (3) PARTNER FAMILIES (4) (5) (6)	orm 990, Part IV,	(b) Book value	_	25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formation of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALH (3) PARTNER FAMILIES (4) (5) (6) (7)	orm 990, Part IV,	(b) Book value	D0.	25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formattion of liability (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALH (3) PARTNER FAMILIES (4) (5) (6) (7) (8)	orm 990, Part IV,	(b) Book value	D0.	25.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Formatting (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEHALE (3) PARTNER FAMILIES (4) (5) (6) (7) (8) (9)	orm 990, Part IV,	(b) Book value	<u> </u>	

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Sche	dule D (Form 990) 2016 DUPAGE HABITAT FOR HUMANIT	36-	4003119 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,422,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a			
b	Donated services and use of facilities	_ 2b	4,220.		
с	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,220.
3	Subtract line 2e from line 1			3	2,418,626.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a			
b	Other (Describe in Part XIII.)	4b	-79,946.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-79,946.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,338,680.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	
1	Total expenses and losses per audited financial statements			1	2,015,266.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
2 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a	4,220.	1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,220.	1 2e	2,015,266.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	4,220.	-	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	4,220.	2e 3	2,015,266. 83,437.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	4,220.	2e 3 4c	2,015,266. 83,437. 1,931,829. 0.

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

#### PART IV, LINE 2B:

ESCROW	ACCOUNT	BALANCE	REPRESENTS	TN-HOUSE	ESCROW	MAINTAINED	BY
TDOTION	11000111			TH HOODD	TDOCICON	TTTTT TTTTTTTTTT	

ORGANIZATION ON BEHALF OF A PARTNER FAMILY. FUNDS ARE PAID TO THE

ORGANIZATION AND MAINTAINED UNTIL REQUIRED PAYMENTS FOR PROPERTY TAXES ARE

NECESSARY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INCOME IN EQUITY OF LLC	-729.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990	-79,217.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-79,946.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

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Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Part XIII Supplemental Info	DUPAGE HAB	TAT FOR	HUMANITY		36-4003119 Page 5
DIRECT FUNDRAISING		עדיים שדיים		000	79,217.
DIRECT FUNDRAISING	EAPENSE NEI	LED WIIH	REVENUE ON	330	19,211.
					Schedule D (Form 990) 2016
632055 08-29-16			29		

SCHEDULE G	Sunnleme	ntal Information Regarding	Fun	draie	ing or Gaming	<u>Acti</u>	vitios	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, c			2016
Department of the Treasury Internal Revenue Service		rganization entered more than \$1 Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Name of the organization	Information a	bout Schedule G (Form 990 or 990-EZ)	and its	s instru	actions is at WWW.irs.g	jov/fo	orm990. Employer i	Inspection dentification number
	DUPAGE	HABITAT FOR HUMANI					36-400	)3119
	ing Activities. complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV,	ine 1	7. Form 990	-EZ filers are not
<ul> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees lister</li> </ul>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	<u> </u>	<b>'es No</b> o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained b fundraiser ted in col. <b>(i)</b>	y) to (or retained by)
			Yes	No				
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt fror	n registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Forr	n 990 or 990-EZ) 2016

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 Schedule G (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY
 36-4003119 Pag

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

			(a) Event #1	(b) Event #2	(c) Other events	
				WOMEN'S		(d) Total events
			GOLF OUTING	BUILD	10	(add col. <b>(a)</b> through col. <b>(c)</b> )
)			(event type)	(event type)	(total number)	
	1	Gross receipts	98,236.	61,596.	10,511.	170,343
	2	Less: Contributions	83,811.	61,596.	10,511.	155,918
	3	Gross income (line 1 minus line 2)	14,425.			14,425
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,130.			17,130
	7	Food and beverages		2,209.		2,209
5	_					
	8	Entertainment		11,615.	1,767.	77,008
	9 10	Other direct expenses Direct expense summary. Add lines 4 throu			·	96,347
		Net income summary. Subtract line 10 from	- · · · · · · · · · · · · · · · · · · ·			-81,922
			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
2						
	1	Gross revenue				
	1					
	1 2 3					
		Cash prizes				
		Cash prizes				
	3 4	Cash prizes Noncash prizes Rent/facility costs	%	└────────────────────────────────────	Yes % No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No		□ No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No	□ No	
	3 4 5 7 8	Cash prizes	Yes%         No         gh 5 in column (d)         7 from line 1, column (d)	No	□ No	
	3 4 5 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d)	No	□ No ►	Yes N
a	3 4 5 6 7 8 En	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	□ No ►	Yes N
ab	3 4 5 6 7 8 En Is	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	States?	No	
) a b	3 4 5 6 7 8 8 If	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No	
ab	3 4 5 6 7 8 8 If	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No	

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Sch	edule G (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY 36	5-400311	9 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	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	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name 🕨		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ►\$		
	If "Yes," enter name and address of the third party:		
Ŭ			
	Name		
	Address		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	s 🛄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
6320	83 09-12-16 Schedule G (F	-orm 990 or 9	90-EZ) 2016
/			100 01

14570126 798777 13100-01

Part IV Supplemental Information (a	continued)					
32084 4-01-16		2.2			Schedule G (For	
70126 798777 13100-01	2016.05040	33 DUPAGE	HABITAT	FOR	HUMANITY	13100-01

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

Name of the	e organization
-------------	----------------

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

Employer identification number
36-4003119

#### DUPAGE HABITAT FOR HUMANITY Part I Types of Property

		<b>(a)</b> Check if applicable		(c) Noncash contr amounts repor	ted on	<b>(d)</b> Method of de noncash contribu		0	s
4	Art Works of art		items contributed	Form 990, Part V	III, line Ig				
1 2	Art - Works of art Art - Historical treasures								
2									
3 4	Art - Fractional interests								
-	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 -								
14	Historic structures Qualified conservation contribution - Other								
14 15	Real estate - Residential								
15 16	Real estate - Commercial								
17	Real estate - Other								
18									
10 19	Collectibles								
20	Food inventory Drugs and medical supplies								
20 21									
21	Taxidermy								
22	Historical artifacts								
23 24	Scientific specimens								
24 25	Archeological artifacts Other (FUNDRAISING I)	x	20	52	029	FAIR MARKET	VΔ	TILE	
25 26	Other $\blacktriangleright$ (BUILDING MATE)	X	6			FAIR MARKET			
20 27	Other $\blacktriangleright$ ( )				, 2011				
27 28	Other ► ()								
<u>20</u> 29	Number of Forms 8283 received by the organi	zation durin	l a tha tax year for a						
25	for which the organization completed Form 82				29				
	for which the organization completed Form 62	03, Fait IV, 1	Donee Acknowled		29			Vee	No
20-2	During the year, did the organization receive b	v contributir	n any proporty ro	norted in Dart L lin	as 1 throug	ah 28 that it		Yes	No
<b>3</b> 0a	must hold for at least three years from the dat								
							200		x
<b>b</b>	exempt purposes for the entire holding period	ſ					30a		
	If "Yes," describe the arrangement in Part II.	naliov that	auiroo the review	of any popoton-	rd oontrik.	tional	24		x
31	Does the organization have a gift acceptance					LIONS?	31		~
32a	Does the organization hire or use third parties contributions?		•	· • ·			32a		x
h	contributions? If "Yes," describe in Part II.						52d		
ы 33	If the organization didn't report an amount in c	olumn (o) fo	r a type of proport	v for which colum	n (a) is cho	cked			
33	describe in Part II.		a type of propert		i (a) is cile				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 00	0		Schedule M	(Form	990) (	2016)

632141 08-23-16

14570126 798777 13100-01

14

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

632142 08-23-16	Schedule M (Form 990) (2016
570126 798777 13100-01	35 2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

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

THE DRAFT OF THE 990 WAS SENT TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO

FILING.

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

EACH NEW BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY AT

ORIENTATION. AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY

CONFLICTS OF INTEREST. CONFLICTS ARE RECORDED IN THE BOARD MINUTES.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S

ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS.

PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR

ANNUALLY. PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN

EMPLOYEES' PERSONNEL RECORDS.

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

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

AVAILABLE UPON REQUEST.

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

GAIN (LOSS) IN EQUITY OF LLC

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE AUDITORS

AND REVIEWS THE RESULTS OF THE AUDIT.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

729.



Schedule O (Form 990 or Name of the organization				T (11)7	E	Employer iden 36-400	Patification nun
	DUPAGE H	ABITAT FOR	HUMAN	LTY		36-400	3119
32212 08-25-16				37	Schedul	e O (Form 990	or 990-EZ) (2

SCH	<b>IEDULE</b> R
<b>/</b>	

#### (Form 990)

\_ . . . . \_

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### DUPAGE HABITAT FOR HUMANITY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD REVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
		ILLINOIS	50.		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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>3)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HOME TOGETHER LLC - 27-3797097	OFFICE SPACE FOR DUPAGE						
1600 ROOSEVELT	HABITAT AND ANOTHER TAX						
WHEATON, IL 60187	EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			Х
	-						
	-						

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

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

36-4003119

#### Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

36-4003119 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
lame, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	mana partr	er?	ercenta ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	]											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	( <b>i)</b> ction b)(13) rolled tity?
		country)				400010		Yes	No
									<u> </u>

## Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b		X					
с	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d	Х	x					
	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
-									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х						
I.	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
	Sharing of paid employees with related organization(s)	10		X					
р	p Reimbursement paid to related organization(s) for expenses								
a	q Reimbursement paid by related organization(s) for expenses								
r	r Other transfer of cash or property to related organization(s)								
S	s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	•		<u> </u>					

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>	40		Schodulo P (Form 990) 2016

### Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

(-)	(1-)		(-n)		`	(6)	(-)			(1)	(1)	(1.)
(a)	(b)	(c)	(d)	e Are partners 501(c orgs	<b>;)</b> all	(f)	(g)	(ł	וי	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	excluded from tax under	501(C 0rgs	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
	- 1											
				+								
	-											
				$\vdash$								ļ

Schedule R (Form 990) 2016

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

Provide additional information for responses to questions on Schedule R. See instructions.

	npt Extension GE HABITAT FOR 19	Category:		e-Postmark	IRS Center: <b>Ogden</b> e-Postmark: <b>11/7/2017 2:39 PM</b> Notification:				
Fiscal Year B	egin Date: <b>7/1/2016</b>	Fiscal Year End Date: 6/30/2017		eSigned:					
Return Inforr Date	nation Type of Activity		Submission ID	Refund/(Due)	Updated By	eSign Date			
11/07/2017	Upload Started								
11/07/2017	Released for Transmission - Valio	lation in Progress			System				
11/07/2017	Ready to transmit - Validation Co	mplete							
11/07/2017	Transmitted to FD		36221020173110347e51						

11/07/2017 Accepted by FD on 11/7/2017

## TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

### FOR THE YEAR ENDING

JUNE 30, 2017

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, 2018
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 ANNU			Form AG9 Revised	
PMT	#	Attorney General LISA MADIGAN State of				u 0,00
		Charitable Trust Bureau, 100 West Rand 11th Floor, Chicago, Illinois 60601	loipn	co	# 01-028552	
					Check all items attached:	
AMT		Report for the Fiscal Period:			Copy of IRS Return	
		Beginging 07 (01 (001 C			Audited Financial Statemen	ıts
		<b>Beginning</b> 07/01/2016	Payable to the Illinois		Copy of Form IFC	
INIT			Charity	X	\$15.00 Annual Report Filing	-
	26 4002110	& Ending <u>06/30/2017</u> MO DAY YB	Bureau Fund		\$100.00 Late Report Filing	
	al ID # $36 - 4003119$					YR
Are co	ontributions to the organization	tax deductible? X Yes No Date	Organization was c	reated	j: 1	
	LEGAL		Year-end amounts			
		BITAT FOR HUMANITY				66
		ROOSEVELT ROAD	A) ASSETS B) LIABILITIES	2	A) \$ 4,783,40 B) \$ 788,82	00. 17
	, STATE WHEATON,		C) NET ASSET		C) \$ 3,994,64	
	P CODE 60187		G) NET ASSET	3	0)\$ <b>3,994,0</b> 4	49.
<b>I</b> .		REVENUE ITEMS DURING THE YEAR:	PERCENTAG	3F	AMOUNT	
<b>"</b>		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	91.954		D) \$ 2,239,10	09.
	<ul><li>E) GOVERNMENT GRANTS 8</li></ul>	(,	7.519		E) \$ 183,09	
	F) OTHER REVENUES		0.52		F) \$ 12,82	
	r) omennevended			- /0		
	G) TOTAL REVENUE, INCOM	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100	) %	G) \$ 2,435,02	27.
п.		EXPENDITURES DURING THE YEAR:				
	H) OPERATING CHARITABLE		75.75	7%	H)\$ 1,536,48	80.
	,					
	I) EDUCATION PROGRAM S	ERVICE EXPENSE		%	1) \$	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	75.75	7%	J) \$ 1,536,48	80.
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED IN J):				
	K) GRANTS TO OTHER CHAR	(TABLE ORGANIZATIONS		%	K) \$	
			75.75	7	L) \$ 1,536,48	0 N
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	15.15	1%	L)\$ 1,536,48	50.
	M) MANAGEMENT AND GENE		12.687	7₀/	M)\$ 257,32	23
		CHAL EAPENSE	12.00	/ 70		2.5.
	N) FUNDRAISING EXPENSE		11.556	5%	N)\$ 234,3	73.
				0 /0		
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD I M & N)	100	) %	0) \$ 2,028,1	76.
					ς, φ	-
III.		PAID FUNDRAISER AND CONSULTANT ACTIVITIE: rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)	S:			
	PROFESSIONAL FUNDRAISER	5 I 5 ,				
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100	) %	P) \$	Ο.
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:				
	,	PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	0.
<b>IV</b> .		) THE (3) HIGHEST PAID PERSONS DURING THE	YEAR:			10
1		NEARY, EXECUTIVE DIRECTOR			T) \$ 93,22	
1		FESSLER, RESTORE MANAGER	NTCT		U) \$ 72,48 V) \$ 78,20	
	, ,	AH YARNALL, DIRECTOR OF DEVELOPME			, .	
۷.	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	IDED)		List on back side of instruction	ons
698091 04-01-16	W) DESCRIPTION: HOUS	ING FOR THE POOR			W)# 131	
1 04-	X) DESCRIPTION:				X) #	
9809	Y) DESCRIPTION:				Y) #	
1.0	.,				1 . / "	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO					
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х					
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X					
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		x					
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X					
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X					
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х					
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X					
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$								
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X					
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X					
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X					
11.	11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:								
	WHEATON BANK - 211 SOUTH WHEATON AVENUE, WHEATON, IL 60187								
	BMO HARRIS BANK - P.O. BOX 94033, PALATINE, IL 60094								
	MB FINANCIAL BANK - 212 SOUTH WEST STREET, WHEATON, IL 60187								
12.	12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DEBBIE BAKER - (630) 510-3737								

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

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

BE SURE TO INCLUDE ALL FEES DUE:				
1.) REPORTS ARE DUE WITHIN SIX	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE		DATE
MONTHS OF YOUR FISCAL YEAR END.				
2.) FOR FEES DUE SEE INSTRUCTIONS. 3.) REPORTS THAT ARE LATE OR				
INCOMPLETE ARE SUBJECT TO A	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE		DATE
\$100.00 PENALTY.				
· · · · ·	PAUL J. ROZEK			
698101 04-01-16	PREPARER (PRINT NAME)	SIGNATURE		DATE
			ANT DRAAT	TT COF00

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



## Accounting for your future

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

December 20, 2017

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

Re: Form AG990-IL Extension DuPage Habitat for Humanity 1600 East Roosevelt Road Wheaton, Illinois 60187 EIN: 36-4003119 Tax Year: June 30, 2017

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, 2018. The federal Form 990 has been extended until May 15, 2018.

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 Binocs

Edward G. Tracy Vice President

EGT/po

000			Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047	
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundations	2016	
Dono	rtmont	of the Treasury	Do not enter social security numbers on this form as it	•		Open to Public	
		enue Service	Information about Form 990 and its instructions is at	-		Inspection	
AF	or th	e 2016 calend			UN 30, 2017		
Bc	heck if	C Name of	organization		D Employer identifica	tion number	
a	pplicab						
	Addre chang		GE HABITAT FOR HUMANITY				
	Name chang	ge Doing bu	isiness as		36-40	03119	
Initial return         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E         Telephone number							
						510-3737	
ated City or town, state or province, country, and ZIP or foreign postal code <b>G</b> Gross receipts \$						2,446,118.	
	_return ]Appli	אינוואא ו	TON, IL 60187		H(a) Is this a group retu		
	_tion pendi		nd address of principal officer: DAVID NEARY	for subordinates?			
	SAME         AS         C         ABOVE           Tax-exempt status:         X         501(c)(3)         501(c) (         )         4947(a)(1) or         527				H(b) Are all subordinates inclu		
			▲ 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or DUPAGEHABITAT.ORG	527	If "No," attach a lis H(c) Group exemption i	it. (see instructions) $8545$	
		f organization:			f formation: 1995 M		
	nrt I	Summary				State of legal dofficile	
	1		e the organization's mission or most significant activities: TO PRO	VTDE	HOMES TO EC	ONOMICALLY	
Activities & Governance	.	DISADVA	NTAGED FAMILIES IN DUPAGE COUNTY				
nai	2		★ ▶ ☐ if the organization discontinued its operations or disposed	l of more	than 25% of its net asse	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b) 4				14	
es é	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)				23	
viti	6				1272		
Acti	7a		business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b	0.	
					Prior Year	Current Year	
e	8		and grants (Part VIII, line 1h)		1,880,056.	1,173,564.	
Revenue	9		ce revenue (Part VIII, line 2g)		1,334,754.	1,234,210.	
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		342.	3,590.	
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-60,698.	-72,684.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,154,454.	2,338,680.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	-	o or for members (Part IX, column (A), line 4)		964,328.	1,019,829.	
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)  234,373		0.	0.	
Expens	10a	Total fundraisi	ndraising rees (Part IX, column (A), line TTe)		0.	•	
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	· -	1,740,608.	912,000.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,704,936.	1,931,829.	
	19		expenses. Subtract line 18 from line 12		449,518.	406,851.	
or					inning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		4,603,050.	4,783,466.	
d Ba	21		(Part X, line 26)		1,015,981.	788,817.	
Fun	22		und balances. Subtract line 21 from line 20		3,587,069.	3,994,649.	
	irt II	Signature	e Block				
	•		declare that I have examined this return, including accompanying schedules and			nowledge and belief, it is	
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	preparer l	nas any knowledge.		
		1 N					

Sign	Signature of officer	Date								
Here	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	PAUL J. ROZEK			self-employed P00542258						
Preparer	Firm's name 🕒 SELDEN FOX, LTD.	•	•	Firm's EIN 36-2985770						
Use Only	Firm's address 619 ENTERPRISE D	RIVE								
	OAK BROOK, IL 60	Phone no.630-954-1400								
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2016)									

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

	990 (2016) DUPAGE HABITAT FOR HUMANITY	36-4003119	Page <b>2</b>
Par	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		
	Did Harrison in the second state of the second second second state of the second state of the second state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	Yes	
	If "Yes," describe these new services on Schedule O.		[ <b>.</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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	s measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 785,772. including grants of \$ ) (Reven	ues 158,	912.
	DUPAGE HABITAT HAS HELPED OVER 60 FAMILIES ACHIEVE THE		
	HOMEOWNERSHIP. THIS IS DONE BY WORKING IN PARTNERSHIP		1
	FAMILIES AND THE COMMUNITY TO BUILD NEW OR REHABILITATE		
	THROUGHOUT DUPAGE COUNTY. DUPAGE HABITAT HAS DEVELOPED		
		UPAGE HABITA	
	BUILDS HIGH-QUALITY, LOW-FRILL HOMES DESIGNED TO BLEND		
	THE SURROUNDING COMMUNITY. HOMES ARE TYPICALLY AROUND		FEET
	WITH 3-4 BEDROOMS, 1-2 BATHS AND A GARAGE. LIKE EVERY		
	DUPAGE, DUPAGE HABITAT HOMES MUST CONFORM WITH ALL LOCA	L BUILDING	
	CODES, AND MUST PASS INSPECTIONS TO ENSURE QUALITY CONS	TRUCTION AND	)
	LIVEABILITY.		
46	(Code: ) (Expenses \$ 654, 361. including grants of \$ ) (Reven	ue\$ 1,084,	536
4b	(Code:)(Expenses \$654,361. including grants of \$) (Reven THE RESTORE PROGRAM OFFERS DONATED USED AND SURPLUS HOU		550.
	CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY		TR C
		N ADDITIONAL	
	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE	GOING INTO	
	LANDFILLS.		
4.0			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$	
4d	Other program services (Describe in Schedule O.)		
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4d 4e		)	

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Form §	an (c	016)

Pa	rt IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			37
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f	5			x
10	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	x	
L	Schedule D, Parts XI and XII	12a		<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a		13 14a		X
14a b		144		<u> </u>
U U	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			<u> </u>
10	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	- 15		<u> </u>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- 10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		<u> </u>
	complete Schedule G. Part III	19		x

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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		X
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			x
<b>.</b>	Schedule J	23		
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	24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
b C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	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,	000		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	, 3 ,,,, 3 ,, , , , , , , , , , , , , ,			
•	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
<b>0</b> -	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	0-		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	Hoter / writer in the boot more are required to complete confedule of	1 00		L

Form **990** (2016)

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Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>		<u></u>	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 re	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	23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<b> </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					l
	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 contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	<b> </b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?			7c		X
		7d		_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizational fundation of cars, boats, airplanes, or other vehicles, did the organization maintaining dense advised fundational fundation of the other set of the			7h		
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0		
	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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	•				
а	Gross income from members or shareholders	11a				
	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		
	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				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	θO		14b		
				Form		10016

Form **990** (2016)

632005 11-11-16

Form 990 (2016)

Form 990 (	2016)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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

			1 /		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the			~		┢
5	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		┢
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		┢
	Did the organization have members or stockholders?			6		F
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					F
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the followi	ng:			
	The governing body?			8a	<u>X</u>	L
b	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 read	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				г
0-	Did the eventimation have lead shorters, hypershee, or efficience			10-	Yes	┞
	Did the organization have local chapters, branches, or affiliates?			10a		┞
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10b		
1-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	┞
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before ming		114		┢
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	x	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			12.0		┢
	in Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	Х	F
	Did the organization have a written document retention and destruction policy?			14	Х	ſ
	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participa	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed <b>IL</b>	( <b>0</b> ··	()(0) : :			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply	(Section 501)	(c)(3)s only) a	vailab	le	
	X Own website X Another's website X Upon request Other (explain	in Schedule C	))			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interes	st policy, and	l finan	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bot DEBBIE BAKER - $(630)$ $510-3737$	oks and recor	ds: ►			
	1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187					

Part VII	Compensation of Officers, Di	irectors, Trustees,	Key Employees,	Highest	Compensated
	<b>Employees, and Independent</b>	t Contractors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(F)				
Name and Title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	recto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploy6	t con /ee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	eyen	Highest compensated employee	ormei			organizations
(1) CHERI ARMSTRONG	5.00			0	×	τæ	<u> </u>			
DIRECTOR		x						0.	Ο.	Ο.
(2) MEENA BEYERS	5.00									
DIRECTOR		X						0.	0.	0.
(3) JOHN CAMPBELL	5.00									
DIRECTOR		X						0.	0.	0.
(4) VALERIE COLLETTI	5.00									
DIRECTOR		Х						0.	0.	0.
(5) RICHARD DICKSON	5.00									
PRESIDENT		X		х				0.	0.	0.
(6) PATRICIA FRANSON-OLINGER	5.00									_
VICE PRESIDENT		X		X				0.	0.	0.
(7) TODD FULLER	5.00									
DIRECTOR		X						0.	0.	0.
(8) PAUL GARRETT	5.00									•
DIRECTOR		X						0.	0.	0.
(9) JOHN EDINGER	5.00							0	0	0
DIRECTOR		X						0.	0.	0.
(10) PAUL JAROSZ	5.00							0	0	0
TREASURER		X		X				0.	0.	0.
(11) GEORGE MULLIGAN	5.00							0	0	0
DIRECTOR		X						0.	0.	0.
(12) JULIE ANN O'CONNELL	5.00	x		x				0.	0.	0
SECRETARY	5.00	<u> </u>		<u> </u>				0.	0.	0.
(13) PETE PAPAGEORGAKIS DIRECTOR	5.00	x						0.	0.	0.
(14) KEVIN REIMAN	5.00	^						0.	0.	0.
(14) REVIN REIMAN VICE PRESIDENT	5.00	x		x				0.	0.	0.
(15) DAVE NEARY	45.00	<u>^</u>						0.	0.	0.
EXECUTIVE DIRECTOR				x				94,228.	10,000.	0.
								54,220.	10,000.	<u>.</u>
		1								
		1								
		I								

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Form 990 (2016) DUPAGE HABITAT FOR HUMANITY 36-40031 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										119	Pa	age <b>8</b>		
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average hours per	(do box	not c , unle	(C Pos heck ss pe	C) itior more erson		one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	n	an	(F) timate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizati d relate anizatio	e ion ed
	Sub-total Total from continuation sheets to Part VI								94,228. 0.	10,00	0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								94,228. eceived more than \$100	10,00 ,000 of reportab				0.
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	ə, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	y unr	elat	ted organization or indiv			4		x x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co												rom	
	the organization. Report compensation for (A) Name and business			endi DNH		vith	or w	ithir	n the organization's tax ( <b>(B)</b> Description of s		C	(C ompe	;) nsatio	 n
			111	2111	<u> </u>				P			<u> </u>		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to	tho	se li: 0	stec	d above) who received n	nore than				
												Form	990 c	2016)

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				AT FOR HU	MANITY		36-4003	119 Page 9
	rt VII		nue					
		Check if Schedule O cont	ains a response	or note to any lir			<i>(</i> 2)	
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Grai	b	Membership dues	1b					
Am (	с	Fundraising events	1c	155,918.				
lar lar	d	Related organizations	1d					
imi,	е	Government grants (contribut	ions) <b>1e</b>	183,090.				
₹ S	f	All other contributions, gifts, gran	ts, and					
Ęġ		similar amounts not included abo	ve 1f	834,556.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines						
<u>a c</u>	h	Total. Add lines 1a-1f			1,173,564.			
				Business Code		1 004 526		
Program Service Revenue		RESTORE		900099	1,084,536.	149,674.		
ue v	b		15COUNT	900099	149,074.	149,0/4.		
s nev	c							
gra Re	d							
Pro	e							
_	f	All other program service rever Total. Add lines 2a-2f			1,234,210.			
-	<u> </u>	Investment income (including			-,,			
	U	other similar amounts)			153.			153.
	4	Income from investment of ta						
	5	Royalties		-				
	-		(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		14,528.				
	b	Less: cost or other basis						
		and sales expenses		11,091.				
	С	Gain or (loss)		3,437.	2 4 2 1			2 428
		Net gain or (loss)		· <u>·····                               </u>	3,437.			3,437.
en	8 a	Gross income from fundraisin						
(en		including \$ 155,9						
Other Revenue		contributions reported on line		14 425				
her		Part IV, line 18	a	96,347.				
₫		Less: direct expenses Net income or (loss) from func		50,547.	-81,922.			-81,922.
		Gross income from gaming ac	•	▶	01,944.			01,922.
	9 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a	MISCELLANEOUS		900099	9,238.	9,238.		
	b							
	С							
	d							
		Total. Add lines 11a-11d			9,238.	1 242 440		70 220
	12	Total revenue. See instructions.		<b>&gt;</b>	2,338,680.	1,243,448.	0.	,
632009	0 11-11	1-16						Form <b>990</b> (2016

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Part IX Statement of Functional Expenses

DUPAGE HABITAT FOR HUMANITY

	Check if Schedule O contains a response ot include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	100 004	00 (10	00.004	1 6 0 0 6
	trustees, and key employees	127,934.	89,618.	22,234.	16,082
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
	Other salaries and wages	731,215.	542,115.	64,310.	124,790
	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	14,981.	9,378.	1,989.	3,614 9,283 11,712
	Other employee benefits	75,110.	51,383.	14,444.	9,283
)	Payroll taxes	70,589.	52,311.	6,566.	11,712
1	Fees for services (non-employees):				
а	Management				
b	Legal	4,707.	4,707.		
с	Accounting	17,400.		17,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	44,956.	27,110.	5,281.	12,565
2	Advertising and promotion	8,697.	450.	6,915.	1,332
3	Office expenses	104,056.	60,070.	14,051.	29,935
ŧ	Information technology	16,299.	5,214.	10,536.	549
5	Royalties				
5	Occupancy	280,578.	256,578.	24,000.	
7	Travel	59,260.	36,283.	17,524.	5,453
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	13,478.	7,215.	6,263.	
)	Interest	25,851.	25,732.	119.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,465.	5,413.	26.	26
3	Insurance	80,643.	67,953.	11,017.	1,673
-	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	HOME BUILDING EXPENSES	101,755.	88,844.		12,911
	CRITICAL HOME REPAIRS	90,901.	90,901.		
	MISCELLANEOUS	43,834.	8,223.	34,648.	963
d	DONOR DEVELOPMENT	14,120.	10,635.		3,485
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,931,829.	1,440,133.	257,323.	234,373
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form **990** (2016)

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DUPAGE	НАВТТАТ	FOR	HUMANITY
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		Check if Schedule O contains a response or not	e to ar	v line in this Part X			
			<u></u>		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			78,461.	1	253,221.
	2	Savings and temporary cash investments	517,592.	2	326,698.		
	3	Pledges and grants receivable, net			988,869.	3	567,873.
	4	Accounts receivable, net			29,659.	4	47,107.
	5	Loans and other receivables from current and for			•	-	
	-	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				-	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	•				
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		E E E E E E E E E E E E E E E E E E E	1,780,253.	7	1,709,016.
As	8	Inventories for sale or use			1,136,500.	8	1,783,623.
	9	Prepaid expenses and deferred charges			3,651.	9	20,835.
		Land, buildings, and equipment: cost or other	 I I		5,0510	9	20,000
	IUa	basis. Complete Part VI of Schedule D	102	158,697.			
	h	Less: accumulated depreciation		142,725.	14,641.	10c	15,972.
					14,0410	11	13,572.
	11	Investments - publicly traded securities				12	
	12	Investments - other securities. See Part IV, line -			8,048.	13	8,777.
	13	Investments - program-related. See Part IV, line			0,040.	13	0,777.
	14	Intangible assets			45,376.	14	50,344.
	15	Other assets. See Part IV, line 11			4,603,050.	15	4,783,466.
	16	Total assets. Add lines 1 through 15 (must equ			331,849.	17	206,467.
	17	Accounts payable and accrued expenses			551,045.	17	200,407.
	18	Grants payable	2,039.	10	7,163.		
	19	Deferred revenue	2,055.		7,105.		
	20	Tax-exempt bond liabilities			12,269.	20 21	35,958.
	21	Escrow or custodial account liability. Complete l			12,207.	21	55,550.
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee				00	
Lia	~	Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrela			663,224.	23	528,229.
	24	Unsecured notes and loans payable to unrelate	005,224.	24	520,225.		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			6,600.	25	11,000.
	06	Schedule D Total liabilities. Add lines 17 through 25			1,015,981.	25 26	788,817.
	26	Organizations that follow SFAS 117 (ASC 958			1,013,901.	20	100,011.
6		complete lines 27 through 29, and lines 33 an					
ice.	27	Unrestricted net assets			3,170,394.	27	3,735,097.
alan	28	Temporarily restricted net assets	416,675.	28	259,552.		
Fund Balances	20 29				110,0,50	20	23373321
nnc	25	Organizations that do not follow SFAS 117 (A				23	
Ĕ		and complete lines 30 through 34.	00 900				
Net Assets or	30	Capital stock or trust principal, or current funds				30	
sei	30 31	Paid-in or capital surplus, or land, building, or ec				30 31	
tAŝ						31	
Nei	32 22	Retained earnings, endowment, accumulated in		F	3,587,069.	32	3,994,649.
	33 34	Total net assets or fund balances			4,603,050.	33	4,783,466.
	34				1,000,000	34	Form <b>990</b> (2016)
							1000 (2010)

Form 990 (2016)
Part X Balance Sheet

	990 (2016) DUPAGE HABITAT FOR HUMANITY	36-40	03119	Paç	ge <b>12</b>
Pa	t 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	2,338		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,931		
3	Revenue less expenses. Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,587	/,0	69.
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	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		~ ~ ~ ~		
_	column (B))	10	3,994	1,6	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2016)

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SCHEDULE A
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Department of the Treasury

(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2016
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	
	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

Namo	of tho	orgonization
Name		Uluanization
Name	or the	organization

Nan	lame of the organization Employer identification number											
				FOR HUMANIT					6-4003119			
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	iis part.) Se	ee instruction	S.				
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)( <sup>.</sup>	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma						the general	public described in			
		section 170(b)(1)(A)(vi). (Co			U U			Ū				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in coniu	unction with a	land-grant	college			
		or university or a non-land-g				-		-	-			
		university:	, , ,	· · · · · ·		, .	<i>,</i>					
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, member	ship fees, a	ind gross receipts from			
		activities related to its exem										
		income and unrelated busir										
		See section 509(a)(2). (Cor						gamzation				
11		An organization organized a	•	ively to test for public sa	afety. See	section 50	09(a)(4).					
12	$\square$	An organization organized a	-		•			arry out the	e purposes of one or			
		more publicly supported or		-	-			-				
		lines 12a through 12d that										
а		<b>Type I.</b> A supporting orga				-		-	, aivina			
u		the supported organization	-	-	•	-		•••••				
		organization. You must c			amajonty				dpporting			
b		<b>Type II.</b> A supporting orga	-		tion with it	te sunnort	ed organizati	on(e) by ba	wing			
D	L	control or management o	-				-		-			
		organization(s). You mus			ame perso			age the sup	ported			
~		Type III functionally inte	-		in connoc	tion with	and functions	lly intograt	od with			
с		its supported organization						iny integration	eu with,			
d		7						inted organi	ization(a)			
u		Type III non-functionally that is not functionally int						-				
		that is not functionally int	• •	• •	•		-	u an alleni	IVENESS			
		requirement (see instruct										
е		Check this box if the orga					а турет, туре	еп, туре п				
	<b>F</b> at	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0							
T		er the number of supported on vide the following information	•									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
	``	organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ii		support (see instructions)			
				above (see instructions))	165	NO						
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Tota					000		L					
LHA	+or F	Paperwork Reduction Act N	iotice, see the Instr	ructions for Form 990 o	or 990-EZ.	632021 09-	-21-16 Sche	aule A (Foi	m 990 or 990-EZ) 2016			

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

#### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY Part II Support Schedule for Organizations Described in Sections 17

36-4003119 Page 2

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.)

2       Tar evenues levied for the organization is behalf         3       The value of services or facilities         turnished by a governmental unit to the organization without charge       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization without charge       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       8,100,982       8,100,982         6       Public support: Sutreat time 3 tom line 4       2,301,600       1,571,072       1,174,690       1,890,056       1,173,564       8,100,982         8       Gross income from interest, organization of thom similar sources, and income from interest, organization and income from interest organization and income from interest organization and income from interest, organization and income and income from interest, organization and income from interest, organization and income from interest organization and income interest, organization and income and income on inter	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.')         2,301,600         1,571,072         1,174,690         1,880,056         1,173,564         8,100,982           2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any 'unusual grants ')       2,301,600       1,571,072.       1,174,690.       1,680,056.       1,173,564.       8,100,982.         2 Tax revenues levied or the organization without charge       2,301,600.       1,571,072.       1,174,690.       1,680,056.       1,173,564.       8,100,982.         3 The value of services or facilities furnished by a governmental unit to the organization without charge.       2,301,600.       1,571,072.       1,174,690.       1,680,056.       1,173,564.       8,100,982.         5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       8,100,982.       8,100,982.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total organization) included on line 1 that exceeds 2% of the amount shown on line 14.       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (f) 703.         4 Total support. Authors the split ing in )       2,301,600.       1,571,072.       1,174,690.       1,810,076.       1,173,564.       8,100,982.         5 A mounts from line 4       2,301,600.       1,571,072.       1,174,690.       <	1	Gifts, grants, contributions, and						
2       Tar versues levied for the organization with and either paid to or expended on its behalf         3       The value of services or facilities furnised by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         5       The portion of total contributions by each person (ofter than a governmental unit to the organization without charge in a governmental unit or publicly supported organization) included on line 1 threak exceeds 2% of the amount shown on line 11, column (f)         6       Public support: statustifies 5 on line 4         7       Anounts from line 4         8       Gross income from interest, organization of total contributions by each person (ofter than a government shown on line 11, column (f)         6       Public support: statustifies 5 on line 4         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources.       22.7.         9       Net income from similar sources.       22.7.       21.7.       21.4.       34.2.       1.53.       1, 153.         9       Net income from interest, dividends, payments received on securities loans, rents, royatiles and income the sale of capital assets (Explain in Part VI).       14.4.403.       391.       13.7.       1, 793.       9, 238.       25, 952, 809.         10       Other income. Do not include gain or loss of mole slob for the organization's first, second, third, fourth, or fifth t		membership fees received. (Do not						
is benefit and either paid to or expended on its behalf		include any "unusual grants.")	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
are expended on its behalf       are spended on its behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge       2,301,600,1,571,072,1,174,690,1,880,056,1,173,564,8,100,982,         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)       2,301,600,1,571,072,1,174,690,1,880,056,1,173,564,8,100,982,         6 Public support. Subtract time is tom line 4.       8,100,982,         Section B. Total Support       8,100,982,         Calendary sear (or fised) year beginning in) (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600,1,571,072,1,174,690,1,880,056,1,173,564,8,100,982,       8 cross income from initreest, dividend and an another organization with the subieness activities, whether or not the business activities, whether or not the business is regularly carried on an activities, etc. (see instructions)       12,5,959,809,         10 Other income. Do not include gain or loss from the sale of capital masset (Explain in Part VI).       14,403,391,137,1,793,9,238,25,962,       9,138,907,97,97,979,809,         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth ta year as a section S010(s) organization, check this box and stop here.       14       99,567,959,809,         14 Public support tercentage from 2015 Schedule A, Part II, Ine 14, and line 14 is 33 1/3% correce, c	2	Tax revenues levied for the organ-						
3       The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         5       The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       8,100,982.       8,100,982.         6       Public support.alterature is them in 4       8,100,201       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7       A mounts from line 4       8,100,982.       2,27.       217.       214.       342.       1,373,564.       8,100,982.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources       2,27.       217.       214.       342.       1,33.       1,153.         9       Net income Do not notide gain or loss from the sale of capital assets (Explain in Part VI)       14,403.       391.       137.       1,793.       9,238.       25,952.       9,959,809.         14       First twe gaves. If the Form 90 is forth erganization's first, second, third, fourth, or fifth tax year as a sectos 10(c)30 organization, check this box and stop here       99.507.       99.507.		ization's benefit and either paid to						
fundamesistic by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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)       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       6,100,982.         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)       6,100,982.       6,100,982.         5 Total Support Callendar year (or fised) year beginning in )b 2,301,600.       (a) 2012       (b) 2013       (c) 2014       (d) 2015.       (e) 2016       (f) Total 4,100,982.         8 Gross income from interest, dividends, payments received on securities lears, errat, royatiles and income from similar sources.       2,277.       217.       214.       342.       153.       1,153.         9 Net income from unrelated business activities, whether or not the business is regularity carried on in toss from the sale of capital arsets (Explain in Par VL) assets (Explain in Par		or expended on its behalf						
the organization without charge       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         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)       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         Section B. Total Support.       Section B. Total Support       8,100,982.       8,100,982.       8,100,982.         Section B. Total Support.       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         Section B. Total Support.       Calendary part (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         9 Net income from unrelated business and income from unrelated business activities, whether or not include gain or loss form the sale of capital asserts (Explain in Part VI)       14,403.       391.       137.       1,793.       9,238.       25,959.       809.         11 Total support. Add lines 7 through 10 <th>3</th> <th>The value of services or facilities</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	3	The value of services or facilities						
4       Total. Add lines 1 through 3       2, 301, 600       1, 571, 072.       1, 174, 690.       1, 880, 056.       1, 173, 564.       8, 100, 982.         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 (n).       8, 100, 982.       8, 100, 982.         6       Public support. Subtractive a term tee 4       8, 100, 982.       8, 100, 982.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7       Amounts from line 4       2, 301, 600.       1, 571, 072.       1, 174, 690.       1, 880, 056.       1, 173, 564.       8, 100, 982.         8       Gross income from interest, dividends, payments received on securities loans, entrit, royatlies and income from interest, dividends, payments received on securities is regularly carried on not include gain or loas from the sale of capital assets (Explain in Part VI)       14, 403.       391.       137.       1, 793.       9, 238.       25, 962.         11       Total support. Add lines 7 through 10       14, 403.       391.       137.       1, 793.       9, 238.       25, 959, 8039.         9       Net income from unrelated business activities, etc. (see instructions)       12       5, 959, 8039.       12       5, 959, 8039.		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       8,100,982.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amount's from line 4       2, 301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalies and income from similar sources.       227.       217.       214.       342.       153.       1,153.         9 Net income from interest, dividends, payments received on securities loans, rents, royalies and income from similar sources.       227.       217.       214.       342.       153.       1,153.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part V).       14.4.403.       391.       137.       1,793.       9,238.       25,959.       809.         13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       >       >       >       >       >       >       >       31.3% or more, check this box and stop here. L2016. If the organization did not check the box on line 13, and li		the organization without charge $\dots$						
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, colurm (f)	4	Total. Add lines 1 through 3	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)       8,100,982.         Section B. Total Support       8,000,982.         Section B. Total Support       8,100,982.         Section B. Total Support       8,100,982.         Section B. Total Support       0,2012       (b)2013       (c)2014       (d)2015       (e)2016       (f) Total         7 Amounts from line 4       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources       227.       217.       214.       342.       153.       1,153.         9 Net income. Do not include gain or loss from the sale of capital assests (Explain in Part VI) support. Add lines Through 10       14,403.       391.       137.       1,793.       9,238.       25,962.         11 Total support Add lines for 2016 (line 6, column (f) divided by line 11, column (f)       12       5,959,809.       12       5,959,809.         13 First five years. If the Form 990 is for the organization if first, second, third, fourth, or fifth tax year as a sector 501(c)(3) organization, check this box and stop here.       14       99.67 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)       14       99	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       8,100,982.         6 Public support. Bubract the 5 from the 4.       8,100,982.         Section B. Total Support.       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from singlar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part VI)       14,403       391.       137.       1,793.       9,238.       25,962.         11 Total support. Add lines 7 through 10       14,403       391.       137.       1,793.       9,238.       25,959.809.         13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       99.67 %         9 Lublic support percentage for 2016 (line 6, column (f) divided by line 11, column (f)       14       99.67 %       15         16 Oblic support percentage for 2015 (line 6, column (f) divided by line 11, column (f)       14       99.67 %       15         17 10% - dact-and-circumstances tet. 2016. If the organization di not check the box on line 13, a		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       a. 100,982.         Section B. Total Support       8,100,982.         Section B. Total Support       (g) 2012       (g) 2013       (g) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982.         8 Gross income from interest, dividends, payments received on securites loans, rents, royatiles and income from similar sources       227.       217.       214.       342.       153.       1,153.         9 Net income from similar sources sattivities, whether or not the business is regularly carried on intoreset.       14,403.       391.       137.       1,793.       9,238.       25,962.         17 Total support. Add lines 7 through 10       14,403.       391.       137.       1,793.       9,238.       25,959.809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       99.67 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)       14       99.67 %       15       99.83 (33 1/3% or more, check this box and stop here       13         17 Total support test - 2016. If the organization did not check abox on line 13, and line 14 is 33 1/3% or more, check this b		governmental unit or publicly						
amount shown on line 11, column (f)       amount shown on line 11, column (f)       b       8,100,982.         Section B. Total Support.       Section B. Total Support       8,100,982.         Section B. Total Support.       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         7 Amounts from line 4       2,301,600.       1,571,072.       1,174,690.       1,880,056.       1,173,564.       8,100,982.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       227.       217.       214.       342.       153.       1,153.         10 Other income. Do not include gain or loss from related activities, etc. (see instructions)       12       5,959,809.       12       5,959,809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >       >         4       Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.67 %         14       Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicity supported organization       >		supported organization) included						
column (f)       0       0       8,100,982.         Section B. Total Support       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         Calindar year (or fiscal yaer beginning in)       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         Zalindar year (or fiscal yaer beginning in)       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         Zalindar year (or fiscal yaer beginning in)       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         Gross income from interest,       dividends, payments received on securities loans, rents, royatiles and income from unrelated business activities, whether or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI.)       227.       217.       214.       342.       153.       1,153.         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.       9,238.       25,962.         11       Total support. Add lines 7 through 10       2       5,959,809.       12       5,959,809.       5         26       Cross receipts from related activities, etc. (see instructions)       12       5,959,809		on line 1 that exceeds 2% of the						
6       Public support. Subtract line 5 from line 4.       8,100,982.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2012       (b) 2013       (c) 2014       (d) 2015       (e) 2016       (f) Total         A mounts from line 4         A group of the stand from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       227.       217.       214.       342.       153.       1,153.         10       Other income. Do not include gain or loss from related activities, etc. (see instructions)       12       5,959,809.       5,959,809.         15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         4 Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization did not check the box on line 13, refs. and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization								
Section B. Total Support         Calendar year (or fiscal year beginning in)         7 Amounts from line 4         2, 301, 600         1, 571, 072         1, 174, 690         1, 880, 056         1, 173, 564         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources         227.       217.         214.       342.         100 Other income from unrelated business activities, whether or not the business is regularly carried on 100 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)         11 Total support. Add lines 7 through 10         12       5, 959, 809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage from 2015 Schedule A, Part II, line 14         15       99.80 %         15       99.80 %         163 31/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organizati		column (f)						
Calendar year (or fiscal year beginning in) <ul> <li>(a) 2012</li> <li>(b) 2013</li> <li>(c) 2014</li> <li>(d) 2015</li> <li>(e) 2016</li> <li>(f) Total</li> </ul> 7 Amounts from line 4       2, 301, 600.       1, 571, 072.       1, 174, 690.       1, 880, 056.       1, 173, 564.       8, 100, 982.         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources       227.       217.       214.       342.       153.       1, 153.         9 Net income from interest, dividends, payments received on securities, whether or not the business is regularly carried on       14., 403.       391.       137.       1, 793.       9, 238.       25, 962.         11 Total support. Add lines 7 through 10       14., 403.       391.       137.       1, 793.       9, 238.       25, 959.       809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       2         14 Public support percentage for 2016 (in 6, column (f) divided by line 11, column (f))       14       99.67 %       9         15 Public support percentage for 2016 (if the organization did not check the box on line 13 and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       14	6	Public support. Subtract line 5 from line 4.						8,100,982.
7       Amounts from line 4       2,301,600       1,571,072       1,174,690       1,880,056       1,173,564       8,100,982         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       227.217.214       342.153.1,153.         9       Net income from unrelated business activities, whether or not the business is regularly carried on in Part VI.       14,403.391.137.1,793.9,238.25,962.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         12       Gross receipts from related activities, etc. (see instructions)       12       5,959,809.         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       9         14       Public support Percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.67 %         14       Public support percentage for 2016. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, f6a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization	Sec	ction B. Total Support						
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       227.217.214.342.153.1,153.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       14,403.391.137.1,793.9,238.25,962.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       14,403.391.137.1,793.9,238.25,962.         11       Total support. Add lines 7 through 10       8,128,097.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >         14       Public support percentage from 2015 Schedule A, Part II, line 14       14       99.67 %         15       Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization          17a       10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 17a, and lin	Cale	ndar year (or fiscal year beginning in) 🕨		<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources       227.217.214.342.153.1,153.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         11 Total support. Add lines 7 through 10       14,903.391.137.1,793.9,238.25,962.         12 Gross receipts from related activities, etc. (see instructions)       12 5,959,809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14 99.67 % 15 99.80 %         15 Public support percentage from 2015 Schedule A, Part II, line 14       14 99.67 % 15 99.80 %         16 as 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2016. If the organization di	7	Amounts from line 4	2,301,600.	1,571,072.	1,174,690.	1,880,056.	1,173,564.	8,100,982.
securities loans, rents, royalties and income from similar sources       227.       217.       214.       342.       153.       1,153.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       1       153.       1,153.         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.       9,238.       25,962.         11 Total support. Add lines 7 through 10       14,403.       391.       137.       1,793.       9,238.       25,962.         12 Gross receipts from related activities, etc. (see instructions)       12       5,959,809.       80.9         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       9.67.%         organization, check this box and stop here       2016 (line 6, column (f) divided by line 11, column (f))       14       99.67.%         14 Public support percentage for 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         13 10% support test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       13         14 10% -facts-and-circumstances thes the "facts-and-circumstances" tes	8	Gross income from interest,						
and income from similar sources       227.       217.       214.       342.       153.       1,153.         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.       9,238.       25,962.         11 Total support. Add lines 7 through 10       14,403.       391.       137.       1,793.       9,238.       25,962.         12 Gross receipts from related activities, etc. (see instructions)       12       5,959.809.       12       5,959.809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.67.%         15 Public support percentage for 2016. If the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computed organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and		dividends, payments received on						
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activities, whether or not the business is regularly carried on       1         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         11       Total support. Add lines 7 through 10       8,128,097.         12       Gross receipts from related activities, etc. (see instructions)       12       5,959,809.         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage form 2015 Schedule A, Part II, line 14       99.67 % 15       99.80 %         14       Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation qualifies as a publicly support organization and stop here. The organization qualifies as a publicly supported organization       Image: Computation qualifies as a publicly support organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the <td></td> <td>and income from similar sources <math>\dots</math></td> <td>227.</td> <td>217.</td> <td>214.</td> <td>342.</td> <td>153.</td> <td>1,153.</td>		and income from similar sources $\dots$	227.	217.	214.	342.	153.	1,153.
business is regularly carried on	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         11 Total support. Add lines 7 through 10       8,128,097.         12 Gross receipts from related activities, etc. (see instructions)       12 5,959,809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14 99.67 %         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14 99.67 %         15 Public support percentage from 2015 Schedule A, Part II, line 14       15 99.80 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016.		activities, whether or not the						
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assets (Explain in Part VI.)       14,403.391.137.1,793.9,238.25,962.         11 Total support. Add lines 7 through 10       8,128,097.         12 Gross receipts from related activities, etc. (see instructions)       12 5,959,809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14 99.67 %         organization, check this box and stop here       14 99.67 %         16a 33 1/3% support percentage from 2015 Schedule A, Part II, line 14       15 99.80 %         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       10         b 10% -facts-and-circumstances test - 2015. If the organization qualifies as a publicly supported organization       10         b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 10       8,128,097.         12 Gross receipts from related activities, etc. (see instructions)       12       5,959,809.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       99.67         14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))       14       99.67         15 Public support percentage from 2015 Schedule A, Part II, line 14       15       99.80         16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       Image: Column of the organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop		or loss from the sale of capital		2.2.4	4.9.5	4 500		
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<ul> <li>16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the</li> </ul>								00.00
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<ul> <li>17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>	D							
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>b</b> 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the	47-							
<ul> <li>meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the</li> </ul>	17a							
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the								
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the	L.							
	۵ ۵		-					
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>P</b>	18	<b>U</b>			· ·	,		
Schedule A (Form 990 or 990-EZ) 2016	-10	The organization in the organizatio			a, 100, 17a, 01 17b			

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## Schedule A (Form 990 or 990 EZ) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	· · · · · · · · · · · · · · · · · · ·							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	n 501(c)(3) organ	lization,	
	check this box and <b>stop here</b>	0						
Sec	ction C. Computation of Publ							
	Public support percentage for 2016 (			column (f))		15	%	
	Public support percentage from 2015					16	%	
	ction D. Computation of Invest					• •		
	•		•			17	%	
	17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))       17         18 Investment income percentage from 2015 Schedule A, Part III, line 17       18							
	<b>33 1/3% support tests - 2016.</b> If the							
	more than 33 1/3%, check this box a							
h	<b>33 1/3% support tests - 2015.</b> If the							
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
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### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY

#### Part IV Supporting Organizations

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

#### 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 12a or 12b 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.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes

No

Schedule A (Form 990 or 990-EZ) 2016

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# Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
h	below, the governing body of a supported organization?	11b		
	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 <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		V.	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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			
		4		
0	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 <b>Part VI</b> 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 <b>Part VI</b> 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. <i>Complete line 3 below.</i>			
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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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#### Schedule A (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990 EZ) 2016 DUPAGE HABITAT FOR HUMANITY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (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	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
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	he organization is responsive	e				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
Jech			FIE-2010				
_1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
C	From 2013						
d	From 2014						
e	From 2015						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
-	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
<u>a</u>							
-	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
e	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016	DUPAGE	HABITAT	FOR	HUMANITY
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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

					22	HABITAT			
32028 09-	21-16						Sche	edule A (Form 99	0 or 990-EZ) 2
2016	AMOUNT:	\$	9,238.						
	AMOUNT:	\$	1,793.						
	AMOUNT:	<u>\$</u>	137.						
	AMOUNT:	<u>ې</u> \$	<u>14,403.</u> 391.						
	$\Delta M()     N ' '$	Ċ	1/ //3						

Department of the Treasury Internal Revenue Service

(Form 990)

 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.



Nam	e of the organization DUPAGE HABITAT FOR	ΗΠΜΑΝΤΨΥ	Employer identification number 36-4003119
Par			
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		
1	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		a ad funda
5	Did the organization inform all donors and donor advisors in	-	
~	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of		
Par	Impermissible private benefit?           t II         Conservation Easements.         Complete if the orgonality of the orgon		
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
0		ind concernation contribution in the form	of a concentration accompant on the last
2	Complete lines 2a through 2d if the organization held a qualit		Held at the End of the Tax Year
•	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
u	Number of conservation easements included in (c) acquired		
~	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	le organization during the tax
4	year ► Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pel		
Ŭ	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		······································
•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, en	ducation, 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		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
	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. 632051 08-29-16

Schedule D (Form 990) 2016

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Sche		HABITAT FO						36-40			age <b>2</b>
Par	rt III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, o	or Othe	r Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a sig	gnificant ı	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗆 C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how the	ey further tl	ne organizatio	on's exem	npt purpc	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or othe	er similar	assets		-		-
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's co	llection?			L	Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on I	Form 990	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other ass	sets not i	ncluded		-		-
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing ta	able:			·				
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
	Ending balance								_		-
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for e	scrow or cu	ustodial accou	unt liabilit	ty?	<u>X</u>	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							<u></u>		X	
Par	rt V Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo	rm 990, Part	IV, line 10	0.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	s back 🛛 🌔	<b>d)</b> Three y	ears back	(e) Fou	r years	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										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	ı, 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 sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	red for th	e organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	unds.							
Par	rt VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or c	other	(b) Cost	or other	( <b>c)</b> Ac	cumulate	d	( <b>d</b> ) Boo	k value	Э
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			15	8,697.	1	42,72	25.	1	5,9'	72.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				1	5,9'	72.
									D (F	- 0001	0040

Schedule D (Form 990) 2016

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Part VII Investme	ents - Other Securi	ities.		
Schedule D (Form 990) 2	2016 DUPAGE	HABITAT	FOR	HUMANITY

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

1) Financial derivatives	(b) Book value		aluation: Cost or end-of-year market value
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV	. line 11c. See Form 990. I	Part X. line 13.
(a) Description of investment	(b) Book value		aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		r, line 11d. See Form 990, 1	
(a)	Description		(b) Book value
(1)			
(2)			
\_/			
(3)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3)         (4)         (5)         (6)         (7)			
(3)         (4)         (5)         (6)         (7)         (8)			
(3)         (4)         (5)         (6)         (7)         (8)         (9)			
(3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		, line 11e or 11f. See Form	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of line lite			990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of line lite		, line 11e or 11f. See Form	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See Form	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	1 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	1 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	1 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	1 990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6) (7)	on Form 990, Part IV	/, line 11e or 11f. See Form (b) Book value 11 , 000 .	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6) (7) (8) (9)	on Form 990, Part IV	/, line 11e or 11f. See Form <b>(b)</b> Book value	990, Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	on Form 990, Part IV ALF OF e 25.)►	/, line 11e or 11f. See Form (b) Book value 11 , 000 . 11 , 000 .	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) CLOSING FUNDS HELD ON BEH (3) PARTNER FAMILIES (4) (5) (6) (7) (8) (9)	on Form 990, Part IV ALF OF e 25.)	(, line 11e or 11f. See Form (b) Book value 11 , 000 . 11 , 000 . 000 to the organization's fi	nancial statements that reports the

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Sche	dule D (Form 990) 2016 DUPAGE HABITAT FOR HUMANIT	Ϋ́		36-	4003119 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,422,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a			
b	Donated services and use of facilities	_ 2b	4,220.		
с	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,220.
3	Subtract line 2e from line 1			3	2,418,626.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a			
b	Other (Describe in Part XIII.)	4b	-79,946.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-79,946.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,338,680.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wit	h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	
1	Total expenses and losses per audited financial statements			1	2,015,266.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
2 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a	4,220.	1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,220.	1 2e	2,015,266.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	4,220.	-	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	4,220.	2e	2,015,266. 83,437.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	4,220.	2e 3	2,015,266. 83,437.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	4,220.	2e 3 4c	2,015,266. 83,437. 1,931,829. 0.

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

#### PART IV, LINE 2B:

ESCROW ACCOUNT BALANCE REPRESENTS IN-HOUSE ESCROW MAINTAINED	ESCROW	ACCOUNT	BALANCE	REPRESENTS	IN-HOUSE	ESCROW	MAINTAINED	BY
--	--------	---------	---------	------------	----------	--------	------------	----

ORGANIZATION ON BEHALF OF A PARTNER FAMILY. FUNDS ARE PAID TO THE

ORGANIZATION AND MAINTAINED UNTIL REQUIRED PAYMENTS FOR PROPERTY TAXES ARE

NECESSARY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	720
INCOME IN EQUITY OF LLC	-729.
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990	-79,217.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-79,946.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

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Schedule D (Form 990) 2016

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DUPAGE HABITAT FOR HUMANITY 36-4003119 Page 5 Part XII Supplemental Information (continue)  IIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990 79,217. 79,217. 79,217. 79,217. 79,217. 70,217. 70,217. 70,217. 70,217. 71,217. 72,217. 73,217. 74,217. 75,2	Schedule D (Forr	m 990) 2016	DUPAGE	HABITA	FOR	HUMANIT	У	36-4003119 <sub>Pa</sub>	age <b>5</b>
					พากบ	DEVENITE	ON 990	70.2	17
	DIRECT FO	UNDRAISING	EVLENDE	NEITED	WIIN	REVENCE	ON 990	19,2	1/.
Schedule D (Form 990) 2016								Schedule D (Form 990)	) 2016
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(Form 990 or 990-EZ) Department of the Treasury	nplete if the o	ntal Information Regarding e organization answered "Yes" on organization entered more than \$19 Attach to Form 990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
Name of the organization	nformation a	bout Schedule G (Form 990 or 990-EZ)	and its	s instru	ictions is at WWW.irs.g	jov/fo	Employer id	dentification number
		HABITAT FOR HUMANI					36-400	
Part I Fundraising A required to compl		<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	'es" oi	n Form 990, Part IV, I	line 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitations</li> <li>b Internet and email</li> <li>c Phone solicitations</li> <li>d In-person solicitation</li> <li>2 a Did the organization have key employees listed in F</li> </ul>	solicitations ons e a written c Form 990, P st paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	<b>Y</b>	
(i) Name and address of in or entity (fundraiser)		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
Total				•				
	organizatio	on is registered or licensed to solicit o	contrib	putions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reducti	on Act Not	ice, see the Instructions for Form	990 or	990-1	=Z. S	Sche	dule G (Form	990 or 990-EZ) 2016

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 Schedule G (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY
 36-4003119 Pag

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

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				WOMEN'S	1.0	(add col. (a) through
				BUILD	10	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	98,236.	61,596.	10,511.	170,343
	2	Less: Contributions	83,811.	61,596.	10,511.	155,918
	3	Gross income (line 1 minus line 2)	14,425.			14,425
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,130.			17,130
	7	Food and beverages		2,209.		2,209
	~	Fatadainaan				
	8	Entertainment		11,615.	1,767.	77,008
	9 10	Other direct expenses Direct expense summary. Add lines 4 throu				96,347
		Net income summary. Subtract line 10 from				-81,922
a	rt I	III Gaming. Complete if the organization				•
_		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a)
	1	Gross revenue				
- 1						
	2	Cash prizes				
	2	Cash prizes				
	2 3	Cash prizes				
-	3 4	Noncash prizes				
		Noncash prizes		Yes %	Yes%	
-	3 4	Noncash prizes	Yes%	└── Yes% └── No	└────────────────────────────────────	
-	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes% No		□ No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	gh 5 in column (d)	No	<u>No</u> No ►	
	3 4 5 6 7 8	Noncash prizes	gh 5 in column (d)	No	<u>No</u> No ►	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _	No	No ►	
a	3 4 5 7 8 Ent Ist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line iter the state(s) in which the organization cont the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	No ►	Yes N
a	3 4 5 7 8 Ent Ist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	No ►	Yes N
a	3 4 5 7 8 Ent Ist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line iter the state(s) in which the organization cont the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No	No ►	YesN
a b	3 4 5 7 8 En: 1st 1f "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line iter the state(s) in which the organization cont the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	States?	No	
ab	3 4 5 6 7 8 En <sup>-</sup> 1s t 1f "	Noncash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	states?	No	
ab	3 4 5 6 7 8 En <sup>-</sup> 1s t 1f "	Noncash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No	
a b a	3 4 5 6 7 8 En <sup>-</sup> 1s t 1f "	Noncash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No	

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 DUPAGE HABITAT FOR HUMANITY	<u>36-4</u>	00311	9 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amou	unt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lir	nes 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
6320	83 09-12-16 Schedule ( 30	G (Form	990 or 99	0-EZ) 2016

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					Caked	m 990 or 99	0 53
		<u> </u>					

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

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

Employer identification number
36-4003119

#### DUPAGE HABITAT FOR HUMANITY Part I | Types of Property

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or	(c) Noncash contril amounts report	ed on		<b>(d)</b> Method of de ash contribu	etermir	0	s
4	Art Marka of art		items contributed	Form 990, Part VII	I, line 1g					
1 2	Art - Works of art									
2	Art - Historical treasures									
	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									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other $\blacktriangleright$ ( <b>FUNDRAISING I</b> )	X	20				MARKET			
26	Other  ( BUILDING MATE )	X	6	49	,281.	FAIR	MARKET	' VA	LUE	
27	Other ► ()									
28	Other 🕨 ( )									
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29					
									Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, line	s 1 through	gh 28, tha	at it			
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't require	ed to be u	sed for				
	exempt purposes for the entire holding period	?						30a		Х
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 nonstandard	d contribu	itions?		31		Х
32a	Does the organization hire or use third parties									
	contributions?		-					32a		x
b	If "Yes," describe in Part II.		••••••							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column	(a) is che	cked.				
-	describe in Part II.	. (-) 10	,,	,	.,	.,				
LHA		the Instruc	tions for Form 99	0.			Schedule M	(Form	990) (	2016)

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

			Cabadula M (Farm 000) (0040)
632142 08-23-16		2.2	Schedule M (Form 990) (2016)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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.

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

OMB No 1545-0047

Open to Public

Inspection

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

THE DRAFT OF THE 990 WAS SENT TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO

FILING.

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

EACH NEW BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY AT

ORIENTATION. AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY

CONFLICTS OF INTEREST. CONFLICTS ARE RECORDED IN THE BOARD MINUTES.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S

ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS.

PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR

ANNUALLY. PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN

EMPLOYEES' PERSONNEL RECORDS.

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

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

AVAILABLE UPON REQUEST.

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

GAIN (LOSS) IN EQUITY OF LLC

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE AUDITORS

AND REVIEWS THE RESULTS OF THE AUDIT.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

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2016.05040 DUPAGE HABITAT FOR HUMANITY 13100-01

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hedule O (Form 990 or me of the organization						Employer ident $36-400$	Pag ification numb
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12 08-25-16				35	Schedu	le O (Form 990	or 990-EZ) (2

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<b>/</b>	

#### (Form 990)

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## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### DUPAGE HABITAT FOR HUMANITY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
DUPAGE HABITAT FOR HUMANITY NEIGHBORHOODREVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
	HABITAT FOR HUMANITY	ILLINOIS	50.	22,520.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	ection entity		<b>3)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HOME TOGETHER LLC - 27-3797097	OFFICE SPACE FOR DUPAGE						
1600 ROOSEVELT	HABITAT AND ANOTHER TAX						
WHEATON, IL 60187	EXEMPT ORGANIZATION	ILLINOIS	501(C)(3)	LINE 7			Х
	-						
	-						

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

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number

36-4003119

### Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

36-4003119 Page 2

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)				455515		Yes	No
								1	

## Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

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

Nat	er Complete line 1 if any antity is listed in Parts II. III. as IV of this schoolule		Yes	No
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	
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?			x
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u>1a</u>	<u> </u>	
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e	l	X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	ľ	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	ľ	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	ľ	X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	ľ	X
-				
r	Other transfer of cash or property to related organization(s)	1r		X
s	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 complete this line, including covered relationships and transaction thresholds.	-		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>	38		Sahadula D (Farm 000) 2016

## Schedule R (Form 990) 2016 DUPAGE HABITAT FOR HUMANITY

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

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

(-)	(1-)		· · ·		,	(6)	(-)		- 1	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	e Are partners 501(c orgs	<b>;)</b> all	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	orgs	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	' ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NO	
											1	
	-											

Schedule R (Form 990) 2016

Part VII Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-16	
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Product: Exempt Extension Name: DUPAGE HABITAT FOR HUMANITY FEIN: *****3119		Category:		e-Postmark	IRS Center: <b>Ogden</b> e-Postmark: <b>11/7/2017 2:39 PM</b> Notification:			
Fiscal Year Begin Date: 7/1/2016		Fiscal Year End Date: 6/30/2017		eSigned:	eSigned:			
Return Inforr Date	nation Type of Activity		Submission ID	Refund/(Due)	Updated By	eSign Date		
11/07/2017	Upload Started							
11/07/2017	Released for Transmission - Validation in Progress				System			
11/07/2017	Ready to transmit - Validation Co	mplete						
11/07/2017	Transmitted to FD		36221020173110347e51					

11/07/2017 Accepted by FD on 11/7/2017