EXTENDED TO MAY 15, 2019

Form **990**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, and ending JUN 30, 2018

			·, -·-·					
3 C	heck if	C Name of organization			D Emplo	yer identific	cation number	
	Addres	DUPAGE HABITAT FOR HUM	ANITY					
	Name change	Doing business as			1	36-4	003119	
]Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Teleph	one number	•	
	Final return/		AD			(630		
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross red	eipts \$	4,075,	,557.
	Ameno	WHEATON, IL 00107			H(a) Is thi	s a group re		
	Applic	F Name and address of principal officer: DAV	ID NEARY		for su	ubordinates	? Yes	X No
	pendir	SAME AS C ABOVE			H(b) Are all	subordinates in	cluded? Yes	No
				or 527	If "No	o," attach a	list. (see instruct	ions)
		e: ► WWW.DUPAGEHABITAT.ORG					n number 🕨 85	
		5. ga	sociation Other >	L Year	of formation:	1995 N	State of legal dom	nicile: IL
Pa	rt I	Summary						
æ	1	Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	E AFFOI	RDABLE	HOMES,	
Governance		HOME PRESERVATION AND NEI						<u> </u>
ern	l	Check this box 🕨 📖 if the organization disco		sed of mor	e than 25%	of its net as	sets.	4-
Š		Number of voting members of the governing body						15
		Number of independent voting members of the go						15
es		Total number of individuals employed in calendar y						28
ivit		Total number of volunteers (estimate if necessary)						1773
Activities &		Total unrelated business revenue from Part VIII, co						0.
	b	Net unrelated business taxable income from Form	990-T, line 34			7b		0.
					Prior Y		Current Ye	
ě	8	Contributions and grants (Part VIII, line 1h)				3,564.	1,837,	
Revenue						1,210.	1,422,	
3ev		Investment income (Part VIII, column (A), lines 3, 4				3,590.		257.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			2,684.		056.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		2,338	3,680.	3,565,	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.		0.
es		Salaries, other compensation, employee benefits (l			1,019	829.	1,289,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I Total fundraising expenses (Part IX, column (D), lin	ine 11e)			0.		0.
ž								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)			2,000.	1,989,	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			L,829.	3,279	
		Revenue less expenses. Subtract line 18 from line	12			5,851.	285,	,676.
s or				В	eginning of C		End of Ye	
Net Assets or Fund Balances	20	, , , , , , , , , , , , , , , , , , , ,				3,466.	5,410,	
id A	21	Total liabilities (Part X, line 26)				3,817.	1,176,	
		Net assets or fund balances. Subtract line 21 from	line 20		3,994	1,649.	4,233,	<u>,768.</u>
	ırt II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				-	/ knowledge and be	eliet, it is
rue,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any kno	wledge.		
		Signature of officer			IDa	ıtο		
Sigr		Cignature of officer			Di	110		
Her	е	Type or print name and title						
		,	Dranararia aignet		Date	Chook	TI PTIN	
Paid		Print/Type preparer's name PAUL J. ROZEK	Preparer's signature		_ 410	Checkif		25.8
	arer	Firm's name SELDEN FOX, LTD.			lr:	self-employe	36-29857	
-	Only	Firm's address 619 ENTERPRISE D	RTVE		FII	m's EIN 🛌	30 23031	70
000	Jiiiy	OAK BROOK, IL 60			ום	1000 no 63	0-954-140	0.0
1/0	the I	RS discuss this return with the preparer shown abo			IPI	10.03	X Yes	No
いけん	· u ie it	io diacuaa mia remitti wiiti me brebarer shown abc	we coee manucholist				1 44 1 1 es	140

Par	Charle if Cahadala Constains a response are stated as any line in this Both III	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT BRINGS PEOPLE TO BE AND HODE	OGETHER
	TO BUILD HOMES, COMMUNITIES AND HOPE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes 🕰 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,911,486 • including grants of \$) (Revenue \$	643,858.
4a	(Code:) (Expenses \$I,911,486. including grants of \$) (Revenue \$	
	COMMUNITY. DUPAGE HABITAT HELPS FAMILIES ACHIEVE OR PRESERVE T	HE DREAM
	OF HOMEOWNERSHIP BY EITHER BUILDING NEW OR REHABILITATING EXIS	
	HOMES, AND PROVIDING AN AFFORDABLE MORTGAGE WHERE NO MORE THAN	
	THE HOUSEHOLD INCOME IS USED FOR A HOUSE PAYMENT, TAXES AND IN	ISURANCE.
	HOMES MATCH THE COMMUNITY THEY ARE IN TO MAINTAIN OR INCREASE	
	SURROUNDING HOME VALUES. LIKE EVERY BUILDER, DUPAGE HABITAT H	
	CONFORM WITH ALL LOCAL BUILDING CODES AND MUST PASS INSPECTION	
	ENSURE QUALITY CONSTRUCTION AND LIVEABILITY. WHILE BUILDING I COMMUNITY, VARYING LEVELS OF NEIGHBORHOOD REVITALIZATION OCCUR	
	COLLABORATIVE EFFORTS WITH LOCAL COMMUNITY REPRESENTATIVES IN	
	SUCH AS EDUCATION, ECONOMIC DEVELOPMENT, PUBLIC SAFETY, NEIGHB	
4b	<u> </u>	,217,044.
	THE RESTORE PROGRAM OFFERS DONATED, USED AND SURPLUS HOUSEHOLD	
	CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED	
	ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDIT	IONAL
	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING I	NTO
	LANDFILLS.	
4c	(Code:) (Expenses \$)
		_
4d		,
4.5	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,701,138.)
4e	Total program service expenses ► 2, / U1, 138.	Form 990 (2017

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ا م		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-25
3	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	3		
0	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			
Ū	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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	40		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
	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		х
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		х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			OOO.	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?		 I	1c	X	
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		28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			77
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
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 transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		37
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			.		Х
	to file Form 8282?		l	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		-+0	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200 as required?			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а Бу пт	C	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			OD		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
	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		?	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 Schedul	le O		14b		
				Form	ggn	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVE MARTENS - (630) 510-3737 1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187			
	TOUU EAST MOOSEVELL MOAD, WHEATON, IL OUTO!			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box,	not cl	(C Posi heck ss pe	ition more rson i	I than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee a	Officer B		Highest compensated transplayer		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	х						0.	0.	0.
(2) MEENA BEYERS	5.00	Λ	Н					0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(3) JOHN CAMPBELL	5.00	22	Н					0.	0.	<u> </u>
VICE PRESIDENT	3.00	х		х				0.	0.	0.
(4) VALERIE COLLETTI	5.00		Н					•	•	•
DIRECTOR		х						0.	0.	0.
(5) RICHARD DICKSON	5.00									
DIRECTOR		Х						0.	0.	0.
(6) TODD FULLER	5.00									
DIRECTOR		Х						0.	0.	0.
(7) JOHN EDINGER	5.00									
DIRECTOR		Х						0.	0.	0.
(8) PAUL JAROSZ	5.00									
TREASURER		Х		Х				0.	0.	0.
(9) GEORGE MULLIGAN	5.00									
PRESIDENT		Х						0.	0.	0.
(10) JULIE ANN O'CONNELL	5.00								•	•
SECRETARY	F 00	Х	Ш	Х				0.	0.	0.
(11) KEVIN REIMAN	5.00									0
VICE PRESIDENT	F 00	Х		Х				0.	0.	0.
(12) ANN KAFKA	5.00	х						0.	0.	0.
DIRECTOR (13) BRIAN MOORE	5.00	Λ	Н					0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(14) PATRICIA FRANSON-OLINGER	5.00	Λ	Н					0.	0.	<u> </u>
DIRECTOR	3.00	х						0.	0.	0.
(15) PAUL GARRETT	5.00		Н					· ·	<u> </u>	<u></u>
DIRECTOR	3.00	х						0.	0.	0.
(16) DAVE NEARY	45.00									
EXECUTIVE DIRECTOR				Х				105,035.	0.	5,670.
										- 000

Form **990** (2017)

Part VII Section A. Officers, (A)	(B)		,	(C		<u>J</u>		(D)	(E)			(F)	
Name and title	Average			Posi	•	1		Reportable	Reportable		Ec	timate	nd.
Name and title	hours per		not c k, unle					compensation	compensation	n		nount	
	week		icer ar					from	from related			other	01
	(list any	tor						the	organizations			pensa	ation
	hours for	dire				pg .		organization	(W-2/1099-MIS			om th	
	related	tee oi	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organization	s I	nal tr		oyee	o mb						d relat	
	below line)	ত Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	iii ie)	트	l si	#0	Ke	흜틃	면						
		-	-										
		-											
1b Sub-total								105,035.		0.		5,6	70.
c Total from continuation s								0.		0.			0.
d Total (add lines 1b and 1c								105,035.		0.		5,6	
	(including but not limited to								,000 of reportable	<u>——</u> е		-	
compensation from the org	anization >											V	1
3 Did the organization list any	y former officer, director, or t	ruste	e ke	v en	nnlc	vee	or	highest compensated e	mplovee on	[Yes	No
•	Schedule J for such individua		•	•	•	•					3		Х
•	line 1a, is the sum of reporta							•	•				
	reater than \$150,000? If "Ye										4		Х
* *	e 1a receive or accrue comp				-		elat	ted organization or indiv	idual for services				v
rendered to the organization Section B. Independent Contra	n? If "Yes," complete Schedo actors	ule J	tor s	ıch j	pers	son .					5		X
	r five highest compensated i									pens	ation 1	rom	
the organization. Report co	empensation for the calendar (A)	year	endi	ng w	vith	or w	ithi	n the organization's tax (B)	year.		(0	<u>:</u>)	
Nam	ne and business address	N	ONI	3				Description of s	ervices	С	ompe		n
2 Total number of independe	ent contractors (including but	not I	imite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation						0						200	
											Form	990 C	2017)

Part '

	VIII	Statement	of Revenue
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		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
s, G	С	Fundraising events		242,229.				
ar /		Related organizations						
imil		Government grants (contribut		319,365.				
ion		All other contributions, gifts, gran						
the		similar amounts not included above		1,275,963.				
n d d d	g	Noncash contributions included in lines	1a-1f: \$	308,934.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	1,837,557.			
				Business Code				
9	2 a	RESTORE		900099	1,217,044.	1,217,044.		
e Ž	b	MORTGAGE LOAN DISCOUNT		900099	205,311.	205,311.		
Program Service Revenue	С							
eve	d							
og B	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,422,355.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	175.			175.
	4	Income from investment of tax	x-exempt bond	proceeds 🕨				
	5	Royalties	<u></u>	. <u>.</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>	. <u>.</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	741,000					
	b	Less: cost or other basis						
		and sales expenses	359,918					
	С	Gain or (loss)	381,082					
	d	Net gain or (loss)		>	381,082.	381,082.		
ne	8 a	Gross income from fundraising	•					
_		including \$ 242						
Other Rever		contributions reported on line						
ē		Part IV, line 18						
O#		Less: direct expenses		150,526.				
		Net income or (loss) from fund		>	-133,521.			-133,521.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		$\overline{}$				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		'				
	С	Net income or (loss) from sale						
	11 -	Miscellaneous Revenu MISCELLANEOUS	е	900099	57,465.	57,465.		
				200033	37,405.	37,403.		+
	b							+
	c C	All other revenue						+
		All other revenue			57,465.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			3,565,113.		0	133,346.
	14	i otal lovollab. Occ illoti activilo.			-,,	_,~~,	U	-1 -55,5=5.

Part IX Statement of Functional Expenses

Sect	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respor	nse or note to any line in	-						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
	· ·		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
_	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
_	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	110 026	02 740	20 260	11 727				
	trustees, and key employees	118,836.	83,749.	20,360.	14,727.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	070 401	717 000	00 100	164 001				
7	Other salaries and wages	970,491.	717,280.	89,190.	164,021.				
8	Pension plan accruals and contributions (include	10 045	12 015	0 1	2 072				
	section 401(k) and 403(b) employer contributions)	19,945.	13,815.	2,157.	3,973. 6,174.				
9	Other employee benefits	97,524.	80,719.	10,631.	0,1/4.				
10	Payroll taxes	82,695.	59,825.	9,009.	13,861.				
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	` -	440 400	25 242	20.000	-				
	column (A) amount, list line 11g expenses on Sch 0.)	142,133.	95,042. 538.	39,282.	7,809. 1,602.				
12	Advertising and promotion	8,576.	538.	6,436.	1,602.				
13	Office expenses	147,120.	77,369.	52,196.	17,555.				
14	Information technology	32,860.	7,386.	22,068.	3,406.				
15	Royalties	224 452	200 (50	05 500					
16	Occupancy	334,153.	308,653.	25,500.					
17	Travel	69,538.	58,843.	5,036.	5,659.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	2 2 1 =	,						
19	Conferences, conventions, and meetings	9,347.	4,770.	4,577.					
20	Interest	22,528.	22,528.						
21	Payments to affiliates	56,000.	56,000.						
22	Depreciation, depletion, and amortization	4,952.	4,952.						
23	Insurance	127,370.	87,678.	36,771.	2,921.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule 0.)	750 150	750 150						
а	CONSTRUCTION COSTS	750,150.	750,150.						
b	CRITICAL HOME REPAIRS	170,990.	170,990.	F4F	4 750				
С	HOME BUILDING EXPENSES	88,416.	83,151.	515.	4,750.				
d	MISCELLANEOUS	23,422.	16,699.	6,128.	595.				
е	All other expenses	2,391.	1,001.	200 256	1,390.				
25	Total functional expenses. Add lines 1 through 24e	3,279,437.	2,701,138.	329,856.	248,443.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
73201	0 11-28-17				Form 990 (2017)				

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			253,221.	1	199,341
2	Savings and temporary cash investments			326,698.	2	321,979
3	Pledges and grants receivable, net			567,873.	3	465,396
4	Accounts receivable, net			47,107.	4	37,248
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensi	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
	employers and sponsoring organizations of sec	-				
2	employees' beneficiary organizations (see instr).		* * * * * * * * * * * * * * * * * * * *		6	
Siesse 7	Notes and loans receivable, net		1,709,016.	7	1,721,727	
ž 8	Inventories for sale or use			1,783,623.	8	2,557,636
9	Prepaid expenses and deferred charges			20,835.	9	37,038
10a	Land, buildings, and equipment: cost or other	I I				
	basis. Complete Part VI of Schedule D	10a	163,602.			
b		-	147,676.	15,972.	10c	15,926
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line	8,777.	13	2,290		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		50,344.	15	51,541	
16	Total assets. Add lines 1 through 15 (must equ	4,783,466.	16	5,410,122		
17	Accounts payable and accrued expenses		206,467.	17	281,696	
18	Grants payable		18			
19	Deferred revenue		7,163.	19	9,279	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete			35,958.	21	25,939
ຊ 22	Loans and other payables to current and former	r officers	s, directors, trustees,			
[key employees, highest compensated employee	es, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate	d third p	oarties	528,229.	24	844,640
25	Other liabilities (including federal income tax, pa	yables t	o related third			
	parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
	Schedule D			11,000.	25	14,800
26	Total liabilities. Add lines 17 through 25			788,817.	26	1,176,354
	Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
se	complete lines 27 through 29, and lines 33 ar					
27	Unrestricted net assets	3,735,097.	27	3,835,089		
ਰ 28	Temporarily restricted net assets	259,552.	28	398,679		
29	Permanently restricted net assets		29			
2	Organizations that do not follow SFAS 117 (A	SC 958), check here ▶∟□			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ű 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 20 Long palances 29 30 31 32 32 33 32 33 32 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated in			2 004 642	32	4 000 500
33	Total net assets or fund balances			3,994,649.	33	4,233,768
34	Total liabilities and net assets/fund balances			4,783,466.	34	5,410,122

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,27	9,4	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,99	4,6	<u>49.</u>
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	-4	6,5	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 4	1,23	3,7	68.
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

DUPAGE HABITAT FOR HUMANITY 36-4003119 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s).

(iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support			•				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and	` ,	` '	` '	`,	` '	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.	
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.						7,636,938.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	217.	214.	342.	153.	175.	1,101.	
_	and income from similar sources	217.	214.	742.	133.	1/5•	1,101.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	391.	137.	1,793.	9,238.	54,969.	66,528.	
11	Total support. Add lines 7 through 10	3321	20,0		3,2301	31,3031	7,704,567.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,953,540.	
	First five years. If the Form 990 is for	•	,				, ,	
	organization, check this box and stor				•	. , . ,	>	
Sec	ction C. Computation of Publ						,	
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.12 %	
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.67 %	
	33 1/3% support test - 2017. If the					nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	b 33 1/3% support 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							
17a	10% -facts-and-circumstances tes	•					•	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□	
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the				-			
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶Щ	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	<u>s</u>	

Schedule A (Form 990 or 990-EZ) 2017

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. Pub	olic Support	siow, picade com	pioto i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

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.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	ฮส		
	9b		
	9с		
	10a		
	10b		
_			

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
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	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

	Part IV, Sec line 1; Part	tion A, li IV, Section ines 5, 6	nes 1, 2, on D, line	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a ; Part IV	a, 6, 9a, 9 , Section	b, 9c, 1 ⁻ E, lines	1a, 11b, 1c, 2a,	and 11 2b, 3a, a	c; Part IV, Sand 3b; Part	ection B, lines 1 ar	Section B, line 1e; Part IV, Section Section B, line 1e; Part I information.	C, : V,
SCHE	DULE A,	PART	II,	LINE	10,	EXPL	ANAT	ION	FOR	OTHER	INCOME:		
MISC	ELLANEOU	S											
2013	AMOUNT:	\$	391	•									
2014	AMOUNT:	\$	137	•									
2015	AMOUNT:	\$	1,79	93.									
2016	AMOUNT:	\$	9,23	38.									
2017	AMOUNT:	\$	54,9	969.									

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

Organization type (check one):								
Filers of: Section:								
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-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							
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
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.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \frac{\text{\$\frac{1}{2}}}{\text{\$\frac{1}{2}}} \\ \end{array}							
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) (2017)

Name of organization Employer identification number

DUPAGE HABITAT FOR HUMANITY

36-4003119

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHICAGOLAND HABITAT FOR HUMANITY 233 N MICHIGAN AVE STE 1820 CHICAGO, IL 60601-5802	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ECOLAB FOUNDATION 1601 W DIEHL RD NAPERVILLE, IL 60563-0130	\$65,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LIBERTY MUTUAL INSURANCE' 175 BERKELEY STREET BOSTON, MA 02116	\$98,266 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THRIVENT BUILDS HOMES 4321 N BALLARD RD APPLETON, WI 60510-2868	\$102,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAURA J CROWE 1600 EAST ROOSEVELT ROAD WHEATON, IL 60187-1705	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	1.17	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

DUPAGE HABITAT FOR HUMANITY

36-4003119

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FUNDRAISING SUPPLIES		
3			
		\$ 98,266.	05/22/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	HOME ON HILL AVENUE IN WHEATON		
5	ILLINOIS		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number 36-4003119 DUPAGE HABITAT FOR HUMANITY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Schedule D (Form 990) 2017

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	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	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	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		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

732051 10-09-17

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

Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Other	Similar	Asse	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant use	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d	[oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's c	ollection?			\square	Yes	☐ No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for o	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?							\square	Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe						/?	X	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									X
Par					_					
		(a) Current year		rior year	(c) Two year			s back	(e) Four y	ears back
1a	Beginning of year balance	,					, ,			
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end halanc	e (line 1	n column (:	a)) held as:	l .				
	Board designated or quasi-endowment	•	%	g, 00iai1ii1 (i	ajj ficia as.					
	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation tha	t are held a	and administs	red for the	organizati	ion		
Ou	by:	331011 Of the organiza	ation tha	t are riola e	ina aaniinisto	ica ioi tiic	organizati	011	Г	es No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								 	
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	· ·							30	
_	t VI Land, Buildings, and Equipm		willelit i	urius.						
	Complete if the organization answere) Part IV	line 11a 9	See Form 990) Part X li	ne 10			
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	value
	Description of property	basis (investn			(other)		eciation		(u) DOOK	value
10	Land	` `	,	Dasis	(50101)	асрі	COIGCIOIT			
	Land									
	Buildings							+		
	Leasehold improvements			1.6	3,602.	1.	47,676	: -	15	,926.
	Equipment			10	, 5 , 0 0 2 •	т.	±1,010	' 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other		Y colum	n (R) line	100)			+	15	,926.
iUldi	. Aud mies la tiliough le. (Coluinn (u) Must e	quari Onn 330, Parl	n, coluit	ווו (<i>ט</i>), וווו כ	1 00./			- 1		, , , , , , ,

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 DUPAGE HAB	TAT FOR HU	MANITY	36	-4003119	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes	_				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market v	/alue
(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		/, line 11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	ılue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes	on Form 990, Part I		n 990, Part X, line 25	j	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
	HALF OF	44.000			
(3) PARTNER FAMILIES		14,800.			
(4)					
(5)					

14,800. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(6) (7) (8)

Schedule D (Form 990) 2017 DUPAGE HABITAT FOR HUMANITY		4003119 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Returi	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,706,918
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	187.	
c Recoveries of prior year grants2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	16,187
3 Subtract line 2e from line 1	3	3,690,731
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b -125, 0	618.	
c Add lines 4a and 4b	4c	-125,618
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,565,113
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,467,799
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	187.	
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII.)	175.	
e Add lines 2a through 2d	2e	188,362
3 Subtract line 2e from line 1	3	3,279,437
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	0 .
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,279,437
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part	t 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 MAINTA:	INED BY	'
ORGANIZATION ON BEHALF OF A PARTNER FAMILY. FUNDS ARE PA	ID TO T	HE
ORGANIZATION AND MAINTAINED UNTIL REQUIRED PAYMENTS FOR I	PROPERT	Y TAXES ARE
NECESSARY.		
DADE VI IINE AD ORGED AD THOMASING		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
TNCOME IN FOUTEV OF ITC		£ 10£
INCOME IN EQUITY OF LLC		6,486
DIRECT FUNDRAISING EXPENSE NETTED WITH REVENUE ON 990		-132,104

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XI, LINE 4B

Schedule D (Form 990) 2017

-125,618.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

					30 1003	<u> </u>	
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No				
Fotal							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 DUPAGE HABITAT FOR HUMANITY 36-4003119 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WOMEN'S (add col. (a) through GOLF OUTING BUILD col. (c)) (event type) (total number) (event type) 84,577. 162,445 12,212. 259,234. 1 Gross receipts 12,212 145,440 84,577. 242,229. 2 Less: Contributions 17,005 17,005. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 18,422 18,422. 6 Rent/facility costs 2,366. 2,366. **7** Food and beverages 8 Entertainment 9 Other direct expenses 114,280. 6,235. 9,223. 129,738. 150,526. 10 Direct expense summary. Add lines 4 through 9 in column (d) -133,521. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d)

а	a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	No
l0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
	o If "Yes," explain:	990 or 990	 2017

732082 09-13-17

Sch	edule G (Form 990 or 990-EZ) 2017 DUPAGE HABITAT FOR HUMANITY 36	-4003119	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	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 I	II. lines 9, 9b, 10	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , ,	, ,

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

DUPAGE HABITAT FOR HUMANITY

 $Employer\ identification\ number \\ 36-4003119$

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormining	
		applicable	contributions or	amounts reported on	noncash contribu		nts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other			100 200	100011400		
15	Real estate - Residential	Х		177,370.	APPRAISED V	ALUE	
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	77	1	00 266	DATO MADICO	1 773 T TTT	-
25	Other (FUNDRAISING I)	X X	3		FAIR MARKET FAIR MARKET		
26	Other (BUILDING MATE)	Λ	3	33,490.	FAIR MARKET	VALUE	<u> </u>
27	Other ()						
28	Other ()				<u> </u>		
29	Number of Forms 8283 received by the organization and the second state of Forms 8283		-				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29			N _a
20-	During the year did the examination receive by	, contribution	an any proporty roa	norted in Dort I lines 1 throu	ah 00 that it	Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date						
	· ·		•	·		30a	x
h	exempt purposes for the entire holding period?	·				30a	122
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonetandard contribu	ıtions?	31	x
31	Does the organization have a gift acceptance property that a companies of the parties of the companies of th					31	+**
J∠d						32a	X
h	If "Yes," describe in Part II.					SZA	23
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	ecked		
55	describe in Part II.	Giairii (C) 10	a type of propert	y 101 William Column (a) is the	onou,		
	accompc in Fait II.						

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

Schedule M (Form 990) 2017

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732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISADVANTAGED FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INVOLVEMENT AND PRIDE, AS WELL AS ACTIVITIES FOR YOUTH AND SENIORS.

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

THE DRAFT OF THE 990 WAS SENT TO THE BOARD FINANCE AND AUDIT COMMITTEE FOR REVIEW AND THEN PRESENTED FOR APPROVAL TO THE FULL BOARD AT A DULY NOTICED AND REGULARLY SCHEDULED MEETING PRIOR TO FILING.

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

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS.

PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR

PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN ANNUALLY. EMPLOYEES' PERSONNEL RECORDS.

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

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

AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization DUPAGE HABITAT FOR HUMANITY	Employer identification number 36-4003119
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN (LOSS) IN EQUITY OF LLC	-6,486.
UNCOLLECTIBLE PLEDGES	-40,071.
TOTAL TO FORM 990, PART XI, LINE 9	-46,557.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION O	F THE AUDITORS
AND REVIEWS THE RESULTS OF THE AUDIT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DUPAGE HABITAT FOR HUMANITY

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
OUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
EAST ROOSEVELT, WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS			HUMANITY

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

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

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

Page 2

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

		,	Significant and a district and a dis								
(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 Predominant ind (related, unrelated, unrelated)	or entity (related from texture day	Legal omicile state or Direct controlling entity	Share of total Share of end-of-year assets		ortionate itions?	amount in box	General managin partner	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N)
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	-										
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Page 3

Х

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)

С	Gift, grant, or capital contribution from related organization(s)				1c		<u>X</u>		
	Loans or loan guarantees to or for related organization(s)				1d	X			
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				1g		X		
	h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
-									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
l 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)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)							X		
Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses							Х		
							X		
٦	,(s) s				1q				
r Other transfer of cash or property to related organization(s)									
	Other transfer of cash or property from related organization(s)				1r 1s		X		
	· · · ·								
_									
		b) action	(c) Amount involved	(d) Method of determining amount inv	olved				
	· · · · · · · · · · · · · · · · · · ·	e (a-s)							
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5)									
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6)									
	63 09-11-17	40		Schedule F	R (Forr	n 9901	2017		
J_ 10	** ** · · ·	-		Solicule I	. (. 0.1	555)			

Page 4

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

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

(a)	(b)	(c)	(d)	(е)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501 (c orgs	all s sec.)(3) :.?	Share of total income	Share of end-of-year assets	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percenta ownersh
		Country)	Sections 5 (2-5 (4)	Yes	No	liliconie	233613	Yes	No	(F01111 1005)	Yes	ИО	
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	4												
	4												

Product: Exempt Extension

Name: **DUPAGE HABITAT FOR**

HUMANITY FEIN: ****3119 Category:

IRS Center: Ogden

e-Postmark: 11/9/2018 10:33 AM

Notification:

Fiscal Year Begin Date: 7/1/2017 Fiscal Year End Date: 6/30/2018

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
11/09/2018	17X:13100- 01:V1	Upload Started				
11/09/2018		Ready to Release by Customer				
11/09/2018		Released for Transmission - Validation in Progress			405-sharp	
11/09/2018		Ready to transmit - Validation Complete				
11/09/2018		Transmitted to FD	36221020183130337e94			
11/09/2018		Accepted by FD on 11/9/2018				

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2018

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	AS SOON AS POSSIBLE
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.

	Use Only	-	ORGANIZATION ANNUA			Form AG990-IL Revised 3/05
PMT#			LISA MADIGAN State of I t Bureau, 100 West Rando		# ∩1	028552
-	_		r, Chicago, Illinois 60601	Jipii CO		all items attached:
AMT		Report fo	r the Fiscal Period:	X		f IRS Return
_				Make Checks X		Financial Statements
		Beginninç	07/01/2017	Payable to	Copy o	f Form IFC
INIT _				the Illinois Charity		Annual Report Filing Fee
	- 26 4002110	& Ending	06/30/2018 MO DAY YR	Bureau Fund 📖		O Late Report Filing Fee
	ID# 36-4003119	tax deductible? X Yes		ranization was areato		MO DAY YR
	tributions to the organization t EGAL	lax deductible? A Yes	No Date 0	rganization was create Year-end	d: 	
1		BITAT FOR HUMANIT	Y	amounts		
	MAIL			A) ASSETS	A) \$	5,410,122.
1		ROOSEVELT ROAD		B) LIABILITIES	B) \$	1,176,354.
	STATE WHEATON, I	[L		C) NET ASSETS	C) \$	4,233,768.
	CODE 60187	DEVENUE IZEMO BUBIN) THE VEAD	DEDOENTAGE		ANACHINIT
		REVENUE ITEMS DURING RIBUTIONS & PROGRAM SERVICE RI		PERCENTAGE 79.597%	D) \$	AMOUNT 2,957,552.
l E	,		- V. (GRUSS AWITS.)	8.595%	E) \$	319,365
F	•	WEWDENSTIII DOES		11.807%	F) \$	438,722
	,					•
G	6) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (A	ADD D, E, & F)	100 %	G) \$	3,715,639.
		EXPENDITURES DURING	THE YEAR:	00.110		0 051 664
H	I) OPERATING CHARITABLE	PROGRAM EXPENSE		83.140%	H) \$	2,851,664.
	EDUCATION PROGRAM SE	EDVICE EVDENCE		%	1) \$	
'	EDUCATION PROGRAM SE	ENVIOE EXPENSE		70	1) Þ	
J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H &	1)	83.140%	J) \$	2,851,664.
J	1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDE	ED IN J): \$			
l ĸ	() GRANTS TO OTHER CHAR	DITADI E ODCANIZATIONO		%	K) \$	
^) UNANTO TO OTTLE CHAIL	TIADEL ONGANIZATIONS		70	N) Φ	
L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD	J & K)	83.140%	L) \$	2,851,664.
	•	·	·			
l M	I) MANAGEMENT AND GENE	ERAL EXPENSE		9.617%	M) \$	329,856.
١.				7 242		240 442
l N	I) FUNDRAISING EXPENSE			7.243%	N) \$	248,443.
)) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L. M. & N)		100 %	0) \$	3,429,963.
		, , , ,	CONCLUITANT ACTIVITIES		σ, ψ	
		rt of Individual Fundraising Campaign	CONSULTANT ACTIVITIES - Form IFC. One for each PFR.)	-		
	ROFESSIONAL FUNDRAISER		, 		D) #	0
P) TOTAL AMOUNT RAISED E	BY PAID PROFESSIONAL FUNDRAISE	ERS	100 %	P) \$	0.
)) TOTAL FUNDRAISERS FEE	ES AND EXPENSES		%	Q) \$	
"	() TOTAL TONDITATOLITOTEL	LO AND EXI ENOLO		76	α, φ	
R	NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)		%	R) \$	
P	ROFESSIONAL FUNDRAISING	G CONSULTANTS:				
	,	PROFESSIONAL FUNDRAISING CONS			S) \$	0.
			PERSONS DURING THE Y	EAR:	T\ 0	105 025
	, ,	NEARY, EXECUTIVE FESSLER, RESTORE			T) \$ U) \$	105,035. 76,440.
	,	AH BAKER, DIRECTO			V) \$	70,339
	, -	<u> </u>	ITABLE PROGRAM (3 HIGHEST BY \$ EXPEND CATEGORIES	PED)	+ -	n back side of instructions
÷	ZITATITADLE FROG	TIAM DESCRIPTION. CODE	CATEGORIES		L	CODE
798091 04-01-17	/	ING FOR THE POOR			W)#	131
0 1608 X	/				X) #	
% Y	') DESCRIPTION:				Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		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	•		X
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Λ
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
	THINK TONG OF THE GOTOT MICHIGAN WILLO.	"		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	,		Х
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Λ
7h	IE "VES" ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$. (ii) THE AMOUNT			
70.	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 OF DO VOLUMANE AND KNOW! EDGE OF AND KICKDACK PRIDE OF ANY THEFT DEFAUCATION MICARDROPPIATION			
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
	COMMINGENER OF MICOUL OF OTTOMIC FORDO:	10.		
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			
40	NAME AND TELEPHONE NUMBER OF CONTACT DEPOCAL CHIEVE MADMENTS. (620) E10 2727			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: STEVE MARTENS - (630) 510-3737			
ALI	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.

PREPARER (PRINT NAME)

BE SURE TO INCLUDE ALL FEES DUE:

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

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
PAUL J. ROZEK		

SIGNATURE

DATE

798101 04-01-17



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

December 19, 2018

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

Re:

Form AG990-IL Extension
DuPage Habitat for Humanity
1600 East Roosevelt Road
Wheaton, Illinois 60187

EIN: 36-4003119

Tax Year: June 30, 2018

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, 2019. The federal Form 990 has been extended until May 15, 2019.

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

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

Very truly yours,

SELDEN FOX, LTD.

Edward G. Tracy

Executive Vice President

Levard & Trees

EGT/po



AUDIT REPORT FOR THE YEAR ENDED JUNE 30, 2018



DuPage Habitat for Humanity, Inc. and Subsidiary Audit Report For the Year Ended June 30, 2018

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

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying consolidated financial statements of **DuPage Habitat for Humanity**, **Inc. and Subsidiary**, which comprise the consolidated statement of financial position as of June 30, 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of **DuPage Habitat for Humanity, Inc. and Subsidiary** as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited DuPage Habitat for Humanity, Inc. and Subsidiary's 2017 consolidated financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 24, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.

January 24, 2019

Selden Fox, Ltd.

DuPage Habitat For Humanity, Inc. and Subsidiary Consolidated Statement of Financial Position June 30, 2018

(With Comparative Totals for 2017)

	2018	2017
Assets		
Current assets:		
Cash and cash equivalents	\$ 521,320	\$ 579,919
Accounts receivable	37,248	47,107
Government grants receivable	213,511	348,423
Other grants receivable	143,750	123,365
Contributions receivable	108,135	96,085
Mortgages receivable, current	122,056	95,698
Inventories - land and construction in progress	2,488,290	1,676,530
Inventory - ReStore	69,346	107,093
Prepaid expenses	37,038	20,835
Deposits and other assets	51,541	50,344
Total current assets	3,792,235	3,145,399
Property and equipment:		
Office equipment and furniture	12,932	12,932
ReStore equipment	73,211	70,041
Software	57,840	57,840
Vehicle	19,619	17,884
	163,602	158,697
Less accumulated depreciation	(147,677)	(142,725)
Total property and equipment, net	15,925	15,972
Other assets:		
Investment in limited liability company	2,291	8,777
Mortgages receivable, noncurrent, net of present value discount	1,599,671	1,613,318
Total other assets	1,601,962	1,622,095
Total assets	\$ 5,410,122	\$ 4,783,466

See accompanying notes and independent auditor's report.

Liabilities and Net Assets	2018	2017
Liabilities:		
Current liabilities:		
Accounts payable	\$ 225,412	\$ 121,058
Accrued expenses	56,283	85,409
Escrow and closing funds held	40,739	46,958
Deferred rent	9,279	7,163
Notes payable, current	195,248	193,622
Total current liabilities	526,961	454,210
Long-term liabilities - notes payable, net		
of current portion	649,393	334,607
Total liabilities	1,176,354	788,817
Net assets:		
Temporarily restricted	398,679	259,552
Unrestricted	3,835,089	3,735,097
Total net assets	4,233,768	3,994,649

Total liabilities and net assets	\$ 5,410,122	\$ 4,783,466

DuPage Habitat For Humanity, Inc. and Subsidiary Consolidated Statement of Activities For the Year Ended June 30, 2018

(With Comparative Totals for 2017)

		2018
	Unrestricted	Temporarily Restricted
Changes in net assets:		
Public support and revenue:		
Federal and local government grants	\$ 319,365	\$ -
Illinois affordable housing tax credits	-	-
Contributions	747,612	320,321
Net revenue from home sales	381,082	-
Mortgage loan discount amortization	205,311	-
ReStore operations	1,217,044	-
In-kind contributions and donated services	224,215	-
Special events:		
Contributions	124,913	16,410
Ticket sales	17,005	-
In-kind contributions and donated services	38,958	61,948
Less cost of direct benefit to donors	(18,422)	-
Miscellaneous income	57,642	-
Equity in income of limited liability company	(6,486)	-
Net assets released from restrictions	259,552	(259,552)
Total public support and revenue	3,567,791	139,127
Expenses:		
Program services:		
Homebuilding	1,927,675	-
ReStore	789,652	-
Management and general	329,855	-
Fund-raising	420,617	-
Total expenses	3,467,799	
Change in net assets	99,992	139,127
Net assets, beginning of the year	3,735,097	259,552
Net assets, end of the year	\$ 3,835,089	\$ 398,679

See accompanying notes and independent auditor's report.

Total	2017 Total
\$ 319,365 - 1,067,933 381,082 205,311 1,217,044 224,215	\$ 183,162 (72) 785,225 - 149,674 1,084,536 53,501
141,323 17,005 100,906 (18,422) 57,642 (6,486)	103,939 14,425 52,029 (17,130) 12,828 729
3,706,918	2,422,846
1,927,675 789,652 329,855 420,617	789,992 654,361 257,323 313,590
3,467,799	2,015,266
239,119	407,580
3,994,649	3,587,069
\$ 4,233,768	\$ 3,994,649

DuPage Habitat For Humanity, Inc. and Subsidiary Consolidated Statement of Functional Expenses For the Year Ended June 30, 2018

(With Comparative Totals for 2017)

		2018
	Progra	am Services
	Homebuilding	g ReStore
Construction costs - houses sold	\$ 750,150	\$ -
Salaries and wages	432,628	364,744
Payroll taxes and benefits	90,499	67,513
Professional fees	111,231	-
Home building related expenses	55,403	-
Tithing to Habitat International	56,000	-
Printing and publications	-	538
Postage and shipping	1,185	-
Supplies and software purchases	3,072	42,835
Repairs and maintenance	170,990	12,579
Rent	6,778	233,407
Telephone	53	3,717
Donor development	14,434	59
Insurance	120,967	20,162
Travel and entertainment	44,437	14,405
Bank charges and other fees	240	16,167
Education and conferences	4,770	-
Office equipment purchases	14,256	4,909
Real estate tax	15,017	-
Interest expense	22,528	-
Reduction of donations	-	-
Miscellaneous	8,387	8,315
Depreciation	4,650	302
	\$ 1,927,675	\$ 789,652

nagement d General	Fund	-raising	Total	2017 Total
\$ -	\$	-	\$ 750,150	\$ -
108,382	•	177,903	1,083,657	853,800
22,966		24,853	205,831	166,029
61,349		7,809	180,389	82,816
515		4,750	60,668	79,468
-		-	56,000	-
6,436		1,602	8,576	8,901
3,287		17,555	22,027	33,229
8,093		3,406	57,406	43,086
1,994		-	185,563	94,655
25,500		-	265,685	249,312
6,796		-	10,566	9,195
-	•	133,494	147,987	95,510
36,771		2,921	180,821	88,623
5,036		5,659	69,537	71,639
32,025		-	48,432	46,587
4,577		-	9,347	11,769
-		-	19,165	15,392
-		-	15,017	23,286
-		-	22,528	25,851
-		40,071	40,071	-
6,128		594	23,424	10,653
 			 4,952	 5,465
\$ 329,855	\$ 4	420,617	\$ 3,467,799	\$ 2,015,266

DuPage Habitat For Humanity, Inc. and Subsidiary Consolidated Statement of Cash Flows For the Year Ended June 30, 2018

(With Comparative Totals for 2017)

	 2018	2017
Cash flows from operating activities: Change in net assets	\$ 239,119	\$ 407,580
Adjustments to reconcile change in net assets		
to net cash from operating activities: Depreciation	4,952	5,465
Gain on disposal of equipment	-,002	(2,941)
Mortgage loan discount amortization	(205,311)	(149,674)
Change in discount on pledges receivable	(588)	-
Reduction of donations - bad debt	40,071	- (40.755)
Changes in ReStore inventory for sale Equity in income of limited liability company	37,747 6,486	(48,755) (729)
Present value on mortgages issued for home sales	(54,707)	(129)
Changes in operating assets and liabilities:	(0.,,	
Accounts receivable	9,859	(17,448)
Grants receivable	114,527	333,996
Contributions receivable	(51,533)	87,000
Home building related inventory Prepaids and other current assets	(811,760) (17,400)	(598,368) (22,152)
Accounts payable and accrued expenses	75,228	(125,382)
Escrow and closing funds held	(6,219)	31,188
Deferred rent	2,116	5,124
Deferred income	 	(3,099)
Net cash from operating activities	 (617,413)	 (98,195)
Cash flows from investing activities:		
Purchase of property and equipment	(4,905)	(17,884)
Proceeds on disposal of equipment	- 247 207	14,029
Principal repayments on mortgage receivables	 247,307	 220,911
Net cash from investing activities	 242,402	 217,056
Cash flows from financing activities:		
Proceeds from notes payable	350,000	-
Payments on notes payable	 (33,588)	 (134,995)
Net cash from financing activities	 316,412	 (134,995)
Net change in cash and cash equivalents	(58,599)	(16,134)
Cash and cash equivalents, beginning of the year	579,919	 596,053
Cash and cash equivalents, end of the year	\$ 521,320	\$ 579,919

See accompanying notes and independent auditor's report.

1. Organization and Purpose

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

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

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

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

On October 1, 2018, the Organization entered into a Memorandum of Understanding with ReStore of Fox Valley Habitat for Humanity to establish an affiliate relationship whereby the Organization assumed control, through majority voting interest on the Board of Directors, of Restore Fox Valley Habitat for Humanity.

2. Summary of Significant Accounting Policies

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

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

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

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

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

The NRC is a wholly owned corporation with Habitat being the sole shareholder. For tax purposes, this entity is treated as a disregarded entity. Its activities are included in Habitat's tax reporting.

The Organization's tax returns for the years ended June 30, 2015, 2016, and 2017, are open for purposes of Internal Revenue Service or Illinois Department of Revenue examinations.

Cash and Cash Equivalents – Cash and cash equivalents consist of bank deposits in federally insured accounts.

For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid instruments, if any, purchased with an original maturity of three months or less to be cash equivalents.

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

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

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

Inventory – Real Estate Owned – Reclaimed homes are recorded as real estate owned at the lesser of fair value or the outstanding mortgage balance at the date of reclamation. Added to these amounts are closing costs and additional costs necessary to ready the homes for resale. Any write-down based on the home's fair value at the date of foreclosure is charged to the allowance for loan losses. No homes were reclaimed for the years ended June 30, 2018 and 2017. Subsequent to year end, the Organization reclaimed two homes with one property being sold at a sheriff sale and the second property returned to the Organization by the owner.

Property and Equipment – Expenditures for property and equipment and items which substantially increase the useful lives of existing assets are capitalized at cost or fair value if donated. The Organization provides for depreciation on the straight-line method at rates designed to depreciate the costs of assets over estimated useful lives of 5 or 7 years.

Investment in Limited Liability Company — The Organization is one of two equal members in Home Together, LLC, a non-profit organization formed in 2010, to purchase and share the building used for operations (see Note 13). Due to the Organization's lack of a controlling interest in the subsidiary, its investment is accounted for under the equity method and consolidated financial statements are not presented. The investment account is increased for cash contributions made to the LLC and for the Organization's proportionate share of the LLC's other increase in net assets and decreased for the cash distributions received from the LLC and the Organization's proportionate share of the LLC's other decreases in net assets.

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

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

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

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

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

During the years ended June 30, 2018 and 2017, the Organization received the following unconditional in-kind contributions and donated services:

	2018		 2017
Land and building	\$	175,000	\$ -
Building materials and labor		33,030	47,866
Mortgage services		11,185	4,220
Miscellaneous		5,000	 1,415
	\$	224,215	\$ 53,501

Changes in the year-end ReStore inventory balance are recognized as an adjustment of ReStore operations revenue. ReStore inventory is recognized as an asset at its estimated fair value for the inventory remaining at June 30, 2018 and 2017.

During the year ended June 30, 2018, the Organization received \$100,906 of donated supplies for special events and fund-raisers, including \$61,948 related to an event held in the next fiscal year reported as temporarily restricted at June 30, 2018, of which \$18,422 was included in direct benefits to donors. During the year ended June 30, 2017, the Organization received \$52,029 of donated supplies for special events and fund-raisers, including \$28,618 related to an event held in the 2018 fiscal year reported as temporarily restricted at June 30, 2017, of which \$17,130 was included in direct benefits to donors.

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

In-Kind Contributions and Donated Services (cont'd) – There were also a substantial number of volunteers who donated a significant amount of their time towards the activities of the Organization for the years ended June 30, 2018 and 2017, the value of which has not been recognized in the consolidated financial statements as they do not meet the criteria for recognition.

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

Warranties – The Organization provides a limited one-year warranty in the deed of trust on the sale of a home which is generally for defects in materials and workmanship. Warranty costs are accrued when obligations under the warranty period become probable and can be reasonably estimated. The Organization incurred warranty costs of \$4,452 during the fiscal year 2018, and \$2,025 during fiscal year 2017. There were no warranty costs accrued at June 30, 2018 and 2017.

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

Compensated Absences – The Organization's vacation policy allows employees to accumulate and carry forward a maximum of ten vacation days. As of June 30, 2018 and 2017, the Organization has recognized a liability of \$20,416 and \$36,505, respectively, for compensated absences.

Comparative Information – The consolidated financial statements include certain prioryear comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended June 30, 2017, from which the summarized information was derived.

Subsequent Events – Subsequent events have been evaluated through January 24, 2019, which is the date the consolidated financial statements were available to be issued.

3. Federal and Local Government Grants

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

Revenue recognized upon the sale of homes is considered unrestricted income based on an amended agreement entered into with the County in the year ended June 30, 2014.

The Organization receives a developer fee of ten percent of eligible costs for its services under the NSP. The developer fee was recognized as unrestricted revenue as the eligible costs were incurred. Revenues were also recognized for direct construction and rehabilitation costs incurred. Total grant revenues recognized under the NSP were \$103,626 and \$41,997 for the years ended June 30, 2018 and 2017, respectively.

Community Development Block Grants – The Organization had been awarded grants by the County from its Housing Development Fund to be used to fund, in part, the Organization's development of 11 homes in its Pioneer Prairie subdivision. These grants were funded through Community Development Block Grants (CDBG) from HUD. The Organization received CDBG funds from the County as it incurred eligible costs. For the portion of the funds used to build homes, the Organization executed notes to the County as the CDBG funds were received from the County. The homeowners executed non-interest-bearing first mortgages to the Organization at the time they purchased the homes. The amount of the first mortgage was determined by the Organization such that, when considering real estate taxes and insurance, the required mortgage payment was affordable to the homeowner in accordance with the Organization's policies.

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

Community Development Block Grants (cont'd)

In addition, the homeowners assumed a pro rata portion of the Organization's note to the County in the form of a third mortgage. The homeowners also executed a second mortgage to the Organization that equaled the difference between (a) the market value of the home and (b) the sum of the sales price (which is the sum of the first mortgage and the down payment) and the third mortgage. The second and third mortgages were also non-interest-bearing and are payable only if certain events occur in the future.

The Organization recognized the portion of the CDBG grant designated to fund a portion of the infrastructure costs as unrestricted revenue in the period it incurred the eligible infrastructure costs. The Organization recognized the portion of the CDBG grant designated to fund a portion of the cost of building the homes as temporarily restricted revenue in the period it incurred the eligible costs and released the restriction at the time of the sale of the home. The Organization does not receive a developer's fee under the CDBG grant agreement. No revenue was recognized as it relates to the CDBG grant during the years ended June 30, 2018 and 2017.

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

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

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

HOME – (cont'd)

The Organization recognized the HOME grant as temporarily restricted revenue in the period it incurred the eligible costs. A portion of the HOME grant, equal to costs incurred for the construction of the home plus a pro rata share of land and general infrastructure costs, was transferred to unrestricted net assets at the time of the sale of the home. All revenue related to the HOME grant award for the Prairie Green subdivision has been recognized prior to June 30, 2016.

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

During fiscal year 2015, the Organization received an additional HOME grant of \$225,000 to fund eligible costs related to the construction of one vacant single-family home. The remaining portion of eligible costs were incurred during the year ended June 30, 2017. Total unrestricted revenue recognized under the grant was \$91,383 for the year ended June 30, 2017.

During fiscal year 2018, the Organization received an additional HOME grant of \$500,000 to fund eligible costs related to the acquisition, rehabilitation and resale of at least five residential properties in the Greenbrook Tanglewood area of Hanover Park, Illinois. A portion of eligible costs were incurred during the current year. Total unrestricted revenue recognized under the grant was \$115,910 for the year ended June 30, 2018.

Capacity Building for Community Development and Affordable Housing – The Organization was awarded a \$100,000 conditional grant by Habitat for Humanity International, which is a re-granting entity for HUD for the Section 4 Capacity Building for Community Development and Affordable Housing Grant (CB grant) for the period of April 1, 2015 to March 31, 2018. The funds are to be used to increase the home building capacity of the Organization through additional staffing positions. The Organization is required to demonstrate a five-to-one match for the grant funds as they are received and progress towards its housing goals until they are met. The Organization is also required to demonstrate a ten-to-one leverage ratio to perform eligible activities and sustain the project. Total revenue recognized related to the CB grant was \$31,667 and \$41,740 for the years ended June 30, 2018 and 2017, respectively.

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

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

	2018		2017		
NSP	\$	103,626	\$	41,997	
HOME		115,910		91,383	
СВ		31,667		41,740	
Other		68,162		8,042	
	_ \$	319,365	\$	183,162	

4. Home Sales

Beginning in the year ended June 30, 2018, a financial institution assumes the first mortgage on homes sold by the Organization. The first mortgage amount is based on a front-end ratio of 30%. The front-end ratio is calculated by dividing mortgage-related costs (principal, interest, property taxes and insurance) by gross monthly household income. The purchase price is based upon appraised value. The Organization issues a second and third mortgage to the homeowner on these properties. The amount of the second mortgage is the difference between the appraised value and the sum of the first mortgage, held by the financial institution, and the third mortgage held by the Organization. The second mortgage is interest free and is payable upon satisfaction of the first mortgage. The fair value of the first mortgage was determined by discounting the mortgage payments using the interest rate on the first mortgage issued by the financial institution. The third mortgage is equal to the interest owed to the financial institution over the life of the first mortgage, with the amount owed on the third mortgage reduced proportionately over the life of the first mortgage as payments are made.

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

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

4. Home Sales (cont'd)

20		2018		
Market value of homes sold Excess of market value over sales price	\$	741,000	\$	-
of home sold		(36,000)		-
Grant funds applied Silent third mortgages not recorded		(40,000) (187,989)		
Present value discount on first and		(107,909)		-
second mortgages (non-interest)		(95,929)		
Net revenue from the sale of homes	\$	381,082	\$	

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

5. Mortgages Receivable

Applicants purchasing homes from the Organization agree to a mortgage secured by the purchased home. The mortgages are non-interest-bearing and require monthly payments, typically over a 30-year period. To appropriately reflect the economics of the non-interest-bearing mortgage, the Organization discounts the mortgages for financial reporting purposes at the time they are originated using an interest rate that approximates a current market rate of interest for such a mortgage instrument. The discount rates in effect range from 4.0% and 8.78%. That discount is then amortized to income over the term of the mortgage. The Organization recognized \$205,311 and \$149,674 of income from the mortgage loan discount amortization for fiscal years ended June 30, 2018 and 2017, respectively.

The Organization did originate two new mortgages during the year ended June 30, 2018, net of related discounts, in the amount of \$54,707. For the year ended June 30, 2017, the Organization did not originate any new mortgages. The Organization does not charge homeowners any fees in connection with originating the mortgages and does not defer any costs related to originating the mortgages.

5. Mortgages Receivable (cont'd)

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

	2018		2017	
Gross mortgages receivables at face value Less – unamortized discount based on	\$	4,445,007	\$	4,541,677
imputed interest rates of 4.0% to 8.8%		(2,723,280)		(2,832,661)
Net mortgages receivables	\$	1,721,727	\$	1,709,016
Current portion Long-term	\$	122,056 1,599,671	\$	95,698 1,613,318
	\$	1,721,727	\$	1,709,016

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

2019	\$ 122,056
2020	80,694
2021	80,694
2022	80,694
2023	79,179
Thereafter	1,278,410
Total	\$ 1,721,727

In addition, "silent" second mortgages exist on nearly all homes sold by the Organization prior to July 1, 2017. In general, the "silent" second mortgages are established for the difference between (a) the estimated market value of the home at date of sale (or, in the case of homes funded through certain grants, the cost of the home) and (b) the sales price of the home (the sum of the undiscounted amount of the first mortgage and the down payment made by the homeowner). The "silent" second mortgages are non-interest-bearing and are forgiven ratably beginning in the 83rd month after sale of the home over the remainder of the first mortgage term (beginning with the 61st month after sale for mortgages originated prior to 2009). All second mortgages are forgiven after 30 years. Pursuant to some grant arrangements, the grantor may hold a portion of the "silent" second mortgage or may hold a "silent" third mortgage. The Organization does not record its share of the "silent" second mortgages in the consolidated financial statements. Second mortgages on homes sold prior to July 1, 2017 totaled \$3,330,767 which is net of \$1,148,118 in mortgage forgiveness as of June 30, 2018, and \$3,461,578, which is net of \$1,060,011 in mortgage forgiveness as of June 30, 2017.

5. Mortgages Receivable (cont'd)

Also, "silent" third mortgages exist on homes sold by the Organization subsequent to June 30, 2017, equal to the interest paid to the financial institution holding the first mortgage. The "silent" third mortgages are non-interest-bearing and are forgiven ratably over term of the first mortgage. All third mortgages are forgiven after 30 years. The Organization does not record its share of the "silent" third mortgages in the consolidated financial statements. Third mortgages on homes sold after to July 30, 2018, totaled \$189,712, which is net of \$1,795 in mortgage forgiveness as of June 30, 2018.

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

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

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

In the event that a homeowner disposes of a home or otherwise prepays the first mortgage prior to the end of the term of the first mortgage, the balance of the "silent" second mortgage and any sharing of appreciation in the value of the home between the homeowner and the Organization becomes due. Finally, the first mortgage provides the Organization with the right of first refusal, at the then current market value, to purchase any home that a homeowner has decided to sell. There was no income from partner families selling homes in fiscal 2018 or 2017.

5. Mortgages Receivable (cont'd)

The Organization has not established an allowance for loan losses for its mortgages receivable as there are no probable and reasonably estimable losses related to the mortgage receivables as of June 30, 2018 and 2017. This conclusion is based in part on the fact that the estimated value of the properties securing the mortgages receivable significantly exceeds the amount recognized as mortgages receivable.

6. Mortgages Receivables Servicing

DuPage Habitat for Humanity mortgages receivables are serviced by Harris Bank at no charge. The Organization received \$11,185 and \$4,220 of donated services for the years ended June 30, 2018 and 2017, respectively, which are recorded at fair value in the consolidated financial statements.

7. Related Party Transactions

The Organization annually remits a portion of its contributions (excluding in-kind contributions) to Habitat for Humanity International, Inc. (HFHI). These funds are used to construct homes in economically depressed areas around the world. For the year ended June 30, 2018, the Organization made contributions of \$56,000 (none for the year ended June 30, 2017).

During the year ended June 30, 2018, the Organization received grant funds, contributions and pass-through funds from HFHI and Chicagoland Habitat for Humanity for unrestricted support, build days support, Stewardship and Organizational Sustainability Initiative (SOSI) fee support, and ReStore marketing support totaling \$89,968 (\$130,193 during the year ended June 30, 2017).

The Organization received grant funds from HFHI, which are sponsored by other organizations, totaling \$58,367 for the year ended June 30, 2017.

During the years ended June 30, 2018 and 2017, the Organization received net proceeds from HFHI through the Cars for Homes program totaling \$14,729 and \$15,923, respectively.

As described in Note 3, HFHI, acting as a re-granting entity for HUD, awarded a capacity building grant to the Organization. The Organization recognized grant revenue of \$31,667 and \$41,740 related to this grant during the years ended June 30, 2018 and 2017, respectively.

During 2011, the Organization borrowed \$249,900 from HFHI, securing the loan by pledging mortgages receivable. The loan was refinanced through proceeds from an additional note through HFHI totaling \$400,300 during the year ended June 30, 2016. Refer to Note 9 for further information.

7. Related Party Transactions (cont'd)

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

Chicagoland Habitat for Humanity (CHFH), an organization which DuPage Habitat for Humanity has a representative on their Board of Directors, awarded a capacity building grant to the Organization. The Organization recognized grant revenue of \$45,000 related to this grant during the year ended June 30, 2017.

8. Operating Leases

On March 1, 2011, the Organization commenced a lease for its office space located at 1600 East Roosevelt in Wheaton, Illinois, with a related party, Home Together, LLC. See Note 13 for information about the formation and mission of Home Together, LLC. The Organization's monthly rent is set annually by the Board of Managers of Home Together, LLC at an amount that approximates 50% of the projected operating costs of Home Together, LLC. The rent payment per month was \$2,000 for the year ended June 30, 2017 and the eleven months beginning July 1, 2017 through May 31, 2018. In May 2018, Home Together, LLC entered into a lease for additional space at 1616 East Roosevelt Road in Wheaton, Illinois. The lease runs from May 4, 2018 through May 3, 2021. The Organization's monthly rent was adjusted to \$3,500 beginning in June 2018, and it is anticipated that the rent will be approximately this same amount in future years. For financial reporting purposes, the Organization is treating the lease with Home Together, LLC as a five-year operating lease, which corresponds to the term of Home Together, LLC's bank financing used to purchase the property. Office space rent expense was \$25,500 and \$24,000 for the years ended June 30, 2018 and 2017, respectively.

The Organization leases retail space for its ReStore operations at 869 South Route 53 in Addison, Illinois, under an operating lease with an original expiration date of February 28, 2016, that was extended in the prior year for five additional years through February 28, 2021. Rent, common area maintenance, and utilities for the years ended June 30, 2018 and 2017, were \$231,292 and \$225,081, respectively.

The Organization leases a copy machine under an operating lease, expiring in December 2018. Rent expense for the years ended June 30, 2018 and 2017, was \$6,436 and \$6,862, respectively.

Minimum future lease payments are as follows at June 30:

	Re	tail Space		Other		Other Total		Total
2019	\$	126,436	\$	1,291	\$	127,727		
2020		129,597		-		129,597		
2021		87,826				87,826		
	\$	343,859	\$	1,291	\$	345,150		

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

9.	Notes Payable and Lines of Credit				
				2018	2017
	DuPage Habitat for Humanity, Inc.				
	The Organization maintains a line of credit with Wheato Bank and Trust Company dated December 20, 2011, ar maturing December 20, 2012, with borrowings up \$200,000; subsequently renewed through July 31, 201 with borrowings up to \$200,000; interest due monthly the lender's prime rate but not less than 4%.	nd to 8,	\$	160,000	\$ 160,000
	On June 28, 2016, the Organization obtained promissory note with HFHI in the amount of \$400,300 will a maturity date of June 30, 2026. Original principal \$400,300 payable in quarterly installments of \$12,63 which includes interest at 4.75%. Proceeds used refinance all debt except Wheaton Bank and Tru Company line of credit.	th of 30 to		334,641	368,229
	On May 29, 2018, the Organization obtained a promisso note with First Eagle Bank in the amount of \$350,000 wire a maturity date of May 29, 2021. Original principal \$350,000 payable in lump sum at maturity. Interest payable monthly commencing June 29, 2018, at a variab rate equal to the prime rate as published in the Wall Stre Journal (5.00% at June 30, 2018). Proceeds used acquire property in Hanover Park.	th of is ole et		350,000	
				844,641	528,229
	Less current portion			(195,248)	 (193,622)
	Net long-term debt		\$	649,393	\$ 334,607
	Minimum future principal payments are as follows at	June	30:		
	2019 2020 2021 2022 2023 2024-2026	\$	36 388 40 42 140	,248 ,952 ,740),612 ,576),513	
	-	Ψ	J 17	,	

Interest expense and interest paid totaled \$22,528 for the year ended June 30, 2018 (\$25,851 for the year ended June 30, 2017).

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

10. Inventories – Land and Construction in Progress

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

	 2018	 2017
Homes under construction (14 properties in 2018 and 9 properties at June 30, 2017)	\$ 2,486,326	\$ 1,664,566
Land held for future development	-	10,000
Building supplies	 1,964	 1,964
Total	\$ 2,488,290	\$ 1,676,530

11. Contributions Receivable

Unconditional promises to give cash, in-kind contributions and certain qualified donated services are recognized in the consolidated financial statements at the time of commitment based on written documentation or strong verbal assurances from the donor. At June 30, 2018 and 2017, contributions receivables are restricted to construction and rehabilitation of homes in the home ownership program. Contributions receivables at June 30, 2018 and 2017 consist of unconditional promises to give cash and are considered current.

When a contribution receivable is deemed uncollectible, it is written off as a reduction of donation expense (contributions unrealized). For the year ended June 30, 2018, the Organization wrote off \$40,071 of contributions receivables. For the year ended June 30, 2017, the Organization did not deem any contributions receivables as uncollectible and did not write any off.

12. Temporarily Restricted Net Assets

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

	 2018	 2017
Unconditional promises to give cash and donate materials and labor for the construction and rehabilitation of homes in the home ownership program.	\$ 78,700	\$ 95,324
Grants for homebuilding costs and Neighborhood Revitalization Programs	241,621	120,865
Donations for future fund-raising events	 78,358	 43,363
	\$ 398,679	\$ 259,552

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

13. Home Together LLC

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

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

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

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

EXTENDED TO MAY 15, 2019

Form **990**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, and ending JUN 30, 2018

			·, -·-·					
3 C	heck if	C Name of organization			D Emplo	yer identific	cation number	
	Addres	DUPAGE HABITAT FOR HUM	ANITY					
	Name change	Doing business as				36-4	003119	
]Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Teleph	one number	•	
	Final return/		AD			(630		
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross red	eipts \$	4,075,	,557.
	Ameno	WHEATON, IL 00107			H(a) Is thi	s a group re		
	Applic	F Name and address of principal officer: DAV	ID NEARY		for su	ubordinates	? Yes	X No
	pendir	SAME AS C ABOVE			H(b) Are all	subordinates in	cluded? Yes	No
				or 527	If "No	o," attach a	list. (see instruct	ions)
		e: ► WWW.DUPAGEHABITAT.ORG					n number 🕨 85	
		5. ga	sociation Other >	L Year	of formation:	1995 N	State of legal dom	nicile: IL
Pa	rt I	Summary						
æ	1	Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	E AFFOI	RDABLE	HOMES,	
Governance		HOME PRESERVATION AND NEI						<u> </u>
ern	l	Check this box 🕨 📖 if the organization disco		sed of mor	e than 25%	of its net as	sets.	4-
Š		Number of voting members of the governing body						15
		Number of independent voting members of the go						15
es		Total number of individuals employed in calendar y						28
ivit		Total number of volunteers (estimate if necessary)						1773
Activities &		Total unrelated business revenue from Part VIII, co						0.
	b	Net unrelated business taxable income from Form	990-T, line 34			7b		0.
					Prior Y		Current Ye	
ě	8	Contributions and grants (Part VIII, line 1h)				3,564.	1,837,	
Revenue						1,210.	1,422,	
3ev		Investment income (Part VIII, column (A), lines 3, 4				3,590.		257.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			2,684.		056.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		2,338	3,680.	3,565,	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.		0.
es		Salaries, other compensation, employee benefits (l			1,019	829.	1,289,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I Total fundraising expenses (Part IX, column (D), lin	ine 11e)			0.		0.
ž								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)			2,000.	1,989,	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			L,829.	3,279	
		Revenue less expenses. Subtract line 18 from line	12			5,851.	285,	,676.
s or				В	eginning of C		End of Ye	
Net Assets or Fund Balances	20	, , , , , , , , , , , , , , , , , , , ,				3,466.	5,410,	
id A	21	Total liabilities (Part X, line 26)				3,817.	1,176,	
		Net assets or fund balances. Subtract line 21 from	line 20		3,994	1,649.	4,233,	<u>,768.</u>
	ırt II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				-	/ knowledge and be	eliet, it is
rue,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any kno	wledge.		
		Signature of officer			IDa	ıtο		
Sigr		Cignature of officer			Di	110		
Her	е	Type or print name and title						
		,	Dranararia aignet		Date	Chook	TI PTIN	
Paid		Print/Type preparer's name PAUL J. ROZEK	Preparer's signature		_ 410	Checkif		25.8
-	Only	Firm's name SELDEN FOX, LTD. Firm's address 619 ENTERPRISE D	RTVE		FII	m's EIN 🛌	36-29857	70
000	Jiiiy	OAK BROOK, IL 60			ום	1000 no 63	0-954-140	0.0
1/0	the I	RS discuss this return with the preparer shown abo			IPI	IONE NO. O J	X Yes	No
いけん	· u ie it	io diacuaa mia remitti wiiti me brebarer shown abc	we coee manucholist				1 44 1 1 es	140

Par	Charle if Cahadala Constains a response are stated as any line in this Both III	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT BRINGS PEOPLE TO BE AND HODE	OGETHER
	TO BUILD HOMES, COMMUNITIES AND HOPE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes 🕰 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,911,486 • including grants of \$) (Revenue \$	643,858.
4a	(Code:) (Expenses \$I,911,486. including grants of \$) (Revenue \$	
	COMMUNITY. DUPAGE HABITAT HELPS FAMILIES ACHIEVE OR PRESERVE T	HE DREAM
	OF HOMEOWNERSHIP BY EITHER BUILDING NEW OR REHABILITATING EXIS	
	HOMES, AND PROVIDING AN AFFORDABLE MORTGAGE WHERE NO MORE THAN	
	THE HOUSEHOLD INCOME IS USED FOR A HOUSE PAYMENT, TAXES AND IN	ISURANCE.
	HOMES MATCH THE COMMUNITY THEY ARE IN TO MAINTAIN OR INCREASE	
	SURROUNDING HOME VALUES. LIKE EVERY BUILDER, DUPAGE HABITAT H	
	CONFORM WITH ALL LOCAL BUILDING CODES AND MUST PASS INSPECTION	
	ENSURE QUALITY CONSTRUCTION AND LIVEABILITY. WHILE BUILDING I COMMUNITY, VARYING LEVELS OF NEIGHBORHOOD REVITALIZATION OCCUR	
	COLLABORATIVE EFFORTS WITH LOCAL COMMUNITY REPRESENTATIVES IN	
	SUCH AS EDUCATION, ECONOMIC DEVELOPMENT, PUBLIC SAFETY, NEIGHB	
4b	<u> </u>	,217,044.
	THE RESTORE PROGRAM OFFERS DONATED, USED AND SURPLUS HOUSEHOLD	
	CONTRUCTION MATERIALS TO THE GENERAL PUBLIC AT GREATLY REDUCED	
	ENABLING THEM TO IMPROVE THEIR HOMES WITH EQUITY. AS AN ADDIT	IONAL
	BENEFIT, THIS PROGRAM WILL REDUCE THE TONNAGE OF WASTE GOING I	NTO
	LANDFILLS.	
4c	(Code:) (Expenses \$)
		_
4d		,
4.5	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,701,138.)
4e	Total program service expenses ► 2, / U1, 138.	Form 990 (2017

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ا م		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-25
3	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	3		
0	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			
Ū	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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	40		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
	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		х
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		х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			OOO.	

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?		 I	1c	X	
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		28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			77
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
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 transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		37
	any contributions that were not tax deductible as charitable contributions?			6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			.		Х
	to file Form 8282?		l	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		-+0	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200 as required?			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а Бу пт	C	8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			OD		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
	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		?	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 Schedul	le O		14b		
				Form	ggn	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVE MARTENS - (630) 510-3737 1600 EAST ROOSEVELT ROAD, WHEATON, IL 60187			
	TOUU EAST VOOSEAERI VOYN, MUEWION, IR OATO!			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	Position (do not check more than box, unless person is bo officer and a director/tru					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee a	Officer B		Highest compensated transplayer		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	х						0.	0.	0.
(2) MEENA BEYERS	5.00	Λ	Н					0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(3) JOHN CAMPBELL	5.00	22	Н					0.	0.	<u> </u>
VICE PRESIDENT	3.00	х		х				0.	0.	0.
(4) VALERIE COLLETTI	5.00		Н					•	•	•
DIRECTOR		х						0.	0.	0.
(5) RICHARD DICKSON	5.00									
DIRECTOR		Х						0.	0.	0.
(6) TODD FULLER	5.00									
DIRECTOR		Х						0.	0.	0.
(7) JOHN EDINGER	5.00									
DIRECTOR		Х						0.	0.	0.
(8) PAUL JAROSZ	5.00									
TREASURER		Х		Х				0.	0.	0.
(9) GEORGE MULLIGAN	5.00									
PRESIDENT		Х						0.	0.	0.
(10) JULIE ANN O'CONNELL	5.00								•	•
SECRETARY	F 00	Х	Ш	Х				0.	0.	0.
(11) KEVIN REIMAN	5.00									0
VICE PRESIDENT	F 00	Х		Х				0.	0.	0.
(12) ANN KAFKA	5.00	х						0.	0.	0.
DIRECTOR (13) BRIAN MOORE	5.00	Λ	Н					0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(14) PATRICIA FRANSON-OLINGER	5.00	Λ	Н					0.	0.	<u> </u>
DIRECTOR	3.00	х						0.	0.	0.
(15) PAUL GARRETT	5.00		Н					· ·	<u> </u>	<u></u>
DIRECTOR	3100	х						0.	0.	0.
(16) DAVE NEARY	45.00									
EXECUTIVE DIRECTOR				Х				105,035.	0.	5,670.
										- 000

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Part VII Section A. Officers, (A)	(B)		,	(C		<u>J</u>		(D)	(E)			(F)	
Name and title	Average			Posi	•	1		Reportable	Reportable		Ec	timate	od.
Name and title	hours per		not c k, unle					compensation	compensation	n		nount	
	week		icer ar					from	from related			other	01
	(list any	tor						the	organizations			pensa	ation
	hours for	dire				pg .		organization	(W-2/1099-MIS			om th	
	related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organization	s I	nal tr		oyee	o mb						d relat	
	below line)	ত Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	iii ie)	트	l si	#0	Ke	흜틃	면						
		-											
		-	-										
		-											
1b Sub-total								105,035.		0.		5,6	70.
c Total from continuation s								0.		0.			0.
d Total (add lines 1b and 1c								105,035.		0.		5,6	
	(including but not limited to								,000 of reportable	<u>——</u> е		-	
compensation from the org	anization >											V	1
3 Did the organization list any	y former officer, director, or t	ruste	e ke	v en	nnlc	vee	or	highest compensated e	mplovee on	[Yes	No
•	Schedule J for such individua		•	•	•	•					3		Х
•	line 1a, is the sum of reporta							•	•				
	reater than \$150,000? If "Ye										4		Х
* *	e 1a receive or accrue comp				-		elat	ted organization or indiv	idual for services				v
rendered to the organization Section B. Independent Contra	n? If "Yes," complete Schedo actors	ule J	tor s	ıch j	pers	son .					5		X
	r five highest compensated i									pens	ation 1	rom	
the organization. Report co	empensation for the calendar (A)	year	endi	ng w	vith	or w	ithi	n the organization's tax (B)	year.		(0	<u>:</u>)	
Nam	ne and business address	N	ONI	3				Description of s	ervices	С	ompe		n
2 Total number of independe	ent contractors (including but	not I	imite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation						0						200	
											Form	990 C	2017)

Part '

	VIII	Statement	of Revenue
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		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
s, G	С	Fundraising events		242,229.				
ar /		Related organizations						
imil		Government grants (contribut		319,365.				
ion		All other contributions, gifts, gran						
the		similar amounts not included above		1,275,963.				
n d d d	g	Noncash contributions included in lines	1a-1f: \$	308,934.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	1,837,557.			
				Business Code				
9	2 a	RESTORE		900099	1,217,044.	1,217,044.		
e Ž	b	MORTGAGE LOAN DISCOUNT		900099	205,311.	205,311.		
Se	С							
Program Service Revenue	d							
og B	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,422,355.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	175.			175.
	4	Income from investment of tax	x-exempt bond	proceeds 🕨				
	5	Royalties	<u></u>	. <u>.</u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>	. <u>.</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	741,000	•				
	b	Less: cost or other basis						
		and sales expenses	359,918					
	С	Gain or (loss)	381,082					
	d	Net gain or (loss)		>	381,082.	381,082.		
ne	8 a	Gross income from fundraising	•					
_		including \$ 242						
Other Rever		contributions reported on line						
ē		Part IV, line 18						
O#		Less: direct expenses		150,526.				
		Net income or (loss) from fund		>	-133,521.			-133,521.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		$\overline{}$				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		'				
	С	Net income or (loss) from sale						
	11 -	Miscellaneous Revenu MISCELLANEOUS	е	900099	57,465.	57,465.		
				200033	37,405.	37,403.		+
	b							+
	c C	All other revenue						+
		All other revenue			57,465.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			3,565,113.		0	133,346.
	14	i otal lovollab. Occ illoti activilo.			-,,	_,~~,	U	-1 -55,5=5.

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a respor	nse or note to any line in	-					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
	· ·		expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations							
_	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	110 026	02 740	20 260	11 727			
	trustees, and key employees	118,836.	83,749.	20,360.	14,727.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	070 401	717 000	00 100	164 001			
7	Other salaries and wages	970,491.	717,280.	89,190.	164,021.			
8	Pension plan accruals and contributions (include	10 045	12 015	0 1	2 072			
	section 401(k) and 403(b) employer contributions)	19,945.	13,815.	2,157.	3,973. 6,174.			
9	Other employee benefits	97,524.	80,719.	10,631.	0,1/4.			
10	Payroll taxes	82,695.	59,825.	9,009.	13,861.			
11	Fees for services (non-employees):							
а	Management							
b	Legal							
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	` -	440 400	25 242	20.000	-			
	column (A) amount, list line 11g expenses on Sch 0.)	142,133.	95,042. 538.	39,282.	7,809. 1,602.			
12	Advertising and promotion	8,576.	538.	6,436.	1,602.			
13	Office expenses	147,120.	77,369.	52,196.	17,555.			
14	Information technology	32,860.	7,386.	22,068.	3,406.			
15	Royalties	224 452	200 (50	05 500				
16	Occupancy	334,153.	308,653.	25,500.				
17	Travel	69,538.	58,843.	5,036.	5,659.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	2 2 1 =	,					
19	Conferences, conventions, and meetings	9,347.	4,770.	4,577.				
20	Interest	22,528.	22,528.					
21	Payments to affiliates	56,000.	56,000.					
22	Depreciation, depletion, and amortization	4,952.	4,952.					
23	Insurance	127,370.	87,678.	36,771.	2,921.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule 0.)	750 150	750 150					
а	CONSTRUCTION COSTS	750,150.	750,150.					
b	CRITICAL HOME REPAIRS	170,990.	170,990.	F4F	4 750			
С	HOME BUILDING EXPENSES	88,416.	83,151.	515.	4,750.			
d	MISCELLANEOUS	23,422.	16,699.	6,128.	595.			
е	All other expenses	2,391.	1,001.	200 256	1,390.			
25	Total functional expenses. Add lines 1 through 24e	3,279,437.	2,701,138.	329,856.	248,443.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
73201	0 11-28-17				Form 990 (2017)			

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	253,221.	1	199,341		
2	Savings and temporary cash investments		326,698.	2	321,979	
3	Pledges and grants receivable, net	567,873.	3	465,396		
4	Accounts receivable, net		47,107.	4	37,248	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensi	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
	employers and sponsoring organizations of sec		-			
2	employees' beneficiary organizations (see instr).		* * * * * * * * * * * * * * * * * * * *		6	
Siesse 7	Notes and loans receivable, net			1,709,016.	7	1,721,727
ž 8	Inventories for sale or use			1,783,623.	8	2,557,636
9	Prepaid expenses and deferred charges			20,835.	9	37,038
10a	Land, buildings, and equipment: cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	163,602.			
b		-	147,676.	15,972.	10c	15,926
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line			8,777.	13	2,290
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	50,344.	15	51,541		
16	Total assets. Add lines 1 through 15 (must equ	4,783,466.	16	5,410,122		
17	Accounts payable and accrued expenses	206,467.	17	281,696		
18	Grants payable		18			
19	Deferred revenue			7,163.	19	9,279
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete			35,958.	21	25,939
ຊ 22	Loans and other payables to current and former	r officers	s, directors, trustees,			
[key employees, highest compensated employee	es, and	disqualified persons.			
	Complete Part II of Schedule L		22			
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate	d third p	oarties	528,229.	24	844,640
25	Other liabilities (including federal income tax, pa	yables t	o related third			
	parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
	Schedule D	11,000.	25	14,800		
26	Total liabilities. Add lines 17 through 25			788,817.	26	1,176,354
	Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
se	complete lines 27 through 29, and lines 33 ar					
27	Unrestricted net assets		3,735,097.	27	3,835,089	
ਰ 28	Temporarily restricted net assets	259,552.	28	398,679		
29	Permanently restricted net assets		29			
2	Organizations that do not follow SFAS 117 (A), check here ▶∟□				
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ű 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 20 Long palances 29 30 31 32 32 33 32 33 32 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated in			2 004 642	32	4 000 500
33	Total net assets or fund balances			3,994,649.	33	4,233,768
34	Total liabilities and net assets/fund balances			4,783,466.	34	5,410,122

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	·····			X		
1	Total revenue (must equal Part VIII, column (A), line 12)		3,56 3,27				
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 S						
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	-4	6,5	57.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10 4	1,23	3,7	68.		
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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С							
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	•	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

DUPAGE HABITAT FOR HUMANITY 36-4003119 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s).

(iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support			•			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	` ,	` '	` '	`,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.
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.						7,636,938.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,571,072.	1,174,690.	1,880,056.	1,173,564.	1,837,556.	7,636,938.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	217.	214.	342.	153.	175.	1,101.
_	and income from similar sources	217.	214.	742.	133.	1/5•	1,101.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	391.	137.	1,793.	9,238.	54,969.	66,528.
11	Total support. Add lines 7 through 10	3321	20,0		3,2301	31,3031	7,704,567.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,953,540.
	First five years. If the Form 990 is for	•	,				, ,
	organization, check this box and stor				•	. , . ,	>
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.12 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.67 %
	33 1/3% support test - 2017. If the					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2017

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. Pub	olic Support	siow, picade com	pioto i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

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.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	ฮส		
	9b		
	9c		
	10a		
	10b		
_			

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
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	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	าร						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8								
a	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

	Part IV, Sec line 1; Part	tion A, li IV, Section ines 5, 6	nes 1, 2, on D, line	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a ; Part IV	a, 6, 9a, 9 , Section	b, 9c, 1 ⁻ E, lines	1a, 11b, 1c, 2a,	and 11 2b, 3a, a	c; Part IV, Sand 3b; Part	ection B, lines 1 ar	Section B, line 1e; Part IV, Section Section B, line 1e; Part I information.	C, : V,
SCHE	DULE A,	PART	II,	LINE	10,	EXPL	ANAT	ION	FOR	OTHER	INCOME:		
MISC	ELLANEOU	S											
2013	AMOUNT:	\$	391	•									
2014	AMOUNT:	\$	137	•									
2015	AMOUNT:	\$	1,79	93.									
2016	AMOUNT:	\$	9,23	38.									
2017	AMOUNT:	\$	54,9	969.									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

Schedule D (Form 990) 2017

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	_							
	are the organization's property, subject to the organization's								
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 donor advisor, or for any other purpose							
Day									
Pai		·	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	`							
	Preservation of land for public use (e.g., recreation or e		corically important land area						
	Protection of natural habitat	Preservation of a cert	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form							
	day of the tax year.		Held at the End of the Tax Year						
a	Total number of conservation easements								
b	Total acreage restricted by conservation easements								
	Number of conservation easements on a certified historic str								
d	Number of conservation easements included in (c) acquired								
_	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax						
	year •	annual to to a short							
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements i								
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year						
7	\$	diling of violations, and emorcing conserva	ation easements during the year						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)						
Ü	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservati								
5	include, if applicable, the text of the footnote to the organization								
	conservation easements.	tion's interioral statements that describes	the organization's accounting for						
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.						
	Complete if the organization answered "Yes" on Form								
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.						
	historical treasures, or other similar assets held for public ext								
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,						
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e								
	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		al gain, provide						
	the following amounts required to be reported under SFAS 1								
а	Revenue included on Form 990, Part VIII, line 1		> \$						
	Assets included in Form 990, Part X		> \$						

732051 10-09-17

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (checks af that apoly): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	Similar	Asse	ts (continu	red)	
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization and apart, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP, If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance C Beginning balance It Amount Te Ending balance 10 Distributions during the year 10 Distributions during the year 11 Distributions during the year 12 Distributions during the year 13 Difference of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 14 Beginning of year balance 15 During the year (a) Difference years back (a) Three years back (b) Frour years back 16 Grants or scholarships 17 Administrative expenses 18 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasiendowment \rightary 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by IVes INe 2 Describe in the organizations is endowment funds. Complete if the organization sendowment the basis (investment) basis (investment) basis (other) depreciation 19 Land 10 Land 10 Land 10 Land 10 Land 10	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant use	e of its	collection	items	
b Scholarly research e		(check all that apply):										
c	а	Public exhibition	d		Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Scorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. Is the organization an apart, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX? Is 18 the organization and part X? Is 18 they spain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance It Amount 1c Additions during the year 1d E Ending balance 1d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X yes No Part V Fres." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Thire years back (d) Four years bac	С	Preservation for future generations										
Dots sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represed an amount on Form 990, Part IV, line 9, or represed an amount on Form 990, Part IV, line 10. Tyes X No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or represed an amount on Form 990, Part IV, line 9, or represed an amount on Form 990, Part IV, line 10. Tyes X No If "Yes," explain the arrangement in Part XIII and complete the following table: C		to be sold to raise funds rather than to be ma	aintained as part of t	the orgai	nization's c	ollection?			\square	Yes	☐ No	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par									line 9, or		
on Form 990, Part X? If Yes, 'explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance I d Additions during the year I Ending balance I I I I I I I I I I I I I I I I I I I		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?							□	Yes	X No	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment processes of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment processes y6 f Permanent endowment processes of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ives in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 1a Land b Buildings c Leasehold improvements d Equipment C Equipment 15 1477,676 15 15 , 926 e Other Oth	b											
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves										Amount		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves	С	Beginning balance						1c				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ive fine of year balance Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Lasehold improvements d Equipment 1a Land b Buildings c Leasehold improvements d Equipment 163,602. 147,676. 15,926.								1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Vestation V												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_							1f				
Description of property Description of p	2a							/?	X	Yes	☐ No	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years (e											X	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Accumulation (e) Accumulation (four years back (four years b	$\overline{}$					_						
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 163,602. 147,676. 15,926.						1			s back	(e) Four y	ears back	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance		,				, ,				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		ı										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Ī										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	·											
g End of year balance	f	. •										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		ı										
a Board designated or quasi-endowment ▶	_	·	rent vear end halanc	e (line 1	a column (:	a)) held as:	l l					
b Permanent endowment ▶		·	•		g, ooiaiiii (i	a)) Hold do.						
c Temporarily restricted endowment ▶		_		_′°								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		· · · · · · · · · · · · · · · · · · ·	 '									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment Other Other	·											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other	32			ation tha	nt are held a	and administs	red for the	organizati	ion			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment	Ou		SSION OF THE ORGANIZA	ation the	it are noid e	ina aaniinisto	ica ioi tiic	organizati	1011	Г	/es No	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment 163,602. 147,676. 15,926. e Other		•									110	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 4 Buildings c Leasehold improvements d Equipment f 163,602. 147,676. 15,926. e Other												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment f 163,602. 147,676. 15,926. e Other	h											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_									30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	_			WITHELL	ulius.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other)) Part IV	/ line 11a 9	See Form 990) Part X li	ne 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other										(d) Book	valuo	
1a Land b Buildings c Leasehold improvements d Equipment 163,602. 147,676. 15,926. e Other		pescription of property	, ,							(u) DOOK	valu c	
b Buildings c Leasehold improvements d Equipment e Other		Land	`	,	54313	(50101)	асрі	COIGCIOIT				
c Leasehold improvements 163,602. 147,676. 15,926. e Other 15,926.												
d Equipment 163,602. 147,676. 15,926.									_			
e Other					16	3.602	1.	47 676	; -	15	926	
						,		_ , , 0 , 0	+		,,,,,,,,	
				X colun	nn (R) line i	10c.)			$\overline{}$	15	.926.	

Schedule D (Form 990) 2017

	ITAT FOR HU	MANITY	36	-4003119	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes					
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market v	/alue
(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	" on Form 990, Part I	/, line 11d. See Form 990,	Part X, line 15.		
(a) Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		>		
Part X Other Liabilities.	,		,		
Complete if the organization answered "Yes	" on Form 990, Part I	V, line 11e or 11f. See Forr	m 990, Part X, line 25	i.	
1. (a) Description of liability	•	(b) Book value			
(1) Federal income taxes					
	HALF OF				
(3) PARTNER FAMILIES	·	14,800.			
(4)		,			
(5)					

14,800. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(6) (7) (8)

	dule D (Form 990) 2017 DUPAGE HABITAT FOR HUMANI				4003119 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents Witl	n Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,706,918
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	16,187.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	16,187
3	Subtract line 2e from line 1			3	3,690,731
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	105 610		
b	Other (Describe in Part XIII.)	4b	-125,618.		105 610
	Add lines 4a and 4b			4c	-125,618
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,565,113
Par	T XII Reconciliation of Expenses per Audited Financial State		in Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				3,467,799
	Total expenses and losses per audited financial statements			1	3,401,199
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	16,187.		
	Donated services and use of facilities		10,10/•		
	Prior year adjustments				
	Other losses		172,175.		
	Other (Describe in Part XIII.)			0-	188,362
	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	3,279,437
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,213,431
		4a			
				4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,279,437
	t XIII Supplemental Information.				0,210,201
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1	and 2b: Part V line	4· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	•		, r arc	λ, ιπο Σ, τ αιτ λί,
	and 15, and tarryin, into 2d and 15.7 to complete the part to provide any a		mation.		
PAR	RT IV, LINE 2B:				
ESC	CROW ACCOUNT BALANCE REPRESENTS IN-HOUSE	ESCROW	MAINTAINED	BY	
ORG	SANIZATION ON BEHALF OF A PARTNER FAMILY.	FUNDS	ARE PAID T	O T	HE
ORG	GANIZATION AND MAINTAINED UNTIL REQUIRED	PAYMEN'	rs for prop	ERT	Y TAXES ARE
NEC	CESSARY.				
PAR	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
					- 10-
TNC	COME IN EQUITY OF LLC				6,486
חדה	DECE PRINCE ALCENDED PARTIES PRODUCE DECEMBER PRODUCE	ייר קוווא	000		120 104
DTK	RECT FUNDRAISING EXPENSE NETTED WITH REVE	MOF ON	ラ ラ リ し		-132,104

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XI, LINE 4B

Schedule D (Form 990) 2017

-125,618.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

					30 1003	<u> </u>				
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not				
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
Fotal		<u> </u>								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration				

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 DUPAGE HABITAT FOR HUMANITY 36-4003119 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WOMEN'S (add col. (a) through GOLF OUTING BUILD col. (c)) (event type) (total number) (event type) 84,577. 162,445 12,212. 259,234. 1 Gross receipts 12,212 145,440 84,577. 242,229. 2 Less: Contributions 17,005 17,005. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 18,422 18,422. 6 Rent/facility costs 2,366. 2,366. **7** Food and beverages 8 Entertainment 9 Other direct expenses 114,280. 6,235. 9,223. 129,738. 150,526. 10 Direct expense summary. Add lines 4 through 9 in column (d) -133,521. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d)

а	a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	No
l0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
	o If "Yes," explain:	990 or 990	 2017

732082 09-13-17

Sch	nedule G (Form 990 or 990-EZ) 2017 DUPAGE HABITAT FOR HUMANITY 36	-4003119	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{quantum}}\$		
c	If "Yes," enter name and address of the third party:		
	Name ▶ _		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatony distributions:		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		110
•	organization's own exempt activities during the tax year > \$	Ü	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III lines 9 9h 10	b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	2, .02,
	····, ···, ····, ····, ···· ···, ···· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ·		

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

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

DUPAGE HABITAT FOR HUMANITY

 $Employer\ identification\ number \\ 36-4003119$

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormining	
		applicable	contributions or	amounts reported on	noncash contribu		nts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other			100 200	100011400		
15	Real estate - Residential	X		177,370.	APPRAISED V	ALUE	
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	77	1	00 266	DATO MADICIO	1 773 T TTT	-
25	Other (FUNDRAISING I)	X X	3		FAIR MARKET FAIR MARKET		
26	Other (BUILDING MATE)	Λ	3	33,490.	FAIR MARKET	VALUE	<u> </u>
27	Other ()						
28	Other ()				<u> </u>		
29	Number of Forms 8283 received by the organization and the second state of Forms 8283		-				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29			N _a
20-	During the year did the examination receive by	, contribution	an any proporty roa	norted in Dort I lines 1 throu	ab 00 that it	Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date						
	· ·		•	·		30a	x
h	exempt purposes for the entire holding period?	·				30a	122
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonetandard contribu	ıtions?	31	x
	Does the organization have a gift acceptance plant accept					31	+ **
J∠d						32a	X
h	If "Yes," describe in Part II.					SZA	23
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	ecked		
55	describe in Part II.	O.G. 1111 (C) 10	a type of propert	y 101 WITHOUT COMMITTE (a) IS CITE	onou,		
	accompc in rait ii.						

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

Schedule M (Form 990) 2017

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732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DUPAGE HABITAT FOR HUMANITY

Employer identification number 36-4003119

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISADVANTAGED FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INVOLVEMENT AND PRIDE, AS WELL AS ACTIVITIES FOR YOUTH AND SENIORS.

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

THE DRAFT OF THE 990 WAS SENT TO THE BOARD FINANCE AND AUDIT COMMITTEE FOR REVIEW AND THEN PRESENTED FOR APPROVAL TO THE FULL BOARD AT A DULY NOTICED AND REGULARLY SCHEDULED MEETING PRIOR TO FILING.

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

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S ANNUAL PERFORMANCE COMPARED TO THE POSITION AND ORGANIZATION GOALS.

PERFORMANCE OF KEY EMPLOYEES IS REVIEWED BY THE EXECUTIVE DIRECTOR

PERFORMANCE IS COMPARED TO ESTABLISHED GOALS AND RECORDED IN ANNUALLY. EMPLOYEES' PERSONNEL RECORDS.

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

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

AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization DUPAGE HABITAT FOR HUMANITY	Employer identification number 36-4003119
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN (LOSS) IN EQUITY OF LLC	-6,486.
UNCOLLECTIBLE PLEDGES	-40,071.
TOTAL TO FORM 990, PART XI, LINE 9	-46,557.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION O	F THE AUDITORS
AND REVIEWS THE RESULTS OF THE AUDIT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DUPAGE HABITAT FOR HUMANITY

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
OUPAGE HABITAT FOR HUMANITY NEIGHBORHOOD					
REVITALIZATION COUNCIL - 47-4226611, 1600	CHDO TO SUPPORT DUPAGE				DUPAGE HABITAT FOR
EAST ROOSEVELT, WHEATON, IL 60187	HABITAT FOR HUMANITY	ILLINOIS			HUMANITY

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

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

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

Page 2

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

	organizations treated as a partitioning are tan 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 legistration)	(state or entity (related, unrelated, income	jal Direct controlling Fee or sign extended	come Share of total S ted, income en	Share of end-of-year assets	Disproportiona allocations?				amount in box	General managin partner	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N)		
	1												
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	-												
							<u> </u>			\vdash			
	l .								L				

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

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

1a

Page 3

X

Х

Yes No

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

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

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

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

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

С	c Gift, grant, or capital contribution from related organization(s)				1c	X	_ X			
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
							X			
f Dividends from related organization(s)										
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
						X				
k Lease of facilities, equipment, or other assets from related organization(s)										
-1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	o Sharing of paid employees with related organization(s)									
							X			
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
							X			
r Other transfer of cash or property to related organization(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 co	omplete thi	s line, including covered	relationships and transaction thresholds.						
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining an									
1)										
2)										
3)										
41										
4)		-								
5)										
5)		+								
6)										
	163 09-11-17	10		Schedule I	R (Forr	n 990	2017			
02 10	-	-		Ochedule i	. (. 511	550	, _0			

Page 4

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

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

(a)	(b)	(c)	(d)	(e))	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs.	all s sec.)(3) .?	Share of total income	Share of end-of-year assets	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or Faging ner?	Percenta ownersh
		Country)	Sections 5 (2-5 (4)	Yes	No	liteome	233613	Yes	No	(F01111 1000)	Yes	ИО	
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