Form 990-T	Exempt Organization Business Income Tax Return	COMB No. 1545-0687
- h-	(and proxy tax under section 6033(e))	2046
•	For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 201	
Department of the Treasury	► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.	Open to Public Inspection for 501(c)(3) Organizations Only
A Cheek bay if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization (Check box if name changed and see instructions.)	D Employer identification number
A Check box if address changed	Name of organization (Oneck box if hame changed and see instructions.)	(Employees' trust, see instructions)
B Exempt under section	Print HABITAT FOR HUMANITY OF GREATER DAYTON	31-1104456
X 501(c)(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity codes (See instructions)
408(e) 220(e)	115 W. RIVERVIEW AVENUE	_
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	E31300 330000
529(a) Book value of all assets	DAYTON, OH 45405	531390 230000
at end of year	F Group exemption number (See instructions.)	Other trust
	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust 1's primary unrelated business activity. ► SEE STATEMENT 1	Other trust
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes No
• • •	and identifying number of the parent corporation.	1651110
	► THE ORGANIZATION Telephone number ► 9	937-586-0860
	d Trade or Business Income (A) Income (B) Expense	
1a Gross receipts or sale		
b Less returns and allo		
2 Cost of goods sold (S		
3 Gross profit. Subtract	line 2 from line 1c $3 -2,735$.	-2,735.
4a Capital gain net incon	ne (attach Schedule D)	
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction		
5 Income (loss) from p	artnerships and S corporations (attach statement) 5	
6 Rent income (Schedu	,	
	ed income (Schedule E)	
	yalties, and rents from controlled organizations (Sch. F) 8	
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	
	vity income (Schedule I)	
11 Advertising income (Saura	· · · · · · · · · · · · · · · · · · ·	
12 Other income (See in13 Total. Combine lines	structions; attach schedule)	-2,735.
	ns Not Taken Elsewhere (See instructions for limitations on deductions.)	<u> </u>
	contributions, deductions must be directly connected with the unrelated business income)	
14 Compensation of of	icers, directors, and trustees (Schedule K)	14
15 Salaries and wages		15
16 Repairs and mainter	ance	16
17 Bad debts		17
18 Interest (attach sche	dule)	18
19 Taxes and licenses		19
20 Charitable contributi	ons (See instructions for limitation rules)	20
21 Depreciation (attach		_
22 Less depreciation cl	aimed on Schedule A and elsewhere on return 22a	22b
23 Depletion	APR 3 \$ 2015 \)	23
	erred compensation plans	24
25 Employee benefit pr		25
26 Excess exempt expe	The second secon	26
27 Excess readership c		27
28 Other deductions (at 29 Total deductions, A	tach schedule) dd lines 14 through 28	29 0.
	avable income before net operating loss deduction. Subtract line 29 from line 13	$\frac{29}{30}$ $-2,735$.
	31 -2,733.	
	eduction (limited to the amount on line 30) axable income before specific deduction. Subtract line 31 from line 30	$\frac{31}{32}$ $-2,735$.
	Generally \$1,000, but see line 33 instructions for exceptions)	$\frac{32}{33}$ $\frac{27}{1,000}$.
	taxable income. Subtract line 33 from line 32, If line 33 is greater than line 32, enter the smaller of zero or	
line 32		-2,735.
	or Paperwork Reduction Act Notice, see instructions	Form 990-T (2016

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Part		- -		
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions a			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord	er):		
	(1) \$ (2) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)		1 1	
C	Income tax on the amount on line 34		▶ 35c	<u>0.</u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amoun	t on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)			
37	Proxy tax. See instructions			
38	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income See Instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I	V Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
C	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41đ		
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866 Other (atta	ach schedule) 43	
44	Total tax. Add lines 42 and 43		44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a		
	2016 estimated tax payments	45b		
	Tax deposited with Form 8868	45c		
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
	Backup withholding (see instructions)	45e		
f		45f		
a				
•	Form 4136 Other Total	45a		
46	Total payments. Add lines 45a through 45g	.02	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax	Refun	1	
Part \				
51	At any time during the 2016 calendar year, did the organization have an interest in or a signatur	•	,	Yes No
٠.	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization			100 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the			
	here	, roroigii oounu y		x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or the state of the state	transferor to a foreign	nn trust?	X
OL.	If YES, see instructions for other forms the organization may have to file.	iransieror to, a foreig	gii ti uot	
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalty's of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, and to the	best of my knowledge and	d belief, it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any knowledge		
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IVE DIREC		discuss this return with shown below (see
	Signature of officer Date Title	IVE DINEC		7 X Yes No
		ate Ch	neck If PTIN	100
D · ·	Print/Type preparer's name Preparer's signature D CHRISTOPHER C.			J
Paid	MOCO CICENCE VIA TO A MACA SE ADA	Hulio se	If- employed	10102700
Prepa	Transfer of the second	-1'1'0		0183788
Use (Only Firm's name ► FLAGEL HUBER FLAGEL 3400 SOUTH DIXIE DRIVE		ırm's EIN ► 31	L-0796034
		_		V200 2400
	Firm's address DAYTON, OH 45439	<u></u>	Phone no. (937))299-3 <u>400</u>

Phone no. (937)299-3400 Form **990-T** (2016)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

1

SALE OF LAND AND HOMES ON THE OPEN MARKET. CONSTRUCTION OF NON-PARTNER FAMILY HOMES.

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