

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form fields for organization name (HABITAT FOR HUMANITY OF GREATER DAYTON), address (115 W. RIVERVIEW AVENUE, DAYTON, OH 45405), and EIN (31-1104456).

Form fields for book value of assets (5,566,087) and group exemption number.

Form fields for primary unrelated business activity (SEE STATEMENT 1) and parent corporation information.

Form field for books in care of (THE ORGANIZATION) and telephone number (937-586-0860).

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include gross receipts (204,440), cost of goods sold (207,175), and total net income (-2,735).

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows include compensation of officers, depreciation, and total deductions (0), leading to a final net income of -2,735.

Handwritten initials and numbers, including '3' and '54'.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41b Other credits (see instructions). 41c General business credit. Attach Form 3800. 41d Credit for prior year minimum tax (attach Form 8801 or 8827). 41e Total credits. Add lines 41a through 41d. 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45a Payments: A 2015 overpayment credited to 2016. 45b 2016 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations: Tax paid or withheld at source (see instructions). 45e Backup withholding (see instructions). 45f Credit for small employer health insurance premiums (Attach Form 8941). 45g Other credits and payments: Form 2439, Form 4136, Other. Total. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax, Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 4/5/2018, Title: EXECUTIVE DIRECTOR. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No. Paid Preparer Use Only: Print/Type preparer's name: CHRISTOPHER C. MCCASKEY, Preparer's signature: Christopher C. McCaskey, CPA, Date: 4/4/18, Check self-employed: [ ], PTIN: P00183788, Firm's name: FLAGEL HUBER FLAGEL, Firm's EIN: 31-0796034, Firm's address: 3400 SOUTH DIXIE DRIVE, DAYTON, OH 45439, Phone no.: (937) 299-3400.

