		EX	TENDED TO M	1AY	15, 2018			-
Form <b>990-</b>	Т	Exempt Orga	nization Bus	sine	ss Income 1	Tax Returi	n, L	OMB No 1545-0687
		(a	170	6 l				
	Ford	alendar year 2016 or other tax ye					<u> </u>	2016
Department of the					s available at www.irs.		_	
Internal Revenue S	<del>'</del>	Do not enter SSN number				ration is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A L Check I	oox if s changed	Name of organization (					(Emplo	yer identification number byees' trust, see
·		GREATER FOX HUMANITY, I		SA H	ABITAT FOR		1	otions)
B Exempt under Solic )(C)				V 000 I	tatruations.			9-1742974 ted business activity codes
408(e)	1220(e) Type	921 MIDWAY			structions)			
408A	530(a)	City or town, state or pro		r foreic	n nostal code		-	
529(a)		MENASHA, WI		,, 101018	n postar codo		5313	120
C Book value of al	assets F Gro			<b></b>	8545	<del>-</del>		
_12,253	,665. GCh	eck organization type	X 501(c) corporatio	n [	501(c) trust	401(a) trust		Other trust
H Describe the	organization's prir	nary unrelated business acti	vity ► RENTAL	OF		BT FINANC	CED V	WAREHOUSE
		poration a subsidiary in an		nt-subs	idiary controlled group?	<b>&gt;</b>	Yes	s X No
		ntifying number of the parer				<u> </u>		
		PAUL VAN VRE						)954-8702
<u> </u>		de or Business Inc	come	ı	(A) Income	(B) Expense	s	(C) Net
1a Gross rece	•							
	ns and allowances		c Balance	1c		4		
•	ods sold (Schedu it. Subtract line 2			3		, ,		<del></del>
	n net income (atta			4a		· ·		<del></del>
· -	•	Part II, line 17) (attach Form	1 4797)	4b		*.,		
	s deduction for tru	. , ,	1 41 01 )	4c			· . · .	
•		hips and S corporations (at	tach statement)	5			13.33.	
	ne (Schedule C)	(a	,	6	-	(332)		
7 Unrelated	debt-financed inco	ome (Schedule E)		7	14,897.	6,7	710.	8,187.
8 Interest, ar	nnuities, royalties,	and rents from controlled o	rganizations (Sch. F)	8				
9 Investmen	t income of a sect	ıon 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
•		ome (Schedule I)		10				
	j income (Schedu	•		11				
		ns; attach schedule)		12	14 007	32-00.	110	
	nbine lines 3 thro	ugn 12 ot Taken Elsewhei	70 (C	13	14,897.		710.	8,187.
	cept for contrib	outions, deductions mus	t be directly connecte	or umit d with	ations on deductions ) the unrelated busines	s income )		
		firectors, and trustees (Sche					14	
•	nd wages	00.010, 0110 17001000 (00110	oddio ity				15	
	nd maintenance						16	
17 Bad debts	3	<u> </u>	RECEIVE	$\Box$	7		17	
18 Interest (a	attach schedule)	! !	ILCLIVE		O		18	
19 Taxes and				1	တ္တု		19	
20 Charitable	contributions (Se	ee instructions for limitation	rule#MAR 0 5 20	118	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○		20	
	ion (attach Form 4			ļ	(21)			
		on Schedule A and elsewher	OGDEN, U		22a		22b	
23 Depletion		<u></u>	OGDEN, C	_ ا ر			23	
	benefit programs	ompensation plans					24	
	empt expenses (S						25 26	
	adership costs (S	•					27	
	uctions (attach so	•					28	
	uctions Add lines	,					29	0.
		income before net operating	loss deduction. Subtrac	ct line 2	9 from line 13		30	8,187.
		n (limited to the amount on					31	<u> </u>
32 Unrelated	business taxable	income before specific dedi	uction. Subtract line 31 fi		30		32	8,187.
33 Specific d	eduction (General	lly \$1,000, but see line 33 in	structions for exceptions	s)			33	1,000.
	l business taxabl	e income. Subtract line 33 t	from line 32. If line 33 is	greater	than line 32, enter the sn	naller of zero or		
line 32	<u>-</u> -	munde Daduation Ant State					34	7,187.

## GREATER FOX CITIES AREA HABITAT FOR

Form 990-T (201	6) HUMANITY, INC.	39-174	2974	Page 2
Part III	Tax Computation			
35 Org	anizations Taxable as Corporations. See instructions for tax computation.			
Соп	strolled group members (sections 1561 and 1563) check here  See instructions and:			
. a Ente	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1)				
	er organization's share of (1) Additional 5% tax (not more than \$11,750) \$			
	Additional 3% tax (not more than \$100,000)			
	ome tax on the amount on line 34		35c	1,078.
	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		330	
30 110	Tax rate schedule or Schedule D (Form 1041)		26	
27 Dec	xy tax. See instructions		36	
	• • •		37	
	rnative minimum tax		38	
	on Non-Compliant Facility Income. See instructions		39	1 070
	al. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	1,078.
	Tax and Payments		<del></del>	
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	er credits (see instructions)			
c Gen	eral business credit. Attach Form 3800			
d Cre	dit for prior year minimum tax (attach Form 8801 or 8827)			
e Tota	al credits. Add lines 41a through 41d		41e	
	otract line 41e from line <u>40</u>		42	1,078.
<b>43</b> Oth	er taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🦳 Other (a	ttach schedule)	43	
44 Tota	al tax. Add lines 42 and 43		44	1,078.
<b>45 a</b> Pay	ments: A 2015 overpayment credited to 2016 45a	116.		
<b>b</b> 201	6 estimated tax payments 45b			
c Tax	deposited with Form 8868	2,500.	() h 2 - 2	
d Fore	eign organizations; Tax paid or withheld at source (see instructions)  45d		. Š	
	kup withholding (see instructions)  45e			
	dit for small employer health insurance premiums (Attach Form 8941)  45f			
	er credits and payments: Form 2439			
9 0	Form 4136 Other Total • 45g		i'	
46 Tot	al payments. Add lines 45a through 45g		46	2,616.
	mated tax penalty (see instructions). Check if Form 2220 is attached		47	2,010.
	, , , , , , , , , , , , , , , , , , , ,	_		
	to due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	1,538.
	erpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
		unded -	50	
Part V	Statements Regarding Certain Activities and Other Information (see Instruc			No.   No.
	iny time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	/		Yes No
	r a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	DEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			,, -
here				_   X
	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?		X
	ES, see instructions for other forms the organization may have to file.			
	er the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to It correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowled.	ne best of my knov de	wledge and belie	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EXECUTIVE		y the IRS discu	ss this return with
Here	MACH LOIS DIRECTOR/PRESI	DENT the	e preparer show	n below (see
	Signature of officer Date Title	ins	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
Paid	m. 1 1 M 2PA 34(18)	self- employed		
Preparer	MIRE VANDEN HOCEN WILL WE CAN SKILD I		P004	99282
Use Only	COURNEY CO	Firm's EIN		173131
Ose Oill)	200 E WASHINGTON ST PO BOX 1739			
	Firm's address ► APPLETON, WI 54912-1739	Phone no. 9	207318	111
				m <b>990-T</b> (2016)
			. 01	(=010)

623711 01-18-17

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation N/A					
1 Inventory at beginning of year	11		6 Inventory at end of year	ır		6		
2 - Purchases	2		7 Cost of goods sold Su		ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2		Ì	7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	•	<u>.</u>		<u> </u>	$\top$
5 Total. Add lines 1 through 4b	5		the organization?	•	, ,			1
Schedule C - Rent Income (	From Real	Property and		Leas	ed With Real Prop	perty)		
(see instructions)								
1. Description of property								
(1)								
(2)		·						
(3)								
(4)								
	2. Rent receiv	ed or accrued			2/->			
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	of rent for per	d personal property (if the percent sonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) an			) in	
(1)								
(2)	<del></del>							
(3)			<del></del>			<del>,</del>		
(4)	·							
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2	(a) and 2(b). En	ter			(b) Total deductions.			
here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		0.	Enter here and on page 1, Part I, line 6, column (B)	<b></b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see ir	nstructions)					
			^		3. Deductions directly con			
			2 Gross income from or allocable to debt-	121	to debt-finance		Other deduction	
1. Description of debt-fin	anced property		financed property	("	(attach schedule)	"	(attach schedule	) )
				S'	TATEMENT 1	STA!	<b>TEMENT</b>	2
(1) WAREHOUSE		· · · · · · · · · · · · · · · · · · ·	18,915.		2,279	•	6,	<del>241.</del>
(2)						1	·· <del></del>	
(3)			·	T -		1		
(4)			_		·			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  STATEMENT 3	of or a	adjusted basis illocable to nced property Schadule) 4	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable dedu umn 6 x total of o 3(a) and 3(b)	columns
(1) 304,101.		386,134.	78.76%	1	14,897		6,	710.
(2)			%	i –	<u> </u>	1		
(3)			%	<b>†</b>		1		
(4)			%	1		1		
_,,					nter here and on page 1, Part I, line 7, column (A)		er here and on pa	
Totals			•		14,897		6.	710.
Total dividends-received deductions inc	duded in column	ı 8			11,057			0.
			<del>-</del>				Form 990-	

Form 990-T (2016) HUMAN	ITY, INC							39-17	4297	74 Page 4		
Schedule F - Interest	, Annuities,	Royalti					atio	<b>ns</b> (see ins	structio	ns)		
	ļ		Exempt	Controlled O	rganizati	ons	<b>,</b>					
Name of controlled organiz	zation	2. Emplo identificat numbe	ion (loss) (see	related income e instructions)	4. Tota payn	al of specified nents made	includ	rt of column 4 led in the cont ration's gross	rolling	ng connected with income		
<u>/1\</u>			<del></del>		<b></b>		<u> </u>					
(1)							<del> </del>					
(2)					1		<del> </del>		-	<u>.</u>		
(3)	<u> </u>											
(4)	l_ <u></u>		_									
Nonexempt Controlled Orga	nizations											
7. Taxable Income	8. Net unrek (see in	ited income ( estructions)	(loss) 9. Total	of specified pays made	ments	10. Part of colui in the controlli gross		nization's		eductions directly connected th income in column 10		
(1)	<u> </u>								<u> </u>			
(2)										<del></del>		
(3)	+								l	··		
	+		<del></del>			<del></del>				<del></del>		
(4)			<u> </u>			_						
						Add colun Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)		
Totals					▶.			0.		0.		
Schedule G - Investm (see ins	nent Income structions)	of a Se	ection 501(c)	(7), (9), or	(17) Or	ganizatior	)					
1. De	scription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)		
(1)												
(2)				1								
(3)				·								
(4)			-	<u> </u>						· · · · · ·		
		·		Enter here and		12. 3.32		1		£ Enter here and on page 1,		
				Part I, line 9, co	olumn (A)		ь ,	3		Part I, line 9, column (B)		
Totals			<b>•</b>		0.	£ 4%	i jir.			0.		
Schedule I - Exploited (see inst	d Exempt Adtructions)	ctivity I	ncome, Othe	r Than Ac	lvertisi	ng Income	)					
			3. Expenses	4. Net incom	ne (loss)					7 5		
1. Description of exploited activity	2 Gross unrelated bus income fro trade or busii	iness m	directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)		
(1)			· · · · ·									
	1							<del>                                     </del>		<del></del>		
(2)		<del></del>		-				<del> </del>		<del> </del>		
(4)	+	-+						-				
(4)	Enter here an	d 00	Enter here and on	ļ				<u> </u>		Fall-base and		
	page 1, Par	t I	page 1, Part I			~			, ,	Enter here and on page 1,		
	fine 10, col		line 10, col (B)			**		·	, 1 .	Part II, line 26		
Totals	<u> </u>	0.	0.			**				0.		
Schedule J - Advertis	sing Income	(see ins	tructions)									
Part I Income From	Periodical	Repor	ted on a Cor	solidated	Basis							
1. Name of periodical	adv	Gross vertising acome	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circulat e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)						1	_	<u> </u>		1		
(2)			1	$\neg$				<del>                                       </del>		1		
(3)	<del></del>		+	$\dashv$		<del>                                     </del>				1		
(4)			<del> </del>	-		<u> </u>		-		4		
(*)			<del>                                     </del>							ļ. ——-		
Totals (carry to Part II, line (5))	<b>•</b>	0	. <u> </u>	<u>.                                    </u>						0.		
										Form <b>990-T</b> (2016		

Form 990-T (2016) HUMANITY, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	1	2. Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readershi costs (column 6 minu column 5, but not mo than column 4)	us
(1)			-					
(2)								
(3)					<del>-</del>			
(4)								
Totals from Part I	<b>&gt;</b>	0.	0.					0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	0.	0.					0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to urrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Fotal. Enter here and on page 1, Part II, line 14	-	▶	

Form 990-T (2016)

FORM 990-T SCHEDULE E - DEPRECIA	ATION DEDUCT	ON	STATEMENT	1
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	- 2	2,279.	2,2	79.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		2,2	79.
FORM 990-T SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
OCCUPANCY INTEREST - SUBTOTAL -	- 2	3,642. 2,599.	6,2	<i>1</i> 1
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN			6,2	
FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL -		304,101.	304,1	01.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		304,1	01.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-1			STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTE	BASIS - SUBTOTAL	- 2	386,134.	386,1	34.
TOTAL OF FORM 95	00-T, SCHEDULE E, COLUM	N 5		386,13	3 <b>4</b> .