EXTENDED TO MAY 15, 2019 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No 1545-0687
(and proxy tax under section 6033(e))	
For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018/	2017
Go to www.urs.gov/Form990T for instructions and the latest information a CT 1110	
Department of the Treasury	Open to Public Inspection to 501(c)(3) Organizations Only
Traine of organization (offices box in finance changed and see instructions.)	loyer identification number ployees' trust, see
address changed GREATER FOX CITIES AREA HABITAT FOR Instruc	uctions)
- 2.00mp. dp. 000mp. 1.1mm 1.1mm	9-1742974
(See in Structure)	lated business activity codes instructions)
1408(e) 1220(e) 921 MIDWAY ROAD	
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code MENASHA, WI 54952 5313	.120 444100
C Book value of all assets F Group exampling number (See instructions.) > 85.4.5	.120 444100
14, 784, 566. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust	Other trust
H Describe the organization's primary unrelated business activity. SEE STATEMENT 1	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	es X No
If "Yes," enter the name and identifying number of the parent corporation.	
J The books are in care of ▶ PAUL VAN VREEDE Telephone number ▶ (920))954-8702
Partill Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
1a Gross receipts or sales 1,245,047.	
b Less returns and allowances c Balance c Balance	LEATHER TO SERVE
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 132, 265.	122 265
	132,265.
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts 4c	
5 Income (loss) from partnerships and S corporations (attach statement) 5	
6 Rent income (Schedule C) 6	
7 Unrelated debt-financed income (Schedule E) 7 11,281. 8,104.	3,177.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 143,546. 8,104.	135,442.
13 Total. Combine lines 3 through 12 13 143,546 8,104 Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	133,442.
(Except for contributions, deductions must be directly connected with the unrelated business income.)	
The compensation of officers, directors, and trustees (Schedule K)	
2 15 Salaries and wages	94,302.
es 16 Repairs and maintenance RECE'VED	
18 Interest (attach schedule) SEE STATEMENT 2 18	5,768.
18 Interest (attach schedule) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Proposition (Attach Schedule) 22 JAN 29 2019 20 20 21 Proposition (Attach Schedule)	5,317.
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Depreciation (attach Form 4562)	
21 Depreciation (attach Form 4562) LL 22 Less depreciation claimed on Schedule A and elsewhere on return GDEN, UT 21 11,947. 22	11,947.
22 Less depreciation claimed on schedule A and eisewhere on returns 223 224 225 227 228	11,547.
24 Contributions to deferred compensation plans	
Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return GDEN, UT 22 Less depreciation claimed on Schedule A and elsewhere on return GDEN, UT 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 Employee benefit programs	
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J) 27	
28 Other deductions (attach schedule) SEE STATEMENT 3 28	14,931.
29 Total deductions. Add lines 14 through 28	132,265.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	3,177.
Net operating loss deduction (limited to the amount on line 30) 31 Net operating loss deduction (limited to the amount on line 30)	2 177
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 Secretic deduction (Constraint #1 000 but see line 33 instructions for expensions)	3,177. 1,000.
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zeroof.	1,000.
line 32	2,177.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Form 990°-T	(2017) HUMANITY, INC.	39-1742974	Page 2
Part I	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation		
	Controlled group members (sections 1561 and 1563) check here See instructions and.		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
	(2) Additional 3% tax (not more than \$100,000)	<u> </u>	
C	Income tax on the amount on line 34 SEE STATEMENT 4	▶ 35c	392.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:	- 1	
	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax See instructions	▶ 37	
38	Alternative minimum tax	38	
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	AN CF 40	392.
Part I	/ Tax and Payments	7 (1	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 41a through 41d	416	
42	Subtract line 41e from line 40	42	392.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach scheduley 43	
44	Total tax. Add lines 42 and 43	7 244	392.
45 a	Payments A 2016 overpayment credited to 2017	1,538.	
b	2017 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	\	
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance <u>premi</u> ums (Attach Form 8941)		
g	Other credits and payments: Form 2439		
	Form 4136 Other Total ▶		
46	Total payments Add lines 45a through 45g	50 46	1,538.
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	
6 ⁴⁹	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,146.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,146. Refu		0.
Párt V		ons)	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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 >		_ X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	gn trust?	├
5 0	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 \$	hast of my knowledge and hel	of at an train
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge EXECUTIVE		er, it is true,
Here		I May the IRS disci	uss this return with
	Signature of officer Date Director/PRESID		_ `
			Yes No_
		neck if PTIN	
Paid		If- employed	100202
Prepa	Le Louis ATTEMONITATIONNATTENT TENT		199282 746749
Use O		ırm's EIN ► 41 – (7 40 / 49
	200 E WASHINGTON ST PO BOX 1739	Phone no 0207210	2111
	Firm's address ► APPLETON, WI 54912-1739	Phone no 9207318	
		For	m 990-T (2017)

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Schedule A - Cost of Goods	Sold. Enter method of invento	ory valuation LOW	ER OF COST AND	NET REALIZAB	
1 Inventory at beginning of year	1 92,515.	6 Inventory at end of year	,	6 321,037.	
2 Purchases	2 204,295.	7 Cost of goods sold. Su	btract line 6	_	
3 Cost of labor	3	from line 5. Enter here a	and in Part I,		
4 a Additional section 263A costs		line 2	Ĺ	7 1,112,782.	
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No	
 Other costs (attach schedule) 	4b 1,137,009.	property produced or a	cquired for resale) apply to	<u> </u>	
5 Total. Add lines 1 through 4b	-5 $1-,433,81-9$.	the organization?		X	
Schedule C - Rent Income (F	rom Real Property and	Personal Property I	Leased With Real Prop	perty)	
(see instructions)					
1. Description of property					
(1)	 -				
(2)					
(3)					
(4)					
	2. Rent received or accrued		3/a) Deductions directly	connected with the income in	
(a) From personal property (if the perce rent for personal property is more th 10% but not more than 50%)	nan `of rent for per	d personal property (if the percenta sonal property exceeds 50% or if is based on profit or income)	ge columns 2(a) and	d 2(b) (attach schedule)	
(1)				-	
(2)					
(3)					
(4)					
Total	O . Total		0.		
(c) Total income Add totals of columns 2() here and on page 1, Part I, line 6, column ()			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	o .	
Schedule E - Unrelated Debt		nstructions)	<u>. </u>		
		2. Gross income from	Deductions directly conn to debt-finance	nected with or allocable and property	
1. Description of debt-finar	nced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
		, , ,	STATEMENT 6	STATEMENT 7	
(1) WAREHOUSE		14,603.	2,382		
(2)		21/0001		7,200	
(3)					
(4)					
4. Amount of average acquisition	5. Average adjusted basis	6. Column 4 divided	7. Gross income	8 Allocable deductions	
debt on or allocable to debt-financed property (attach schedule)	of or allocable to debt-financed property	by column 5	reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
STATEMENT 8	STATEMENT 9				
(1) 291,958.	377,940.	77.25%	11,281.	8,104.	
(2)		%			
(3)		%			
(4)		%		<u> </u>	
			Enter here and on page 1, Part 1, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		▶	11,281.	8,104.	
Total dividends-received deductions incli	uded in column 8	•		0.	

Form 990-T (2017) HUMAN	ITY, I	NC.							39-17		
Schedule F - Interest,	Annuitie	s, Roya	Ities, an	d Rents	s From C	ontroll	ed Organiz	atio	ns (see ins	structions	s)
		T -	' -		Controlled O				· · · · · · · · · · · · · · · · · · ·		·
Name of controlled organiz	Name of controlled organization Z Employer identification number				ments made include		Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5		
<u></u>		 									
(1)		 							<u> </u>		
(2)		 									
(3)								_		_	
(4)		L			-	L	<u> </u>	L			
Nonexempt Controlled Organ							40		1	44 -	
7 Taxable Income		inrelated incon see instructions		9 Total	of specified pay made	ments	10. Part of column the controll gross		nization's		ductions directly connected income in column 10
(1)	1										
(2)							<u>-</u>				- ,,,
(3)	 								-		
_(4)							Add colun Enter here and		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								•	0.		0.
Schedule G - Investm	ent Inco	me of a	Section	501(c)(7), (9), or	(17) Oi	rganizatior	1			
	structions)		-		.,, (-,,	(,		•			
1. De	scription of inco	ome			2 Amount of	ıncome	 Deduction directly connected (attach schedule) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus cot 4)
(1)						-			·		
(2)											
(3)									<u> </u>		
(4)											
(4)					Enter here and Part I, line 9, co	olumn (A)	140				Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	d Evemp	Activity	/ Incom	• Other	r Than Δα	0. Ivertis	ing Income	3)-4199 2)-4199	Cerronia (C		0.
•	ructions)	. Aouvily	, ,,,,,	o, o							
			2 -		4. Net incon	ne (loss)	_				7. Excess exempt
1. Description of exploited activity	unrelated	Gross I business ne from business	3. Exp directly di with pro of unre business	onnected duction elated	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	lhat led	6. Exp attribut colur		expenses (column 6 minus column 5, but not more than column 4)
(1)	+				†						
(2)	+				<u> </u>				 		
(3)	+										
(4)	+										
(7)	Enter he	re and on	Enter her	e and on	hande kalan 1933a		l d verestingsker	/28303.E		ANTENE	Enter here and
		Parti, col(A)	page 1, tine 10,								on page 1, Part II, line 26
Tatala		ا. ٥ ''		0.						47.7	0.
Totals	dan laga				J. 2. 1 15 15 17 18 25	\$9900000	ACCOUNTAGED TO A	(* *4.	18 4 18 18 18 18 18 18 18 18 18 18 18 18 18	11112 F23 874	<u>.</u>
Schedule J - Advertis					salidataa	Poois					
Part I Income From	Periodic	cais Rep	ortea o	n a Con	Solidated	Dasis	•				
1. Name of periodical		2. Gross advertising income		3. Direct	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			+		27 X - 77 A 2	8570 W.S.	<u> </u>		 		
(2)			_						 		
							?}		 		
(3)						Sopil	<u></u>		 		
(4)					- 196 :23 kg;	変わり / 敬し	+		 		ERECORD OF BUILDING (C.) WA
Totals (carry to Part II, line (5))	•		0.	0	•						0.

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Form **990-T** (2017)

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		2. Gross advertising income	3. Direct advertising costs	4. 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 readership costs (column 6 minus column 5, but not more than column 4)
(1)		-					
(2)							
(3)							
(4)							
Totals from Part I	▶	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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

FORM. 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

RENTAL OF SPACE IN DEBT FINANCED WAREHOUSE SALE OF GOODS

TO FORM 990-T, PAGE 1

FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST		5,768.
TOTAL TO FORM 990-T, P	AGE 1, LINE 18	5,768.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
	ONS SES LIMITED TO SALE OF GOODS INCOME	33,845. 2,077. 7,241. 11,539. 49,920. 3,556. 3,305. 3,448. 2,308. 13,818. 1,651. -117,777.
TOTAL TO FORM 990-T, P	AGE 1, LINE 28	14,931.

FORM.	990-T LINE 35C TAX COMPUTATION	N	STATEMENT 4
1.	TAXABLE INCOME	2,177	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	2,177	
-3. ·	LINE 1 LESS LINE 2	··· · · · · 0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	0	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	327	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX	_	327
		-	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	457	
	DA	YS	
16. 17.		84 165 81 227	
18.	TOTAL TAX PRORATED 3	65	392

FORM.990-T	COST OF GOODS SOLI	O - OTHER CO	OSTS	STATEMENT	. !
DESCRIPTION				AMOUNT	
COST OF DONATED	GOODS			1,137,0	09
TOTAL—TO—FORM—9	90-T,-SCHEDULE-A,-LINE-4B-		-	1,137, 0	0-9-
FORM 990-T	SCHEDULE E - DEPRECIA	rion deduct	ION	STATEMENT	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL -	2	2,382.	2,3	82
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	3(A)		2,38	82
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	
		ACTIVITY			
DESCRIPTION		NUMBER	AMOUNT	TOTAL	
OCCUPANCY INTEREST		NUMBER —	5,511. 2,503.	TOTAL	,
OCCUPANCY	- SUBTOTAL -	NUMBER	5,511.	**************************************	
OCCUPANCY INTEREST MISC	- SUBTOTAL - 90-T, SCHEDULE E, COLUMN :	2	5,511. 2,503.		
OCCUPANCY INTEREST MISC		2 3(B) DEBT ON OR	5,511. 2,503. 94.	8,1	8 0
OCCUPANCY INTEREST MISC TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN :	2 3(B) DEBT ON OR	5,511. 2,503. 94.	8,1	08
OCCUPANCY INTEREST MISC TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN : AVERAGE ACQUISITION ALLOCABLE TO DEBT-FINA	2 3(B) DEBT ON OR ANCED PROPE	5,511. 2,503. 94.	8,10 8,10 STATEMENT	8 0 8

FORM.990-T	STATEMENT	9			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE-ADJUSTED-	-BASIS	_	3-7-7 -, 94·(377,9	4.0
	- SUBTOTAL T, SCHEDULE E, COLUM-	_		377,9	