,		
	/:	(A
	4	9

2	(08)	35)					29	393	2371	063	5 8	<i>4</i>
	990-T	Ex	empt Org	ganization E	Busir	ness Ind	ome	e Tax		_	OMB No. 1545-0	687
	om 550	San andre den una	•	• •					/30 3	017	2016	
				tax year beginning _							2010	
Depa	ortment of the Treasury	4		m 990-T and its in					-	KOT.	0.00.0000000	
	Check box if		enter 55N num	bers on this form as i	<u> </u>	thanged and se			ion is a builch(2		yer identification	NEODY2
A	address change	d		LJ.		-				(Empl	oyees' trust, see clions.)	Hattimer
	xempt under section X 501(c)(3) 408(e) 220	or	NEW HOR. 512 SPR	FOR HUMANI' IZON HFH OF ING STREET				<u>.</u>		58	-2361522 ated business act	ivity
Ì	☐408A ☐530		AMERICUS	S, GA 31709						Code	(See instructions	,
	529(a)	`								1		
CE	Book value of all assets at	F Group	exemption no	umber (See instruc	tions.)	,						
e	and of year 3,171,556	C Charl	c organization) corporation	on [501(c)	trust 1	101 (a) tru	st Othe	er trust
н	Describe the organi		v unrelated b			-		<u> ۲۰۰۲- ر</u>				
<u>-</u>	THRIFT STORE		, amoiatee 2									
	During the tax year,	, was the corpo	ration a subs	sidiary in an affilia	ated gro	oup or a pa	rent-si	ubsidiar	controlled gr	oup?	Yes]Noy
	If 'Yes,' enter the na	ame and identif	fying number	of the parent cor	poration	on ►Se	e St			从从	1000	10
J '	The books are in care	of JAMES	S HOLLIS					Tele	phone numbe	rr (22	928-95	77
	Unrelated	d Trade or B	usiness Ir	come		(A) in	come		(B) Expens	65	(C) Net	Designation and
1 :	a Gross receipts or	sales .										
	b Less returns and allow			c Balance►	1c							
	Cost of goods sold	•	•		2							
	Gross profit Subti				3		_					
	a Capital gain net in	•	•		4a							
	b Net gain (loss) (Form 4		•	•	4b							
	c Capital loss deduc Income (loss) fron		ond C corne		4c					_		
Þ	(attach statement)	n parmersnips)	and 5 corpor	ations	5							
6	Rent income (Sch	edule C)			6				20 (2000)			
7					7							
8	Interest, annuities, roya	alties, and rents fro	m controlled org	janizations (Schedule F)	8		~				• .	
9	investment income of a	section 501(c)(7),	(9), or (17) orga	anızatıon (Schedule G)	9				· · · · · · · · · · · · · · · · · · ·		•	
10	Exploited exempt	activity income	(Schedule I)) <i></i>	10							
11	Advertising income	e (Schedule J).			11							
12	Other income (See	e instructions; a	attach sched	ule)								
			See S	tatement 2	12		69,4	24.			69,	424.
13	Total. Combine lin			<u> </u>	13		69,4	24.		0.		424.
	Deduction	ns Not Take	n Elsewhe	re (See instru	ctions	for limit	ation	s on d	eductions.)	(Ехсер	t for	
				be directly con			e unr	elated	business ii	7		
	Compensation of o							• • • • • • • • • • • • • • • • • • • •		14		105
15	_		Γ.	RECE	VE	D_:::\	• •			15		137.
16	Repairs and maint		1					• • • • • • • • • • • • • • • • • • • •		16	6,	667.
17	Bad debts Interest (attach sci	hodulo)	·· ·· ···/	= 1	์ ภ วก	ig: 191	•	•		17		
18 19	Taxes and licenses	•		AUG-0	<u>r</u> j∠.U	'' X				19		011
20	Charitable contribu					المتلالسن	٠			20	2,	011.
21	Depreciation (attac			OGUE	NI	<u> النسسان</u>	21		21 204	TOTAL CONTROL OF		
22	Less depreciation	•		1			22a		21,394	22b	21	304
23	Depletion	Janned OII JU	icable A alla			•				23	21,	394.
23 24	Contributions to de	· · · eferred compen	sation nlane							24		
25	Employee benefit						••	•		25		
26	Excess exempt ex						•			26		
27	Excess readership	•	le J)							27		
28	Other deductions (•	e)				S	ee St	atement	3 28	23.	569.
	Total deductions.									29		778.
	Unrelated business									30		354.
31·	Net operating loss											-
22	Unrelated business	tavable incom	a hafara cac	sofic deduction	Subtrac	t line 21 fr	om line	30		32	_ ^	25.4

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)......

33

For	n 590-	T (2016) HABITAT FOR HUMANITY INTERNATIONAL		5	8-23 <u>61</u>	522	Page 2
		Tax Computation					
	Orga	anizations Taxable as Corporations. See instructions for tax computation.					
	Cont	trolled group members (sections 1561 and 1563) check here 🕨 🗌 See instr	uctions and	1 :			
	a Ente	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracks	ets (in that o	order):			
	(1)	\$ (2) \$ (3) \$		1			
- 1		r organization's share of. (1) Additional 5% tax (not more than \$11,750).	. \$				
	(2) A	dditional 3% tax (not more than \$100,000)	[\$				
		me tax on the amount on line 34			35 c		0.
36		ts Taxable at Trust Rates. See instructions for tax computation. Income tax					
		ne 34 from: Tax rate schedule or Schedule D (Form 1041)					
37		ry tax. See instructions					
38		native minimum tax					
39		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.
(Z)	N/T	Tax and Payments					
41 8	Forei	ign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41 a			······································	
		r credits (see instructions)	41 b				
		eral business credit. Attach Form 3800 (see instructions)	41 c				
		it for prior year minimum tax (attach Form 8801 or 8827)	41 d				
		credits. Add lines 41a through 41d			41 e		0.
		· · · · · · · · · · · · · · · · · · ·			42		0.
43	Othe	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866				
		Other (attach schedule)			43		
44		tax. Add lines 42 and 43			44		0.
		nents: A 2015 overpayment credited to 2016	45a				
		estimated tax payments	45 b				
		deposited with Form 8868	45 c	·-··			
c	Forei	gn organizations: Tax paid or withheld at source (see instructions)	45 d				
		up withholding (see instructions)	45 e				
		at for small employer health insurance premiums (Attach Form 8941).	45 f	·			
		r credits and payments: Form 2439					
	ΠF	orm 4136 ☐ Other Total ►	45 g				
46		payments. Add lines 45a through 45g			46		0.
47		nated tax penalty (see instructions) Check if Form 2220 is attached		. ▶ [47		
48		tue. If line 46 is less than the total of lines 44 and 47, enter amount owed	••		48		
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount	overnaid		49		
	-		overpaid	1			
50	ALC: UNITED TO	the amount of line 49 you want: Credited to 2017 estimated tax	A	Refunded >	50		
- Contract (C		Statements Regarding Certain Activities and Other Informa				— ₁	
51		y time during the 2016 calendar year, did the organization have an interest in or a	_	-			Yes No
		cial account (bank, securities, or other) in a foreign country? If YES, the organiza	-		N Form	14,	
	Repo	rt of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	reign count	try here ►			<u> X</u>
52	Durin	g the tax year, did the organization receive a distribution from, or was it the	grantor of,	or transferor to	, a foreig	n trust?	X
	If YES	S, 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	\$	0.			
		Under penalties of perjury, I declare that I have examined this return, including accompanying sche belief, it is true correct, and complete Departure of preparer (other than taybayer) is based on all	dules and state	ments, and to the bes	of my kno	wledge and	10m H = 1790H (1m may a m 1 m 1 m 1 m
Sigr	1			which preparer has a	May the	RS discuss th	is return with
Here	•	Signardie Of Otticer Date	EO		the preparent	rer shown bel	low (see
		15 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10			"" X Ye	es No
– Paid		Print/Type preparer's name Preparer's Signature D	ale	Check 1	PTI	v	
Palo Pre-		H. E. ALLEN, CPA	6-	self-employe	4 PO	107739	7
pare		Firm's name H.E. ALLEN CPA	7.1	Firm's EIN		742535	
Use		Firm's address 131 THOMAS DR	2.1/1				
Only	,	AMERICUS, GA 31709		Phone no.	220	-928-40	ากล
BAA				Filode to.	229		10-T (2016)
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Form 990-T (2016) HABITAT	FOR HUMA	NITY INTERN	ATIONAL			58-	2361522	Page 3	
Schedule A - Cost of God	ods Sold. En	ter method of inv	entory valuation	<b>►</b> CC	ST (	OR MARKET			
1 Inventory at beginning of y	ear	1	6	Invento	ry at e	end of year	6		
2 Purchases		2	7	7 Cost of goods sold. Subtract					
3 Cost of labor		3			line 6 from line 5. Enter here and in Part I, line 2 7				
4 a Additional section 263A costs (atta	ch schedule)			and in	raiti,	L	/	Yes No	
		4a	8	the state of the s					
D Other costs (atlach sch)		4 b	•			luced or acquired for			
5 Total. Add lines 1 through	4b	5				X			
Schedule C - Rent Incom	e (From Rea	l Property an	d Personal P	roperty	Leas	sed With Real Pro	perty) (see in	nstructions)	
1 Description of property									
(1)	<del></del>		··						
(2)									
(3)			· · · · · · · · · · · · · · · · · · ·						
(4)							<del></del> .		
	2 Rent receiv	ed or accrued							
(a) From personal pro	perty	(b) From r	eal and persona	l property	<del>, _</del>	3(a) Deductions	Deductions directly connected with income in columns 2(a) and 2(b)		
(if the percentage of rent for	I (if the perc	entage of rent forceds 50% or if	or person:	al	(attach schedule)				
property is more than 10% more than 50%)	b but not	based	on profit or inc	ome)	13				
(1)			· · · · · · · · · · · · · · · · · · ·						
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and	d 2(b) Enter				(b) Total deductions. En here and on page 1, Part	ter		
here and on page 1, Part I, line 6						I, line 6, column (B)	<u>,                                    </u>		
Schedule E – Unrelated D	ebt-Finance	d Income (see	instructions)						
1 Description of deb	t financed program	orb.	2 Gross incom		<b>3</b> De	ductions directly con debt-financ	nected with or sed property	allocable to	
r bescription of deb	t-ililaliced prop	city	ty or allocable to financed pro		depr	(a) Straight line eclation (attach sch)	(b) Other deductions (attach schedule)		
(1)	<del></del>	····			<u> </u>			<del></del>	
(2)		······································			<del>                                     </del>	·			
(3)		<del></del>							
(4)						·			
4 Amount of average	5 Average a	djusted basis of	6 Column	1 4	<del>                                     </del>	7 Gross income	8 Allocable of	deductions	
acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	o debt-financed tach schedule)	divided l column	рy	repo	ortable (column 2 x column 6)	(column 6 columns 3(a)	x total of	
(1)	<del> </del>	·		8	$\vdash$				
(2)	<del>                                     </del>			8	<del> </del>				
(3)	1 -			8					
(4)				8					
	•				Enter	here and on page 1,	Enter here and	d on page 1	
					Part	I, line 7, column (A)	Part I, line 7,	column (B).	
Гоtals							1		
Total dividends-received deducti	one included in	column 8			ш—	<b>-</b>	<del> </del>		

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Form 990-T (2016)

Form 990-T (2016) HABITAT	FOR	HUMANITY	INTE	RNA	TIONAL	<u>.                                    </u>					361522	
Schedule F - Interest, A	\nnuiti	es, Royalti						Orgai	nizations	(see in:	structions	5)
			Exempt	Con	trolled O	rgar	nizations					
organization ide		Employer ntification number	3 Net unrelated income (loss) (see instructions)		4	Total of spec payments ma	5 Part of that is in the con organiz gross i	cluded trolling vation's	in c	6 Deductions directly connected with income in column 5		
(1)						$\top$						
(2)	<b> </b>					╅						· · · · · · · · · · · · · · · · · · ·
(2)	1					$\top$	<del></del>				····	
(4)					<del></del>	+-				•		
Nonexempt Controlled Organiz	ations	······································							· · · · · · · · · · · · · · · · · · ·			<del></del>
7 Taxable Income 8 Net unrelat income (los: (see instruction		ome (loss)	9 Total of specified payments made			10 Part of included in organizatio	ontrolling		connecte	Deductions directly nected with income in column 10		
(1)												
(2)			1									
(3)			1		······································							
(4)	i					$\dashv$						
Totals								age 1 lumn (	, Part I, line A).	here	and on p 8, co	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G – Investmer	nt Inco	me of a Se	ction 5	01(	<del>c)(7), (</del> 9	), 0	r (17) Orga	nizati	on (see ins	truction	15)	
1 Description of income	ļ		2 Amount of income		3 Dec		eductions		4 Set-asides attach schedule)		5 Total deductions	
(1)												
(2)												
(3)							=======================================					
(4)								rida e e e e e e				
Totals Schedule I — Exploited E		Enter here and Part I, line 9,	column	(A).		n A	dvertising	ncor	19 (see us)	e de la companya de	Part I, I	ere and on page 1, ine 9, column (B).
Explored E	.xcmp	2 Gross			ses directly		let income (loss)		s income from		oenses	7 Excess exempt
1 Description of exploited activity		unrelated business income fro trade or business	ed connects production of unour business		nected with froduction or		from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.		activity that is not unrelated business income		table to	expenses (column 6 minus column 5, but not more than column 4).
(1)		<del></del>				┢						
(2)						H						1
(3)		1				<del>                                     </del>			·		·	
(4)		1										
Fotals		Enter here on page Part I, line column (A	1. P	on p art I,	nere and age 1, line 10, nn (B).					•		Enter here and on page 1, Part II, line 26.
Schedule J – Advertising		me (See instr	uctions)		,						and the second	<b>A</b>
Income From Per				<u> </u>	- colida	* a d	Posis				<del></del>	
income From Fel	iouica	2 Gross	uona		rect	$\overline{}$					4	1
1 Name of periodical		advertisin	g a	idve	rtising sts	(lo	dvertising gain or ss) (col 2 minus ol, 3). If a gain, compute cols. 5 through 7.		rculation icome		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1)		ļ										
(2)		<del> </del>										
(3)					<del></del>						<del> </del>	
(4)	<del></del>	-				<b>M</b>						
otals (carry to Part II, line (5))	<b>-</b>											
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Form 990-T (2016)

Form 990-1 (2016) HABITAT FOR H	INI YTINAMUH	<b>TERNATIONAL</b>			58-2361522	Page 5
Income From Periodica 7 on a line-by-line basis )	ls Reported or	ı a Separate E	Basis (For each p	eriodical listed in I	Part II, fill in colu	ımns 2 through
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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►		1				
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	<b>istees</b> (see instru	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ited business
	•			9	i i	
	•			9	È .	
				8	Š	
				9	è	
Total, Enter here and on page 1. Part II.	line 14				<b>F</b>	

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