69

-68,927

enter the smaller of zero or line 32

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

34

~~~~		T(2017) Pensacola Habitat For Humanity, Inc	<u>: 59-21860</u>	44		Page <b>2</b>
Pa	rt III	Tax Computation			<del>, ,</del>	
35	Orga	anizations Taxable as Corporations. See instructions for tax computation Conti	rolled group			
	mem	nbers (sections 1561 and 1563) check here ▶ See instructions and				
а		r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (ir	that order)			
	(1)	\$ (2) \[ \\$ (3) \[ \\$				
þ		r organization's share of (1) Additional 5% tax (not more than \$11,750)	\$		-	
		Additional 3% tax (not more than \$100,000)	\$		4 1	
С		me tax on the amount on line 34		•	35c	-7,178
36	Trus	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the a	amount on line 34 from Tax rate schedule or Schedule D (Form	1041)		36	
37	Prox	ky tax. See instructions		•	37	
38	Alter	rnative minimum tax			38	<del></del>
39	Tax	on Non-Compliant Facility Income. See Instructions		Hel	<b>1</b> 9	
40	*********	II. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	40	-7,178
<u>Pa</u>	rt IV	······································	<del> </del>		1 1 1	
41a		ign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
b		er credits (see instructions)	41b		-	
С		eral business credit Attach Form 3800 (see instructions)	41c		-	
d	Cred	lit for prior year minimum tax (attach Form 8801 or 8827)	41d		-	
е	Tota	I credits. Add lines 41a through 41d			41e	
42	Subt	tract line 41e from line 40			42	-7,178
43	Check	r of from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	sch)		43	
44		I tax. Add lines 42 and 43	1 1		44	0
45a		ments A 2016 overpayment credited to 2017	45a		-	
b		7 estimated tax payments	45b	<del>-</del>	- 1 1	
С		deposited with Form 8868	45c	<del></del>	-	
d		ign organizations Tax paid or withheld at source (see instructions)	45d		-	
е		cup withholding (see instructions)	45e		-	
f		lit for small employer health insurance premiums (Attach Form 8941)	45f		-	
g		er credits and payments Form 2439				
	_	Form 4136 Other Total ▶	45g		ا مِلَّا ا	
46		Il payments. Add lines 45a through 45g		- □	46	
47		nated tax penalty (see instructions) Check if Form 2220 is attached			48	
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed			49	
49		rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overp		unded ►	50	
<u>50</u>	rt V	the amount of line 49 you want Credited to 2018 estimated tax ►  Statements Regarding Certain Activities and Other Inform			1 30 1	
						Yes No
51		ny time during the 2017 calendar year, did the organization have an interest in or a a financial account (bank, securities, or other) in a foreign country? If YES, the or	-	-		100 1.10
		EN Form 114. Report of Foreign Bank and Financial Accounts If YES, enter the				
	here		iamo or mo rataigm as	· • · · · · · · ·		x
52		ng the tax year, did the organization receive a distribution from, or was it the grant	or of or transferor to	a foreign tr	ust?	X
J.		S, see instructions for other forms the organization may have to file		u (0,0.g., u		
53		r the amount of tax-exempt interest received or accrued during the tax year	<b>;</b>			
<del></del>	U	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my know	vledge and belo	ef, it is	<del></del>
Sig	n to	rue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any knowledge		Ma	y the IRS discuss this return
Her		moth swand 11/7/18 > Executive D	ireator		(se	h the preparer shown below se instructions)?
	- 1	Signature of officer Date Title	TTECTOT		<u></u>	X Yes No
		Print/Type preparer's name Preparer's signature	<del> </del>	Date	Check	F PTIN
Paid		Revin J. Carlson		10/31/18	self-employed	
Prep	arer	Firm's name Carlson & Company, Chartered			s EIN 🕨	<del></del>
Use (			21	,		
	- ··· y	Firm's address Pensacola, FL 32504		Phon	e no 85	0-476-6900

Form **990-T** (2017)

						nity,Inc.					Pa	age 3
Sch	edule A - Cost of Goods	Sold. Enter	metho	d of inve	<u>ento</u>	ry valuation ▶	Cost	Method				
1	Inventory at beginning of year	1			6	Inventory at end of y	/ear		_6			
2	Purchases	2	į	54,194	7	Cost of goods sold	l. Subtra	ıct				
3	Cost of labor	_3				line 6 from line 5 Er	nter here	e and				
4a	Additional sec 263A costs					ın Part I, line 2			7		54,	194
	(attach schedule)	4a			8	Do the rules of secti	on 263A	(with respect to			Yes	No
b	Other costs (attach schedule)	4b				property produced o	r acquir	ed for resale) apply				
5	Total. Add lines 1 through 4b	5		54,194		to the organization?				<u></u>		X
Sch	edule C - Rent Income (F	rom Real f	ropert	ty and P	ers:	onal Property Le	eased '	With Real Prope	erty)			
(se	e instructions)											
1 Desc	cription of property											
(1)	N/A											
(2)												
(3)												
(4)												
		2 Rent receiv	red or accru	ied								
	(a) From personal property (if the percentage	ge of rent		(b) From r	eal and	personal property (if the		3(a) Deductions d	irectly c	connected with the in	come	
	for personal property is more than 10% I	-	,			or personal property exceeds	\$	ın columns 2(	a) and 2	2(b) (attach schedule	<del>)</del> )	
	more than 50%)			50% or if the	rent is	based on profit or income)						
(1)												
(2)												
(3)												
(4)												
Total			Total					(b) Total deduction	S.			
(c) To	otal income. Add totals of column	s 2(a) and 2(l	o) Enter			<del></del> _		Enter here and on pa				
	and on page 1, Part I, line 6, colur		,			<b>&gt;</b>		Part I, line 6, column				
Sch	edule E – Unrelated Debt-	Financed	Income	e (see ins	struc	tions)						
	···				_	_		3 Deductions directly of	onnecte	d with or allocable to	•	
	Description of debt-financed	property				income from or to debt-financed		debt-fina	nced pr	operty		
	. Bood, pilon of dobt illiances	p. <b>-</b> p. c. c.		property (a)			(a) S	straight line depreciation		(b) Other deduc	tions	
								(attach schedule)		(attach sched	ule)	
(1)	N/A											
(2)												
(3)									┷			
(4)												
		Average adjusted			6	Column				8 Allocable dedu	ections	
	acquisition debt on or allocable to debt-financed d	of or allocable to ebt-financed prop				divided	l .	iross income reportable column 2 x column 6)		(column 6 x total of		S
	property (attach schedule)	(attach schedule	)		БУ	column 5	<u>`</u>	<u> </u>		3(a) and 3(b	<i>"</i> "	
(1)						%						
(2)						%						
(3)						%						
(4)						%			$\perp$			
								here and on page 1,		nter here and o		
							Part I	line 7, column (A)	Pa	art I, line 7, colu	ımn (E	3)
Total	s					<b>&gt;</b>						
<u>Total</u>	dividends-received deductions	included in c	olumn 8					<b>•</b>				

Schedule F - Interest, Annu	uities, Royali	ties, and Ren	ts Fron	n Controll	ed Org	ganiza	ations	(see instruc	ctions)		
				t Controlled							
Name of controlled organization	i		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross incom		6 Deductions directly connected with income in column 5		
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiza	tions										
7 Taxable Income		Net unrelated income oss) (see instructions)		9 Total of specific payments made		10 Part of column 9 included in the contorparization's gross			1	Deductions directly inected with income in column 10	
(1)											
(2)									ļ		
(3)											
(4)											
					_	Ent	er here ar	ns 5 and 10 nd on page 1, , column (A)	Ent	Add columns 6 and 11 nter here and on page 1, Part I, line 8, column (B)	
Totals			\(7\) (0\	(47) 0	i		<b></b>		l .		
Schedule G – Investment In	icome of a S	ection 501(c	)(7), (9),	, or (17) U	rganiz	ation	(see II	nstructions)	<del></del>		
1 Description of income		2 Amount of II	ncome	3. Deduction directly connect (attach schedu		ed 4		4 Set-asides itach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A											
(2)							•				
(3)											
(4)											
		Enter here and o Part I, line 9, co							Er P	nter here and on page 1, art I, line 9, column (B)	
Totals				• • • • •							
Schedule I – Exploited Exer	npt Activity	Income, Oth	<u>er Than</u>	Advertisi	ng Inc	ome	(see ın	istructions)		<del></del>	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectle connected production unrelated business in	y I with on of ed	4 Net income ( from unrelated or business (co 2 minus columi If a gain, comp cols 5 through	trade lumn n 3) oute	from a	ss income ctivity that unrelated ss income	attribu colu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		-									
(2)											
(3)											
(4)							•				
	Enter here and o page 1, Part I, line 10, col (A)	page 1, P	art I,		<u></u>		_ <del></del> .			Enter here and on page 1, Part II, line 26	
Totals Schedule J – Advertising In	Come (ccc :=	etructions\	I							, 1	
Part I Income From P			Conso	lidated B	acie						
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ct	4 Advertising gain or (loss) (2 minus col 3 a gain, compucols 5 through	col ) If		culation come	1	dership ists	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)										7	
(3)	-									7	
(4)										7	
<b>Y</b>			<del> -</del>		1	-					
Totals (carry to Part II line (5))											

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis ) 4 Advertising · 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation 6 Readership 3 Direct advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) N/A Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Director	s, and Trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)	I	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	

Form 990-T (2017)

## Form **4562**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2017

(99) Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No 179

Pensacola Habitat For Humanity, Inc. 59-2186044 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 510,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,030,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property ) (See instructions ) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 152,609 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property ) (See instructions ) Section A 9,927 17 MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (q) Depreciation deduction period only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L c 40-year 40 yrs ММ S/L Part IV Summary (See instructions ) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 162,536 here and on the appropriate lines of your return Partnerships and S corporations---see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2017)

Form	4562 (2017)	.014451	out ron .		~ <i>,</i> ,		_									Page 2
P	art V		erty (Include					hıcles,	certair	aircra	ıft, cer	taın co	mpute	rs, and	proper	ty
	,		ertainment, re					4	_ 44				بالحم مات	24-		
		Note: For any v	ehicle for which y i) through (c) of S	you are usin Section A. al	g the sta Il of Sect	indard r ion B. a	nileage i nd Secti	rate or d ion C if a	educting applicabl	i lease e le	expense	, comple	ete only	24a,		
			-Depreciation								mits for	passen	ger auto	mobiles	)	
24a	Do you hav	ve evidence to support the	he business/investmer	nt use claimed?			Yes	No	24b	If "Yes,	" is the	evidence	e written	?	Yes	No
	(a)	(b)	(c)	(d			(e)		(f)		(g)		(h)		1	1)
	e of property	Date placed	Business/ investment use	Cost or ot			sis for depr		Recover	Recovery Method			Deprecia			ection 179
(IISE I	rehicles first)	in service	percentage			1 (50	siness/inve use only		period	C	onvention		deducti	on		ost
25	Special	depreciation allow	ance for qualified	listed prop	perty placed in service during											
	the tax y	ear and used mor	e than 50% in a	qualified bu	siness u	se (see	ınstructı	ons)				5				
26	_Property	used more than 5	50% in a qualified	d business i	ıse											
										ŀ		-				
			%													
			%													
27	Property	used 50% or less	in a qualified bu	isiness use					<del>,</del>							
			%							S/I	<u>L-</u>					
			%					<u>-</u>	<u> </u>	S/		_			İ	
28		ounts in column (h	-				e 21, paç	ge 1			_2	8			ļ	
29	Add amo	ounts in column (i)	, line 26 Enter h										-	29	L	
_					ion B—											
	-	section for vehicle		-											!S	
to yo	ur employ	rees, first answer t	the questions in	Section C to	see if y		1	eption to b)		ting this c)		tor thos		es (e)	Γ (	f)
20	Total bu	augass/iguastmant	mulas devas due	na.	Vehi		1	icle 2		icle 3	1	hicle 4 Vehicle 5			Vehicle 6	
30		siness/investment		ing			ł									
31	•	don't include cor mmuting miles driv	• .	ar.			<del> </del>					-	<del> </del>			
31 32		ner personal (nonc		iai							<u> </u>					
<b>J</b> L	miles dri	• •	ommuting)													
33		les driven during tl	he vear Add													_
		through 32	,													
34		vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?	•													
35		vehicle used prim														
	than 5%	owner or related p	person?												L	
36	Is anoth	er vehicle available	e for personal us	e?												
			Section C—Que	stions for 6	Employe	rs Who	Provid	e Vehic	les for l	Jse by 1	heir Er	nployee	s			
Ansv	ver these	questions to deter	mine if you meet	an exception	on to con	pleting	Section	B for ve	hicles u	sed by e	employe	es who	aren't			
more	than 5%	owners or related	persons (see ins	tructions)				_	_						,	
37	Do you r	maintain a written i	policy statement	that prohibi	ts all per	sonal u	se of vel	hicles, in	cluding	commut	ing, by				Yes	No
	your em	ployees?														
38	•	naintain a written j		•					•	-						
		es? See the instru		•	•		s, directe	ors, or 1	% or mo	re owne	rs					
39	•	reat all use of veh		•												
40	-	provide more than				in infor	mation f	rom you	r employ	ees abo	out the					
		e vehicles, and re							_						<u> </u>	
41	=	meet the requirement	=												ļ	L
-		your answer to 37		1 is "Yes," c	lon't com	plete S	ection B	for the	covered	vehicles	i				L	
Pi	ert VI	<u>Amortizatior</u>	<u> </u>	<del></del>		7		· · · · ·		Ī		(e)				
		(a)		(b)				(c)		(d		Amortiz			(f)	
		Description of costs		Date amor begr			Amortiza	able amour	nt	Code s	ection	period		Amortiza	ation for thi	s year
42	A ma a =4: :	tion of seats that I	hoguna duranan	<del></del>			ations.				1.	20,0011	5-			
42	Arnoniza	ition of costs that I	<del>begins auring yo</del> T	ur 2017 tax	year (se	mstruc	Juons)		<del></del>		Т					
43	Amortiza	ation of costs that I	hegan hefore voi	ır 2017 tav :	vear					1		· · ·	43		19	,431
43 44		dd amounts in coli			•	e to ren	ort						44			,431
			(//		*******	<u> </u>							<u> </u>			<u> </u>

59-2186044

## **Federal Statements**

## Statement 1 - Form 990-T, Part II, Line 18 - Interest

Description	 Amount
Interest expense	\$ 218
Total	\$ 218

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	_	Amount
Advertising	\$	15,135
Bank and credit card fees		7,668
Information technology		16,615
Insurance		200
Note payable discount amortization		2,281
Office expense		8,084
Payroll taxes		33,230
Taxes & licenses		6,940
Travel		5,583
Utilities		30,808
Rent expense		60,089
Total	\$	186,633