Form 990-T										
	(and proxy tax under section 6033(e))									
٠, ١	For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016									
Department of the Treasury	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.									
Internal Revenue Service	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									
A Check box if address changed	Name of organization (Check box if name of	(Empl	oyer identification number loyees' trust, see ictions)							
B Exempt under section	Print HABITAT FOR HUMANITY C)F G	REATER MEMP	HIS	6	2-1157233				
X 501(c)(3)	Number, street, and room or suite no. If a P.O. bo	x, see II	istructions.			ated business activity codes nstructions)				
408(e)220(e)	Type 7136 WINCHESTER ROAD				,	,				
408A530(a)		City or town, state or province, country, and ZIP or foreign postal code								
529(a)	MEMPHIS, TN 38125									
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>	• 							
0.	G Check organization type ► X 501(c) corporatio		501(c) trust	401(a) trust		Other trust				
	on's primary unrelated business activity. NO UNRE			INCOME	_ 1					
	s the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ L	Ye	s X No				
	and identifying number of the parent corporation.									
	f STEVE WARING				901-761-4771					
	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net				
1a Gross receipts or sa		1		1	ĺ					
b Less returns and allo		1c		ļ						
2 Cost of goods sold (•	2		 -						
•	ct line 2 from line 1c	3								
4a Capital gain net inco	,	4a		 						
= ' ' '	n 4797, Part II, line 17) (attach Form 4797)	4b		 						
c Capital loss deduction		4c								
	partnerships and S corporations (attach statement)	5		 						
6 Rent income (Sched	·	6		 						
	ced income (Schedule E)	7								
	oyalties, and rents from controlled organizations (Sch. F)	8 9	 	-						
	of a section 501(c)(7), (9), or (17) organization (Schedule G)		 	 						
·	Exploited exempt activity income (Schedule I)									
	Advertising income (Schedule J) Other income (See instructions; attach schedule) 11 12									
13 Total. Combine line	•	13	0.							
	ons Not Taken Elsewhere (See instructions for									
	contributions, deductions must be directly connecte									
	fficers, directors, and trustees (Schedule K)				14					
15 Salaries and wages				ļ	15					
16 Repairs and mainte	nance				16 17					
	Bad debts `									
,	Interest (attach schedule)									
	tions (See instructions for limitation rules)		المما		20					
21 Depreciation (attac			21							
	claimed on Schedule A and elsewhere on return REC	EI	/ED 22a		22b					
23 Depletion			၂ဗ္ဗ	l I	23					
	ferred compensation plans rograms FEB	I n	2017 8	ì	24					
25 Employee benefit p26 Excess exempt exp	enses (Schedule I)	A W			25 26					
				ŀ	27					
•	s readership costs (Schedule J) deductions (attach schedule) OGDEN, UT									
	30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13									
	ŀ	30 31	0.							
	ļ	32 33	1,000.							
	(Generally \$1,000, but see line 33 instructions for exceptions s taxable income. Subtract line 33 from line 32. If line 33 is		than line 32, enter the sr	naller of zero or						
line 32		J			34	0.				

523701 01-06-16 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2015)

Form 990-T		NITY OF GREATER MEMPH	IIS 62-1	L157233	Page 2
Part I	I Tax Computation				
35	Organization's Taxable as Corporations. See	instructions for tax computation.			
	Controlled group members (sections 1561 an	d 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 or	der):		
	(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 \$100,00	0)			
C	Income tax on the amount on line 34			▶ 35c	0.
36	Trusts Taxable at Trust Rates. See instructio	ns for tax computation. Income tax on the amou	nt on line 34 from:		
	Tax rate schedule or Schedule 1) (Form 1041)		▶ 36	
37	Proxy tax. See instructions			▶ 37	
38	Alternative minimum tax			38	
39	Total. Add lines 37 and 38 to line 35c or 36, v	hichever applies		39	0.
Part I	V Tax and Payments				
40 a	Foreign tax credit (corporations attach Form 1	118; trusts attach Form 1116)	40a		
b	Other credits (see instructions)		40b		
c	General business credit. Attach Form 3800		40c		
d	Credit for prior year minimum tax (attach Forr	n 8801 or 8827)	40d		
е	Total credits. Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866 Other (attach school	lule) 42	
43	Total tax. Add lines 41 and 42			43	0.
44 a	Payments: A 2014 overpayment credited to 2	015	44a		
b	2015 estimated tax payments		44b		
C	Tax deposited with Form 8868		44c		
đ	Foreign organizations: Tax paid or withheld at	source (see instructions)	44d		
е	Backup withholding (see instructions)		44e		
f	Credit for small employer health insurance pre	miums (Attach Form 8941)	44f		
g	Other credits and payments:	Form 2439			
	Form 4136	Other Total	► 44g		
45	Total payments. Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨 🔲		46	
47	Tax due. If line 45 is less than the total of lines	3 43 and 46, enter amount owed		▶ 47	0.
48	Overpayment. If line 45 is larger than the total	of lines 43 and 46, enter amount overpaid		▶ 48	0.
49	Enter the amount of line 48 you want: Credite		Refunded	▶ 49	
Part \	Statements Regarding Cert	ain Activities and Other Informa	tion (see instructions)		
1 At a	ny time during the 2015 calendar year, did the	organization have an interest in or a signature oi	r other authority over a financi	al account (bank,	Yes No
secu	ırıtıes, or other) ın a foreign country? If YES, tl	e organization may have to file FinCEN Form 11	4, Report of Foreign Bank and	Financial	{ {
Acc	ounts. If YES, enter the name of the foreign co	untry here 🕨			X
2 Durii If YE	ng the tax year, did the organization receive a distributi S, see instructions for other forms the organization may	on from, or was it the grantor of, or transferor to, a foreign have to file	trust7		X
	er the amount of tax-exempt interest received o				<u> </u>
Sched	ule A - Cost of Goods Sold. Ent	er method of inventory valuation N/	<u>'A</u>		
1 Inve	ntory at beginning of year 1	6 Inventory at end of	year	6	
2 Pur	chases 2	7 Cost of goods sold.	Subtract line 6	! }	
3 Cos	t of labor 3	from line 5. Enter he	ere and in Part I, line 2	7	
4 a Add	tional section 263A costs (att schedule) 48	8 Do the rules of sect	ion 263A (with respect to		Yes No
b Oth	er costs (attach schedule)	property produced (or acquired for resale) apply to)	1 1
5 Tota	I. Add lines 1 through 4b 5	the organization?			
0:	Under penalties of perjury, I declare that I have ex-	imined this return, including accompanying schedules ar er than taxpayer) is based on all information of which pre	nd statements, and to the best of mi	y knowledge and belief, i	t is true,
Sign	(Car) 40140 (Care	AA . D A IC	,	May the IRS discuss	this return with
Here	Cr/wayre gen	PRESID	ENT/CEO	the preparer shown b	elow (see
	Signature of officer	Date Title		instructions)?	Yes No
	Print/Type preparer's name	Preparer's symature	Date Check	If PTIN	
Paid		11/11/11/11/11	self- emplo	• (
Prepa	rer JOHN A. MAY, JR.		1/19/17	P0021	0965_
Use C		ies Goodman La	Firm's Elf		47981
		HADY GROVE RD, STE 40	00		
	Firm's address ► MEMPHIS	TN 38120	Phone no	<u> (901)761</u>	<u>-3000</u>
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Form 990-T (2015) HABITA Schedule C - Rent Inco	T FOR	HUMAN	IITY Proper	OF G	REATER I Personal	MEMPH Propert	IIS y Lease	62-11 ed With Real P	.572 rope	233 Page erty) (see instructions)	
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2.	Rent receive	d or accrue	d							
(a) From personal property (rent for personal propert 10% but not more to	y is more thai	age of	(b) F	f rent for po	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if			nnected with the income in (b) (attach schedule)	
(1)											
(2)											
(3)											
(4)											
Total		0.	Total				0.				
(c) Total income. Add totals of co		and 2(b). Ent	ter	_		<u> </u>	0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1.	. 0.	
Schedule E - Unrelated			Incom	e (see i	nstructions)			<u> </u>			
	· · · · · ·				2 Gross in	come from		3. Deductions directly to debt-fir			
1. Description of	1 dah: 5	ed propost:			or allocable	e to debt-	(a)	Straight line depreciation		(b) Other deductions	
i. Description o	ii debt-iinanci	ва ргорену			financed property		``	(attach schedule)		(attach schedule)	
(1)											
(2)									\neg		
(3)											
(4)							- 		\neg		
4. Amount of average acquisitio	Amount of average acquisition debt on or allocable to debt-financed S. Average adjusted basis of or allocable to				6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
			schedule)					2 x column 6)	_	3(a) and 3(b))	
<u>(1)</u>					 	%					
(2)					ļ	%	-				
(3)					ļ	%				·—	
(4)					l	%	<u> </u>				
								nter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals						J	▶॑		0.	0.	
Total dividends-received deduc										0.	
Schedule F - Interest, A	<u>Annuitie</u>	es, Royali	ties, ar	nd Ren	its From C	ontrolle	d Orga	nizations (see in	nstruc	tions)	
				Exemp	t Controlled O	rganizatio	ns				
1 Name of controlled organiza	Name of controlled organization		ntification er				4. of specified ents made	specified included in the control		rolling connected with income	
(1)										 	
(2)		†				 				 	
		 		 		 		 		 	
(3)		 				 				 	
(4) Nonexempt Controlled Organi	zations	1		L							
											
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. To	made in the cor		column 9 that is included itrolling organization's gross income		Deductions directly connected with income in column 10			
(1)	 			 					t —		
(2)											
(3)	t					+					
	 			 			 -				
(4)	<u> </u>								+		
							Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Ent	Add columns 6 and 11 ter here and on page 1, Part I, line 8, column (B)	
Totala								. 0.	1	۸	
Totals							 -		Ц	<u> </u>	
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Schedule G - Investme			Section	501(c)(7), (9), or (17) Or	ganizat	ion		
1. Description of income					2. Amount of income		connected (1. Set-asides attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						·			(60, 6 plas 60, 4)
(2)									
(3)									
(4)									
					Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1 Part I, line 9, column (B)
Totals			0.			0.			
Schedule I - Exploited (see instru			Income	, Othe		ng Inco	me		<u> </u>
			3. Expe		4. Net income (loss)				7,
exploited activity		related business wi		nnected fuction ated income	from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross from acti is not ur business	related	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
	q	er here and on age 1, Part I, ie 10, col (A)	Enter here page 1, f fine 10, c	Part I,					Enter here and on page 1, Part II, line 26
Totals		0.		0.					0.
Schedule J - Advertisi									
Part I Income From	Perio	dicals Rep	orted on	a Con	solidated Basis				
			_						
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		culation 6	- Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-			
(2)									
(3)					7				
(4)									
	_					<u> </u>			
Totals (carry to Part II, line (5))	•		0.	0					0.
Part II Income From	Perio			a Sep	arate Basis (For e	each peno	dical listed in F	Part II, fill in	
columns 2 through				-	•	,		•	
Name of periodical		2. Gross advertising income		Direct	4. Advertising gain or (loss) {col 2 minus col 3) If a gain, comput cols 5 through 7	5. Circulation income		- Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(4)		 			2010 D till Ought /	+			and Column 4)
(1)						 			
(2)					 				
(3)			-		- 	+			
(4)									
Totals from Part I		Enter here and o	O . Enter t	nere and on				ļ	0 . Enter here and
		page 1, Part I, line 11, col (A)	page line 1	1, Part I, 1, col (B)					on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u>▶</u>		O.	0					<u> </u>
Schedule K - Compens	satio	n of Office	s, Direc	tors, a	na irustees (see	instruction			
1. Name				2. Title		3. Percent of time devoted to business		ensation attributable elated business	
(1)								6	
(2)				<u> </u>			9	6	· · · · · · · · · · · · · · · · · · ·
(3)								6	
(4)				<u> </u>			9	6	
Total. Enter here and on page 1, F	Part II, I	ine 14						<u></u>	0.
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