Arr 1 Arr		DVII	INDED MO M	. 3.2 1	F 2020		190	D/	
Form 990-T	l Ev		ENDED TO MA			Δ T	y Poturn		OMB No 1545-0687
Form 330-1	L^		nd proxy tax unde				ax netuiii	' -	
	For calenda		beginning JUL 1,				I 30. 201	9	2018
			irs.gov/Form990T for in					<u> </u>	2010
Department of the Treasury Internal Revenue Service	▶ Do		s on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Na	me of organization (Check box if name c	hanged	and see instruction	ns)		Empl	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print 出	ABTTAT FOR	HUMANITY O	r GI	REATER MI	тичм	TS	ŀ	2-1157233
X 501(c)(3 ()			or suite no. If a P.O. box		-			E Unrela	ated business activity code
408(e) 220(e)	Livna	136 WINCHES		.,				(See ii	nstructions)
408A 530(a)	Cit	y or town, state or prov	ince, country, and ZIP or	foreig	n postal code				•
529(a)	M	EMPHIS, TN	38125					442	000
C Book value of all assets at end of year		Group exemption numb		<u> </u>					(
•		Check organization type		oration		_	401(a)		Other trust
H Enter the number of the	-		usinesses -				ne only (or first) un		
trade or business here			a acetana a cometata Da				omplete Parts I-V.		
business, then complete		t the end of the previou	s sentence, complete Pa	rts i an	o II, complete a Si	riedule i	w for each addition	ai trade	OT
I During the tax year, was		ion a subsidiary in an a	ffiliated group or a paren	t-suhs	diary controlled of	oup?	▶ [Ye	es X No
If "Yes," enter the name				. 5005	alary controlled g	oup.			3 [22] 110
J The books are in care of						Telephoi	ne number 🕨 9	01-	761-4771
Part I Unrelate	d Trade	or Business Inc	ome		(A) Income	:	(B) Expenses		(C) Net
1a Gross receipts or sal	es	73,412.							,
b Less returns and allo	wances		c Balance	1c	73,4		•	,	
2 Cost of goods sold (•		2	50,8				
3 Gross profit. Subtrac				3	22,5	76.			22,576.
4a Capital gain net incoi	•	•		4a					
		I, line 17) (attach Form	4797)	4b					
c Capital loss deductio		C /-b		4c			· · · · · · · · · · · · · · · · · · ·		····
, , , , , , , , , , , , , , , , , , ,		or an S corporation (att	ach statement)	5			·····		
6 Rent income (Schedi7 Unrelated debt-finance	•	Schadula El		6 7					· · · · · · · · · · · · · · · · · · ·
	-	·	rganization (Schedule F)	8		+			
	-		ganization (Schedule G)	9					
10 Exploited exempt act		. , , , , , , , , , ,	January (20112011 2)	10					
11 Advertising income (. *	,		11					
12 Other income (See in	istructions; at	tach schedule)		12					
13 Total. Combine line:		-		13		76.			22,576.
			(See instructions fo						
			be directly connected	with t	ne unrelated bu	siness ir	ncome)		
•	ficers, directo	ors, and trustees (Sched						14	25 004
15 Salaries and wages16 Repairs and mainter			RE	CEI	∀ED			15	35,884. 164.
16 Repairs and mainter17 Bad debts	nance							16 17	104.
18 Interest (attach scho	edule) (see in	structions)	EEB FEB	0.5	2020 SS			18	
19 Taxes and licenses	00010) (300 111	311 00110113)	[i] 'L	ับบ	2020			19	8,487.
	ions (See ins	tructions for limitation i	rules)	\geq				20	
21 Depreciation (attach	•	`		DEN	1, UT 12				
		nedule A and elsewhere	on return	- i	22a			22b	1
23 Depletion								23	
24 Contributions to def	erred compe	nsation plans						24	
25 Employee benefit pr	ograms							25	3,261.
26 Excess exempt expenses	•							26	
27 Excess readership c	•	•						27	
28 Other deductions (a		·			SEE S	TATE	EMENT 1	28	29,584.
29 Total deductions. A		-	talla alabas se es es es es				120	29	77,380.
			loss deduction. Subtract			\	21	30	-54,804.
	-	• •	inning on or after Januar	y 1, 20	io (see instruction	15)	<i>2</i> 41	31	-54,804.
823701 01-09-19 LHA F		ne. Subtract line 31 from						32	Form 990-T (2018)
525151 51-05-15 ELIFY F	· whermolk		ooo madaadiiyiib.				-1.		> - (2010)

Form 990-1	(2018) HABITAT FOR HUMANITY OF GREATER MEMPH	IS	62-1	<u> 157233</u>	3	i	Page 2
Part I	II Total Unrelated Business Taxable Income			_			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses ((see instruc	tions)	33	-54	, 80)4.
34	Amounts paid for disallowed fringes	,	•	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see ins	structions)	STMT 2	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	•					
	lines 33 and 34			36	-54	. 80)4.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		29	5 37	1	,00	10.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	no 26		(1 1		, , ,	<u>, , , , , , , , , , , , , , , , , , , </u>
30	enter the smaller of zero or line 36	116 30,	<u> </u>	1],	-54	8.0	١./
Part I			<u> </u>	1 1 30 1		, 0 0	/ = .
			1×8				0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39			<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	nt on line 3	B from:	- -			
	Tax rate schedule or Schedule D (Form 1041)			40			
41	Proxy tax. See instructions			► 41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See instructions		116	<u>- 43∖ </u>			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		<u> </u>) 44 \			0.
Part \	Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
b	Other credits (see instructions)	45b					
С	General business credit. Attach Form 3800	45c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
е	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44			46			0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form	8866	Other (attach schedul	-			
48	Total tax. Add lines 46 and 47 (see instructions)		(X	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		7	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0.
	Payments: A 2017 overpayment credited to 2018	50a	\sim	۱۱ ۲			
	2018 estimated tax payments	50b					
	Tax deposited with Form 8868						
		50c		_			
	Foreign organizations; Tax paid or withheld at source (see instructions)	50d					
	Backup withholding (see instructions)	50e					
	Credit for small employer health insurance premiums (attach Form 8941)	50f					
9	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total >	► 50g					
51	Total payments. Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		J	► 53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		, 1	▶ 54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55			
Part V	Statements Regarding Certain Activities and Other Informat	ion (see	: instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	re or other	authority		L,	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizati	ion may hav	ve to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	he foreign o	country				
	here >		-		[~		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor	to, a foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.		10, 1 101 ang 11 an an a				
58	Enter 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, a	nd to the best of my kno	wledge and be	elief, it is true.		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer has any k	nowledge		, ,		
Here	WANTEDINI BUISSON PRESID	ነውእነጥ / ር	ידּי		discuss this re		th
	Signature of officer Date Title	ENI/C	.EU ·		shown below (No
		D. 1.		instructions)			No
	PrintType preparer's name Preparer's signature	Date	Check] if PTIN	N .		
Paid	NOV M. DOOLTM	14 /4 17 1	self- employ		110000	1	
Prepa	1CI	1/17/		. = .	012972		
Use C	nly Firm's name ► DIXON HUGHES GOODMAN LLP	100	Firm's EIN	▶ 56	<u>5-0747</u>	981	
	·	400					
	Firm's address ► MEMPHIS, TN 38120		Phone no.	(901)	<u> 761-3</u>		
000711 01	20.40				QQ(» T_(2040

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation COS	ST			
1 Inventory at beginning of year	1	10,029.	6 Inventory at end of ye	ear		6	12,272.
2 Purchases	2	53,079.					
3 Cost of labor	3		from line 5. Enter her				
4 a Additional section 263A costs			line 2		•	7	50,836.
(attach schedule)	4a		8 Do the rules of section	n 263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	63,108.	the organization?	•	,		X
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leased	With Real Prop	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)						•	
(3)							
(4)							
	2. Rent receiv	ed or accrued			01-10-1-1		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	nd personal property (if the percent ersonal property exceeds 50% or if is based on profit or income)	tage	3(a) Deductions directly columns 2(a) a		
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	ı	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstructions)				
			2. Gross income from		3. Deductions directly conto debt-finan		r allocable
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)
				<u> </u>	 		
(1)				+			
(2)				 			
(3)				<u> </u>			
						-	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. / (colum	Allocable deductions nn 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%	Ì			
		,			ster here and on page 1, art I, line 7, column (A)		here and on page 1, I, line 7, column (B)
Totals					_		_
			•	•	0	•	0.
Total dividends-received deductions in	ncluded in column	18	•	· <u> </u>	0	·	0.

Form 990-T (2018)

column 5, but not more

than column 4)

(1) (2) (3) (4)

0.

cols 5 through 7

advertising costs

ıncome

0.

costs

income

Totals (carry to Part II, line (5))

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) -					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	4 Compensation attributable to unrelated business
(1)		%	
(2)	•	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

6 . A.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FINANCE/BANK CHARGES CONTRACT LABOR ADVERTISING INSURANCE JANITORIAL SERVICES AND SUPPLIES OFFICE RENTAL AND STORAGE SECURITY TELECOMMUNICATIONS UTILITIES	5	999. 954. 1,069. 657. 380. 16,200. 2,389. 888. 6,048.
TOTAL TO FORM 990-T, PAGE 1, LIN	VE 28	29,584.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17 06/30/18	2,165. 84,096.	0.	2,165. 84,096.	2,165. 84,096.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	86,261.	86,261.