S(E)					700	
$\mathfrak{L}_{\mathfrak{q}}$			4= 004	_ 29 393 .	5 Z E	313709 8
000 T	Extended to Nove				. 1	
Form 990-T	Exempt Organization Bus) -	OMB No 1545-0687
	(and proxy tax undo	er se	ction 6033(e))			2047
•	For calendar year 2017 or other tax year beginning		, and ending		- l	2017
Department of the Treasury	Go to www.irs.gov/Form990T for in				-	Open to Public Inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only yer identification number
A Check box if address changed	Name of organization (Check box if name cl	hanged	and see instruction:	s.)	(Emple	oyees' trust, see
			. .		1	ctions)
B Exempt under section	Print Austin Habitat for Huma					4-2373217 Ited business activity codes
X 501(c)(3 b)	Type FOO W. Bon White Blad	c, see II	istructions.			istructions)
408(e) 220(e)	300 M. Bell MILICE BIVG.				-	
408A530(a)	City or town, state or province, country, and ZIP or	r toreig	n postal code		531:	100
529(a) C Book value of all assets	Austin, TX 78704				<u> 1231.</u>	190
at end of year 29,011,8	F Group exemption number (See instructions.)	<u> </u>	501/0) #	101/a	\	
U Describe the accompanies	06. G Check organization type ► X 501(c) corp n's primary unrelated business activity. ► Sale of) trust	Other trust
					7 /-	s X No
	the corporation a subsidiary in an affiliated group or a paren	it-subs	idiary controlled gro	up?	Ye	S A NO
	and identifying number of the parent corporation.		т.	elephone number 🕨 5	12_	172 9799
	d Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale		Ι	(A) moone	(b) cxpelise	-	(O) Net
b Less returns and allow		۰, ا	1,855,18	2	- 1	
= :	_	1 <u>c</u> 2	896,28			
2 Cost of goods sold (S3 Gross profit. Subtract	•	3	958,89			958,898.
3 Gross profit. Subtract 4a Capital gain net incon	·	4a	330,03			230,020.
, -	4797, Part II, line 17) (attach Form 4797)	4a 4b				
 b Net gain (loss) (Form c Capital loss deduction 	• • • • • • • • • • • • • • • • • • • •	4c		- 		
•	artnerships and S corporations (attach statement)	5				
6 Rent income (Schedu		6				
	ted income (Schedule E)	7				
4	yalties, and rents from controlled organizations (Sch. F)	8				
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
• .	ivity income (Schedule I)	10				
C11 Advertising income (S	•	11	——————————————————————————————————————			
	structions; attach schedule)	12				
13 Total. Combine lines		13	958,89	8.		958,898.
Part II Deductio	ons Not Taken Elsewhere (See instructions fo	r limit	ations on deduction	ons)		
(Except for d	contributions, deductions must be directly connected	with	the unrelated busi	ness income.)		
(Except for of off Compensation of off Salaries and wages Repairs and mainten	contributions, deductions riust be directly connected ficers, directors, and trustees (schedule LECEIVE	<u>U</u>			14	
Salaries and wages	2 (ı	RS-080		15	560,501.
(16 Repairs and mainten	nance 2018 NOV 1 9 2018	8 1	인		16	33,234.
17 Bad debts	100	ı	ည္သု		17	
18 Interest (attach sche	edule)		See St	tatement 1	18	94,318.
19 Taxes and licenses	OGDEN, U	<u>' </u>			19	46,262.
20 Charitable contributi	ions (See instructions for limitation rules)				20	
21 Depreciation (attach	Form 4562)		21	96,984.]	
22 Less depreciation cla	aimed on Schedule A and elsewhere on return		22a		22b	96,984.
23 Depletion					23	
	erred compensation plans				24	
25 Employee benefit pro	•				25	83,288.
26 Excess exempt expe	•				26	
27 Excess readership of					27	005 150
28 Other deductions (at			See S	tatement 2	28	296,453.
	dd lines 14 through 28				29	1,211,040.
	taxable income before net operating loss deduction. Subtrac	t line 2			30	-252,142.
	eduction (limited to the amount on line 30)	٠.		tatement 3	31	252 142
	taxable income before specific deduction. Subtract line 31 fr		30		32	-252,142.
	Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.
	taxable income. Subtract line 33 from line 32. If line 33 is	greate	than line 32, enter t	the smaller of zero or		252 142
line 32					34	-252,142.
723701 01-22-18 LHA FC	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2017)

Form 990-T	, Habern Hastone Ton	Humanity, Inc.		74-237	3217	Page 2
	Tax Computation				19-10-5	
•35	Organizations Taxable as Corporations See inst					
	Controlled group members (sections 1561 and 15		,			
а	Enter your share of the \$50,000, \$25,000, and \$9,		der).			
	(1) \$ (2) \$	(3) \$			*	
b	Enter organization's share of. (1) Additional 5% ta					
	(2) Additional 3% tax (not more than \$100,000)	\$				
С	Income tax on the amount on line 34			>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amou	int on line 34 from:		透露	
	Tax rate schedule or Schedule D (Fo	orm 1041)		>	36	-
37	Proxy tax See instructions			>	37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See instr	ructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w				40	0.
	/ Tax and Payments				1 1	
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a		£1.33	
b	Other credits (see instructions)	, 4200 414011 11111 1110)	41b		7.14	
	General business credit. Attach Form 3800		41c			
d	Credit for prior year minimum tax (attach Form 88	01 or 8827)	41d	_	157.5	
	Total credits Add lines 41a through 41d	01 01 0021)	1 410 1		- Marie	
	Subtract line 41e from line 40				41e	0.
42		Form 8611 Form 8697 Form	0000 D 04hor			<u> </u>
43] Form 8611 [] Form 8697 [] Form	8866 Other	(attach schedule)	43	
44	Total tax. Add lines 42 and 43		1 1		7780	0.
	Payments: A 2016 overpayment credited to 2017		45a			
	2017 estimated tax payments		45b			
	Tax deposited with Form 8868		45c			
	Foreign organizations: Tax paid or withheld at soul	rce (see instructions)	45d			
е	Backup withholding (see instructions)		45e			
f	Credit for small employer health insurance premiu	ms (Attach Form 8941)	45f			
g	Other credits and payments F	orm 2439				
	Form 4136 (Other Total	► 45g			
46	Total payments. Add lines 45a through 45g				46	
47	Estimated tax penalty (see instructions). Check if F	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	0.
49	Overpayment If line 46 is larger than the total of	lines 44 and 47, enter amount overpaid		>	49	0.
50	Enter the amount of line 49 you want: Credited to			efunded 🕨	50	
Part V	Statements Regarding Certain	Activities and Other Information	tion (see ınstru	ictions)		
51	At any time during the 2017 calendar year, did the	organization have an interest in or a signati	ure or other authori	ity		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organizati	on may have to file	· }		The state of the s
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If YES, enter the name of the	he foreign country			
	here >					X
52	During the tax year, did the organization receive a	distribution from, or was it the grantor of, o	r transferor to, a fo	reign trust?		X
	If YES, see instructions for other forms the organization			•		3000 C
53	Enter the amount of tax-exempt interest received of	or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	statements, and to the	e best of my knowle	dge and be	lief, it is true,
Sign	correct, and complete Declaration of preparer (other that	n taxpayer) is based on all information of which prep	parer has any knowledg	_		
Here	IN IPA WIND Smodal	W2 11/3/0/8 CEO			•	discuss this return with shown below (see
	Signature/of officer	Date Title				Yes No
	Print/Type preparer's name	Preparer's signature	Date		ıf PTIN	البي المناط
D-:-I	Time type property o name	Troparor o dignaturo	-	self- employed		
Paid	rer Norman Trubee	Norman Trubee	10/31/18	our omproyeu		0962119
Prepa	- DAG HELL TAL DC			Firm's EIN		-3001153
Use O		earch Blvd Bldg 5 #1	60	THIN S LIN	, -	. 5001155
		78759		Phone no.	(512)	258-9670
	Transcript II			T HOUSE HO.	<u> </u>	Form 990-T (2017)
						1 OIIII 444 1 (2017)

1

Schedule A - Cost of Goods	s Sold. Enter me	thod of inventor	ry va	aluation > Cost	t		
1 Inventory at beginning of year	1 3	74,738.	6	Inventory at end of year	-		6 464,453.
2 Purchases	2 9	85,999.		Cost of goods sold. Su		ine 6	7.7.7 <u>7</u>
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,	
4a Additional section 263A costs				line 2		Į	7 896,284.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b		60,737.		the organization?			X
Schedule C - Rent Income	(From Real Pro	operty and F	ers	sonal Property L	ease	d With Real Prop	erty)
(see instructions)				· · · · · · · · · · · · · · · · · · ·			
Description of property							
(1)						· · · · · · · · · · · · · · · · · · ·	
(2)							
(3)							
(4)				····		1	
	2. Rent received o					3(a) Deductions directly	connected with the income in
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	e than	of rent for pers	sonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je 	columns 2(a) an	d 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0 · To	tal			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		_			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb		come (see in:	stru	ctions)		Trace, mo o, column (b)	•
				Gross income from		3 Deductions directly conn to debt-finance	nected with or allocable ed property
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			_				
(1)						<u></u>	
(2)	ı			,			
(3)	· ·						
(4)	,						. <u> </u>
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloce debt-finances (attach sch	able to I property	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))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				_		0	. 0.
Total dividends-received deductions in	ncluded in column 8				_	b	0.
							Form 990-T (2017)

- interest	erest, Amunic	Toyalli	es, and Rents	Controlled O				(see ins	tructions)		
1		2 Emple		related Income		tal of specified	5 David	of column 4 *	hat is a	Daduction - d	
1 Name of controlle	wante of controlled organization		oyer 3. Net unr tion (loss) (see			ments made includ		Part of column 4 that is uded in the controlling nization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)		 									
		 									
(3)	·	 	-						- -		
(4)	10	ı	l				L			_	
Nonexempt Controlled	·					Г			44		
7 Taxable Income		unrelated income see instructions)	(loss) 9 Total	of specified payr made	nents	10 Part of coluing the controlling gross	mn 9 that ing organi s income	is included zation's		ictions directly conr ncome in column 10	
(1)		··					_		_		
(2)											
(3)				· · · ·							
_(4)		_	<u></u>								
						Add colun Enter here and line 8, o		1, Part I,	Enter her	columns 6 and 11 re and on page 1, Pa ne 8, column (B)	art I,
Totals								0.			0.
Schedule G - Inv	estment Inco	ma of a S	otion 501/o)/7	7) (Q) or (17\ 0×	nanization		<u> </u>			
	restment incoi (sée instructions)	ine or a Se	ection surjey(/	7, (9), or (i /) Org	ganization					
	(see instructions)										
	1 Description of inco	ome		2. Amount of	income	3 Deduction directly connecting		4 Set-		Total deductionand set-asis	
			 			(attach sched	iule)	(attach s	cnedule)	(col 3 plus c	
(1)											
(2)										1	
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on Part I, line 9, colur	mn (B)
Totals Schedule I - Exp	laited Evenne	A odivida I	naama Othar	Thom Adv			. HERE	AP WAS SUPPLIED	ALE IN THE	i	0.
-	see instructions)	Activity	ncome, Omer	man Au	er usii	ig income					
(5	see instructions)			1							
1 Description of exploited activity	unrelated Incon	Gross d business ne from business	3. Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	6. Exp attributa colur	able to	7. Excess exe expenses (column 6 minus column but not more t column 4)	umn n 5, than
(1)	•					i					
(2)						<u> </u>					
(3)	·		-			 					
(4)						<u> </u>			<u> </u>	 	
(+)	page	ere and on 1, Part I, , col (A)	Enter here and on page 1, Part I, line 10 col (B)							Enter here at on page 1, Part II, line 2	26
Totals	<u> </u>	0.	0.	在中国	要是"	THE PERSON OF TH	是制度	ST. LETT			0.
Schedule J - Ad											
Part I Income	From Periodic	cals Repo	rted on a Con	solidated	Basis						
		0.0		4. Adver	ising gain					7. Excess reader	rship
1. Name of pe	eriodical	2 Gross advertising income	3. Direct advertising costs	or (lass) (c	ol 2 minus ain, compu			6 Reade cost		costs (column 6 n column 5, but not than column 4	nınus more
(1)				TOTAL		8			1		
(2)	1					4			1		
(3)						Si .					3.5
(4)					建	%.					
N.A.				L - OPHILS, N-HOLAS	m mande o	at 12			- 	A MANUAL TO A MERCANIS, A	Contraction of the
Totals (carry to Part II, I	ine (5))	0	. 0							Form 990-T	0.

1. Name of periodical	2. Gross advertising Income	advertising advertis		4. Advertising gain or (foss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		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)	page	ere and on 1, Part I, I, col (B)						Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	1	0.						0
Schedule K - Compensat	ion of Officers,	Directo	ors, and	Trustees (see in	structio	ns)			
, 1. Name)			2. Title		3. Percentume devote busines	ed to		ensation attributable related business
(1)							%		
(2)				ν			%		
(3)	ı						%		
(4)							%		ı
Total. Enter here and on page 1, Part	Il line 14					-	•		0

Added named		
For, 990-T	Interest Paid	Statement 1
Description		Amount
Wells Fargo	·	94,318.
Total to Form 990-T, Pag	ge 1, line 18	94,318.
Form 990-T	Other Deductions	Statement 2
Description		Amount
Workers compensation Staff development Contract labor Travel Business meals Supplies Utilities Telephone Postage and freight Security Insurance Computer expense Equipment rental Special events expense Printing Fundraising expense Advertisements Program expense Board expense Staff retreat Dues and subscriptions Professional fees Bank fees Other expense Mileage/gas		18,906. 3,735. 99,539. 1,797. 3,489. 11,709. 13,413. 5,336. 10,008. 2,757. 37,995. 6,527. 10,813. 4,506. 4,647. 3,973. 20,264. 2,618. 438. 733. 9,491. 9,699. 6,790. 839. 6,431.
Total to Form 990-T, Page	ge 1, line 28	296,453.

Form 990-T	Net	Statement 3		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/08	875,623.	0.	875,623.	875,623.
12/31/09	75,488.	0.	75,488.	75,488.
12/31/10	139,154.	0.	139,154.	139,154.
12/31/11	57,512.	0.	57,512.	57,512.
12/31/12	49,496.	0.	49,496.	49,496.
12/31/13	41,299.	0.	41,299.	41,299.
12/31/14	125,157.	0.	125,157.	125,157.
12/31/15	260,873.	0.	260,873.	260,873.
12/31/16	304,785.	· 0.	304,785.	304,785.
NOL Carryov	ver Available This	Year	1,929,387.	1,929,387.