Form	. 990-Т	38E	xempt Orga	XTENDED T anization i	Busine	ss Income	Tax Retur	n	OMB No. 1545-088	<u> 87 </u>
	~**	For cale	endar year 2016 or other tax	•		`	JN 30, 20	17/	2016	<u> </u>
Dena	rtment of the Treasury					available at www.irs.		77)kh		
	al Revenue Service	▶	Do not enter SSN numb	ers on this form as	it may be mai	de public if your organi	zation is a 501(c)(3	). 5	pen to Public Inspec 01(c)(3) Organizations	s Only
A [	Check box if address changed Name of organization ( Check box if name changed and see instructions.)  D Employer identification number (Employees trust, see instructions.)									
	xempt under section	Print	HABITAT FO	R HUMANIT	Y INTE	RNATIONAL,	INC.		L-1914 <u>86</u>	
X	501( <b>c</b> )(3)	or   Type	Number, street, and roo					E Unrelat (See ins	ed business activity structions )	codes
		'ypc	270 PEACHT					_		
	408A		City or town, state or pi		I ZIP or foreigi	n postal code				
C Bo	ook value of all assets end of year	Group	exemption number (Se	e instructions.)	<u> </u>	8545				
<u> </u>		Check	organization type 🕨	<b>X</b> 501(c) corp	oration	501(c) trust	401(a) trust	:	Other trust	<u> 4</u>
			ry unrelated business a							!
			oration a subsidiary in a		a parent-subsi	diary controlled group?		Yes	X No	
			fying number of the par							
			IKE CARSCA		-		hone number			
L			le or Business Ir	icome		(A) Income	(B) Expense	es	(C) Net	
	Gross receipts or sales									
	Less returns and allow		A 1 - 7)	c Balance	1c		<u> </u>		<del></del>	
2	Cost of goods sold (So				2					
3	Gross profit Subtract				3		<del> </del>			—
4 a	Capital gain net income		· ·	rm 4707)	4a		<del>- </del>			
b	Capital loss deduction		art II, line 17) (attach Foi	1111 4797)	4b 4c	· · · · · · · · · · · · · · · · · · ·				
5	,		is ps and S corporations (i	attach etatement)	5					
6	Rent income (Scheduli		pa and o corporations (	attach statement,	6					
7	Unrelated debt-finance		e (Schedule E)		7					
8			nd rents from controlled	organizations (Sch.	<del></del>					
9			n 501(c)(7), (9), or (17)	-						
<b>∞</b> 10	Exploited exempt activ			3	10					
20 11	Advertising income (Si				11					
<b>≈</b> 12	Other income (See inst	truction	s; attach schedule)		12					
O 13	Total. Combine lines				13	0.	,			
3_			t Taken Elsewho	•			•			
2CANNED 21 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25	Compensation of office	cers, dır	ectors, and trustees (Sc	hedule K)				14		
¥15	Salaries and wages							15		
<b>2</b> 16	Repairs and maintena	ınce						16		
$\mathcal{S}_{-}^{17}$	Bad debts							17		
<u>\( \bar{V}_{18} \)</u>	Interest (attach sched							18		
19	Taxes and licenses	nn (Can	unatrustiana for limitatio					19		
20	Depreciation (attach 5	115 (566 form 45	instructions for limitation	RECF	IVFD			20		
21 22			52) Schedule A and elsewh		I	ည် 21 22a		- <sub>22b</sub>		
22	Depletion	inicu UN		MAY 2	2 2018	Ŏ  <u>[22a  </u> 		23		
24	Contributions to defer	rred con			2 2010	<u>장</u>		24	<u> </u>	
25	Employee benefit pro		npondation plans	OGDE	V I IFF			25		
26	Excess exempt expen	-	hedule I)	اسا ليا لي اب	<u>'i, 10  </u>	<b>_</b>		26		
27	Excess readership co		•					27		
28	Other deductions (att							28		
29	Total deductions Ad							_29		0.
30			come before net operati	ing loss deduction S	Subtract line 29	from line 13		30		0.
31	Net operating loss de	duction	(limited to the amount o	on line 30)				31		
32	Unrelated business ta	ıxable ın	come before specific de	duction. Subtract lin	e 31 from line	30		32		0.
33	·		\$1,000, but see line 33					33		
34	Unrelated business t	axable	income Subtract line 3	3 from line 32 If line	33 is greater	than line 32, enter the s	maller of zero or			_
	line 32							34		<u>Q.</u>

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions

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Form 990-T	(2016)	<u> HABITAT FOR HUMAN</u>	<u>ITY INTERNATIONAL,</u>	INC.	<u>91-191</u>	<u> 14868</u>		Page 2
Part II	i Ta	ax Computation						
35	Organi	zations Taxable as Corporations. See ins	ructions for tax computation.					
		lled group members (sections 1561 and 1		ns and:		1 1		
		our share of the \$50,000, \$25,000, and \$9	-	order):		l l		
	(1)		(3)  \$	1		1 1		
	–	organization's share of: (1) Additional 5% t				1 1		
U		ditional 3% tax (not more than \$100,000)	\$			1 1		
		e tax on the amount on line 34	[Ψ		_	350		0.
			or tay appropriation. Income toy on the em	ount on line 24 from		35c		<u> </u>
36	$\overline{}$	Taxable at Trust Rates. See instructions f		ount on line 34 from	i. 	1		
		ax rate schedule or Schedule D (F tax. See instructions	om 1041)			36		
	-		37					
		ative minimum tax				38		
		Non-Compliant Facility Income. See inst				39		
		Add lines 37, 38 and 39 to line 35c or 36, v	vhichever applies			40		<u>0.</u>
Part I		ax and Payments						
41a	Foreig	n tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	41a		4 1		
b	Other	credits (see instructions)		41b		<u> </u>		
C	Genera	al business credit. Attach Form 3800		41c		_		
ď	Credit	for prior year minimum tax (attach Form 8	301 or 8827)	41d		] [		
е	Total o	credits Add lines 41a through 41d				41e_		
42	Subtra	act line 41e from line 40				42		0.
43	Other t	taxes. Check if from; 🔲 Form 4255 🔲	] Form 8611 🔲 Form 8697 🔲 For	rm 8866 Othe	[ (attach schedule)	43		
44	Total t	tax. Add lines 42 and 43				44		0.
45 a	Pavme	ents: A 2015 overpayment credited to 2010	)	45a				
	-	estimated tax payments		45b		7 1		
		eposited with Form 8868		45c	<del></del>	1		
		n organizations: Tax paid or withheld at so	rce (see instructions)	45d		1		
		p withholding (see instructions)	100 (300 1131 11110110)	45e		1 1		
		for small employer health insurance premi	ums (Attach Form 8041)	45f		1		
		· · · · · · · · · · · · · · · · · · ·	Form 2439	451		-{		
g				45-				
			Other Total	► 45g		┦ │		
46		payments. Add lines 45a through 45g	5			46		
47		ated tax penalty (see instructions). Check if			_	47		
48		ue. If line 46 is less than the total of lines 4				48		<u>   0                                 </u>
49	•	ayment. If line 46 is larger than the total of	•	1 -		49		0.
50		the amount of line 49 you want: Credited to			efunded <b>&gt;</b>	50		
Part \		Statements Regarding Certai	<del></del>				<del>,</del> -	
51	•	$\prime$ time during the 2016 calendar year, did th	•		•		Yes	No
		financial account (bank, securities, or othe		-				
	FinCE	N Form 114, Report of Foreign Bank and Fi	nancial Accounts. If YES, enter the name o	of the foreign country	y		) }	
	here						_	<u> </u>
52	During	g the tax year, did the organization receive a	distribution from, or was it the grantor of	f, or transferor to, a f	foreign trust?			X
	If YES	, see instructions for other forms the organ	ization may have to file.					
53	Enter	the amount of tax-exempt interest received	or accrued during the tax year > \$					
	Un	der penalties of perjury, I declare that I have exami	ned this return, including accompanying schedule	s and statements, and t	o the best of my kno	owledge and belie	, It is true,	
Sign	Con	rect, and complete. Declaration of preparer (other t	Tan taxpayer) is oused on all information of which	preparer nas any know	· ·	May the IRS discus	e this return :	with
Here		V C	- 15/14/18 NP.	Financ		he preparer shown		WILLI
		Signature of officer	Date Title			nstructions)?	Yes [	] No
		Print/Type preparer's name	Preparer's signature	Date		ıf PTIN	<u> </u>	, ,,,,
<b>.</b>		, , rypo propulor o numb	opaior o orginatoro	1	self- employed			
Paid				1	, son employed	·		
Prepa		Firm's name	<del></del>	<del></del>	Firm's EIN			
Use (	אווע	I BITT S HAITIE		_ <del>_</del>	1 HIII S LIN			
		Firm's address			Phone so			
		dudicoo			Phone no.		DOO T	(004.0)
						For	n <b>990-T</b> (	(2016)

Schedule A - Cost of Goods	<b>Sold.</b> Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	6 Inventory at end of year							
2 Purchases	7 Cost of goods sold. Su				e 6			
3 Cost of labor	3		from line 5. Enter here a	and in Pa	rt I,			
4a Additional section 263A costs			line 2					_
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					No
b Other costs (attach schedule)	4b		property produced or a	cquired f	or resale) apply to			
5 Total Add lines 1 through 4b	5 `		the organization?					
Schedule C - Rent Income (	From Real	Property and	d Personal Property I	Lease	d With Real Pro	pert	<b>y</b> )	
(see instructions)				<del>-</del>			<del></del>	
Description of property								
(1)								
(2)					<del></del>			
(3)								
(4)								
		ed or accrued			3/a) Deductions directly	v connec	ted with the income	ın
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%	than	of rent for p	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)  3(a) Deductions directly connected with the incommunity columns 2(a) and 2(b) (attach scheduled in the incomm				···	
(1)								
(2)				į.				
(3)								
(4)			<del></del>					
Total	0.	Total		0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	• • • • • • • • • • • • • • • • • • • •	ter •		_  i	b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
		7	2. Gross income from		3 Deductions directly cor to debt-finance	nected ced prop	with or allocable perty	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				1	er here and on page 1, rt I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals	, ,,,,,,,,,,		▶		0			0.
Total dividends-received deductions in	cluded in colum	n 8						0.
	<del> </del>						Form <b>990-T</b>	(2016)

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01111 330 1 (2010)					

91-1914868

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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 o	of periodical		2. Gross advertising income	3. Direct advertising costs	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)								
(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)	<b>•</b>	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.

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