Return of Organization Exempt From Income Tax

Information about Form 990 and its instructions is at www.irs.gov/form990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public

Open to Public Inspection

<u>A</u>	For the	e 2016 calendar year, or tax year beginning $$ JUL 1 , $$ 2016 $$ and e	ending J	UN <u>30, 2017</u>	
В	Check if applicable	C Name of organization METROPOLITAN CAMDEN HABITAT FOR		D Employer identific	ation number
Г	Addre Chang				
F	Name	762189			
F	Initial return		IUMAN I	E Telephone number	
Ξ	Final	6955 CENTRAL HICHWAY		•	963-8018
_	— return. termin ated			G Gross receipts \$	1,760,628.
Γ	Amen			H(a) Is this a group ref	
F	Applic		-	for subordinates?	
_	Dend:	6955 CENTRAL HIGHWAY , PENNSAUKEN, NJ	081-09	H(b) Are all subordinates in	
\overline{i}	Tay-ey	empt status: X 501(c)(3)			ist. (see instructions)
		te: WWW.HABITATCAMDEN.ORG	1	H(c) Group exemption	•
		organization X Corporation	L Year		State of legal domicile NJ
	art I	Summary	1 = 1 = 1		
	1	Briefly describe the organization's mission or most significant activities: METRO	POLIT	AN CAMDEN HA	ABITAT FOR
ž		HUMANITY, INC. WILL PARTNER WITH PEOPLE A	ND OR	GANIZATIONS	TO BUILD
2	2	Check this box If the organization discontinued its operations or disposi			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
SS	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	18
Activities & Governance	6	Total number of volunteers (estimate if necessary)	6	600	
Ę	7 a	Total unrelated business revenue from Part VIII, column (C); line:12	₁	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34-	,.\	7b	0.
			S	Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	O	357,721.	924,832.
Revenue	9	Program service revenue (Part VIII, line 2g)	(y)	840,205.	833,047.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	기(준)	38.	2,749.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).]	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,197,964.	1,760,628.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		435,598.	468,328.
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 46,84	15.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		627,144.	1,323,593.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,062,742.	1,791,921.
	19	Revenue less expenses. Subtract line 18 from line 12		135,222.	<u>-31,293.</u>
Net Assets or	3		Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		1,132,779.	1,122,589.
¥ Z	21	Total liabilities (Part X, line 26)		331,410.	258,868.
		Net assets or fund balances. Subtract line 21 from line 20		801,369.	863,721.
	art II	Signature Block			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules		-	knowledge and belief, it is
true	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge	102
		- Illa Will		<u> 5/14/1</u>	18
Sig	jn	Signature of efficer		Date	

SCANNED AUG 0 Here

Paid

Preparer

Use Only

Firm's EIN

05/14/18 self-employed

Date

JEFF	MIHALEK,	EXECUTIVE	DIRECTOR
Type or pr	rint name and title		

	Type	or print marine and title	
Prin	t/Tvne	nranarar's name	

ROBERT D. BERTOLINO

▶ ROBERT D. BERTOLING

ASSOCIATES, 10 SOHN WAY Firm's add ress TABERNACLE, NJ 08088-9390

Phone no 609-268-6500

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

PTIN

P00447288

22-2943242

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Preparer's signature

METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

Form	1990 (2016) HUMANITY, INC.	22-2762189 Page 2
1		
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: NONE 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (cose) (Expenses 1, 1, 20, 990 studing grants or \$) (Recenus \$ 562, 128 RESTORE PROGRAM - SINCE 2009 METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC. HAS OPERATED A RESTORE PROGRAM, A RETAIL OPERATION THAT ACCEPTS NEW AND GENTLY USED ITEMS TO BE RESOLD TO THE PUBLIC. BY SELLING TO THE GENERAL PUBLIC, THIS PROGRAM OFFERS A RECYCLING OPPORTUNITY FOR HOME GOODS, APPLIANCES AND FURNITURE AS WELL AS DISCOUNTED BUILDING MATERIALS, KEEPING TONS OF MATERIALS FROM LANDFILLS. THE NET PROCEEDS OF THE RESTORE PROGRAM SUPPORT THE MISSION OF BUILDING AFFORDABLE HOME: IN CAMDEN COUNTY. 4b (cose) (Expenses \$ 446,857 · Including grants or \$) (Recenus \$ 273,668 THE METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC. (MCHI) ASSISTS INDIVIDUALS IN OBTAINING AFFORDABLE HOUSING. THIS IS ACCOMPLISHED BY WORKING IN PARTNERSHIP WITH FAMILIES IN NEED, TO BUILD HOUSES AND DEVELOP COMMUNITIES. ELIGIBLE FAMILIES ARE REQUIRED TO WORK HARD TO EARN THEIR HOME. THEY ARE REQUIRED TO CONTRIBUTE THEIR TIME "SWEAT EQUITY"		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 5O1(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(*************************************	
		THAT ACCEPTS
		AFFORDABLE HOMES
	IN CAMDEN COUNTY.	
	446 057	272 669
4b	(Code) (Expenses 440,007 • including grants of \$) (Revenue METEROPORT THAN CAMPEN HARTHAN FOR HUMANTHY TAIC (MCHI	· ————
		<u> </u>
		11111 011111
	AS WELL AS ATTEND HOME OWNERSHIP TRAINING AND MENTORSH	IP PROGRAMS.
	DURING THE YEAR MCHH WAS IN THE PROCESS OF RENOVATING A	
	FOR SALE IN SUBSEQUENT YEARS.	
4c	(Code) (Expenses \$	ue \$
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 1,566,947.	
		Form 990 (2016

	٠,			
Form	990	(201	6)	

METROPOLITAN CAMDEN HABITAT HUMANITY, INC.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Α .	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

Form 990 (2016) HUMANITY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			17
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	۱		
_	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	235	<u> </u>	
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	}	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		}	Х
	Part V, line 1	34	 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	ĺ	X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	 ^*
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	" -	 	-
50	Note. All Form 990 filers are required to complete Schedule O	38	х	1
			990	(2016)

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Pairt V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng				
	(gambling) winnings to prize winners?			1c	X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0				
	filed for the calendar year ending with or within the year covered by this return	2a	18				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X	
Ь	If "Yes," enter the name of the foreign country:			·			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			17	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit	_		v	
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts				
7	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).					Х	
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Λ	
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	00 100	urod	7b_			
•	to file Form 8282?	as req	uirea	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		<u>+</u> ?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		`	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		· .	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		l				
	sponsoring organization have excess business holdings at any time during the year?	_		8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
ь	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	,	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		ļ	13a	,		
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
4a	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		X	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							

HUMANITY, INC.

22-2762189

Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	· · · · · · · · · · · · · · · · · · ·								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	5	[Yes	No					
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 12	1							
	If there are material differences in voting rights among members of the governing body, or if the governing								
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х					
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		Λ					
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X					
5		5		X					
6									
7a		6		Х					
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- ,,,						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,,						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v						
42	in Schedule O how this was done	12c	X						
13 14	Did the organization have a written whistleblower policy?	13	X						
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	Λ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	X						
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	·]	Х					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	·]						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	ORGANIZATION PERSONNEL - 856-963-8018 6955 CENTRAL HIGHWAY, PENNSAUKEN, NJ 08109								
	OSSS CHITICAL HIGHWAL, EBNINDAVININ, NO. VOIVS								

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Oige	111120))	iipei	ısaı	(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	box	, unle cer an	ss pe dad	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	Ę.						the	organizations	compensation
	hours for	trustee or director	l e			gg		organization	(W-2/1099-MISC)	from the
	related	ste	taste			bensa		(W-2/1099-MISC)		organization
	organizations below	ᄪ	Dona		Solot	15 85 15 85				and related organizations
	line)	Individual	Institutional frustee	Officer	Кеу етріоуве	Highest compensated employee	Former			Organizations
(1) JOHN R. GROZIER	3.00									
PRESIDENT	0.00	X		X				0.	0.	0.
(2) MATTHEW MOLESKI	1.00							_	_	_
VICE PRESIDENT	0.00	X		Х	<u> </u>	_		0.	0.	0.
(3) KAREN HARRISON	2.00									_
SECRETARY	0.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(4) SQUIRE J. SERVANCE	1.00									
DIRECTOR	0.00	Х	_			ļ		0.	0.	0.
(5) RICHARD K. LANDON	2.00	,,				ļ		_		•
DIRECTOR	0.00	Х			_			0.	0.	0.
(6) GARY KANALSTEIN	0.00	J.						0.	0.	^
DIRECTOR	1.00	^						0.	0.	0.
(7) MARK WANDER	0.00	v						0.	0.	0.
DIRECTOR (8) MICHAEL FLOYD	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	0.00	x						0.	0.	0.
(9) MICHAEL MAYER	1.00									
DIRECTOR	0.00	x				i		0.	0.	0.
(10) TERRY RUGGLES	1.00			-						
DIRECTOR	0.00	Х						0.	o.	0.
(11) KEVIN LAU	1.00			-					~	-
DIRECTOR	0.00	X						0.	0.	0.
(12) FABRIZIO FUSARO	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) JEFF MIHALEK	40.00									
	0.00		<u> </u>		Х		ļ	71,919.	0.	0.
		1								
						<u> </u>				
					-	-	_			
	ļ									
	L	L	L			L	<u> </u>	<u> </u>	l	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
T CAI	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	the or director Open (p)	not c	Posi heck ss pe	ition more rson recto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	s	com fr org	(F) timate nount of other pensa om the anization d relate	of Ition e ion ed
										1,000 4 100 4 100 4				
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r	•	nose	liste	ed a	bov	e) w	► hor	71,919. 0. 71,919. ecceived more than \$100	0,000 of reportabl	0. 0. 0.			0.
3 4 5 Sec	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," constion B. Independent Contractors	such individual um of reportab 0,000? If "Yes, accrue compe nplete Schedui	le co , " co nsat <u>le J (</u>	omp mpl ion t	ensa ete (from uch	ation S <i>chi</i> any pen	n and edul y uni son	d ot e J i relat	her compensation from for such individual ted organization or indiv	the organization		3 4 5	Yes	No X
1 	Complete this table for your five highest countries the organization. Report compensation for (A) Name and business	the calendar y	ear_		ing v					year.		(0		'n
	Total number of independent contractors (not li	mite	ed to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization_ ►					0						000	

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Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 1c 1d d Related organizations 327,308 1e e Government grants (contributions) f All other contributions, gifts, grants, and 597,524 similar amounts not included above 543,974 Q Noncash contributions included in lines 1a-1f \$ 924,832 h Total. Add lines 1a-1f **Business Code** 562,128. 213,000. 2 a RESTORE PROGRAM 452000 562,128. Program Service Revenue b HOME SALES 531390 213,000. 531390 46,111. 46,111 c MORTGAGE DISCOUNTS d OTHER PROGRAM INCOME 11,808. 11,808 531390 f All other program service revenue 833,047 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 2,749. 2,749 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Reai (II) Personal 6 a Gross rents b Less: rental expenses c Rental in come or (loss) d Net rental income or (loss) (II) Other 7 a Gross armount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ▶ d Net gain or (loss) 8 a Gross in come from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross in come from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 835,796. \triangleright 1,760,628. Total revenue. See instructions

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mpiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		-		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	71,914.	12,500.	52,664.	6,750.
•	trustees, and key employees	71,714.	12,300.	32,001.	071301
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	396,414.	364,415.	5,355.	26,644.
8	Pension plan accruals and contributions (include	0,00,1210		- 7	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	41			
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	32,520.		32,520.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)		10 600	0.40	
12	Advertising and promotion	41,556.	40,607.	949.	
13	Office expenses	2,767.	1,992.	775.	
14	Information technology				
15	Royalties	142,258.	128,032.	14,226.	
16	Occupancy	142,230.	120,032.	14,220.	
17	Travel				
18	Payments of travel or entertainment expenses			į	
40	for any federal, state, or local public officials			-	
19 20	Conferences, conventions, and meetings Interest	13,505.		13,505.	
20 21	Payments to affiliates	10/0000			
22	Depreciation, depletion, and amortization	9,445.	4,533.	4,912.	· · ·
23	Insurance	64,506.	33,686.	24,656.	6,164.
24	Other expenses literaize expenses not covered				
	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	VALUE OF NON-CASH INV.	532,924.	532,924.		
b	COST OF HOMES SOLD	301,003.	301,003.		
c	PURCHASED GOODS FOR RES	29,205.	29,205.		
d	UTILTIES	24,834.	23,450.	1,384.	
е	All other expenses	129,070.	94,600.	27,183.	7,287.
25	Total functional expenses. Add lines 1 through 24e	1,791,921.	1,566,947.	178,129.	46,845.
26	Joint costs. Complete this line only if the organization				
	reported: in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here I if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 181,872. 126,008. Cash - non-interest-bearing 4,396. 18,040. 3,877. 2 2 Savings and temporary cash investments 8,371. 3 Pledges and grants receivable, net 364,700. 424,100. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 111,050. 8 Inventories for sale or use 15,373. 32,054. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 173,090. 10a basis. Complete Part VI of Schedule D 85,546. 96,990. 87,544. 10c 10b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments · other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 322,933. 1,122,589. 458,060. 15 Other assets. See Part IV, line 11 15 1,132,779. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 23,959. 24,358. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 307,451. 234,510. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 331,410. 258,868. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 832,170. 31,551. 692,066. 27 27 Unrestricted net assets 109,303. 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 801,369. 863,721. 33 Total net assets or fund balances 1,122,589. 1,132,779. 34 Total liabilities and net assets/fund balances

orm	1990 (2016) HUMANITY, INC.	22-27	62189	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,760		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,791		
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	, 2	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	801	, 3	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	93	,6	45.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	863	7,7	21.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		-		يل
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	·····	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

Employer identification number 22-2762189

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or rmore publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (i) Name of supported (n) EIN (v) Amount of monetary (vi) Amount of other in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 HUMANITY, INC. 22-27623

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants ")	148,197.	183,654.	192,709.	357,721.	924,832.	1807113.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						-
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	148,197.	183,654.	192,709.	357,721.	924,832.	<u> 1807113.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					· · · · · · · · · · · · · · · · · · ·	
	Public support. Subtract line 5 from line 4						<u> 1807113.</u>
Sec	ction B. Total Support		,	 			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	148,197.	183,654.	192,709.	357,721.	924,832.	1807113.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	20.	92.	5.	38.	2,749.	2,904.
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1810017.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			r	
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.84 %
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	<u>88.50 %</u>
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			►X
t	33 1/3% support test - 2015. If the	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	•					▶
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	nis box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s 🕨

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2016 HUMANITY, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
<u>Sec</u>	tion A. All Supporting Organizations		l Van	N _a
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VIhow the supported organizations are designated. If designated by			ĺ
	class or purpose, describe the designation If historic and continuing relationship, explain	1	 	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		-	
	organization was described in section 509(a)(1) or (2).	2	 	ļ
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ŀ	1
	(b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VIwhen and how the			1
	organization made the determination.	3b	 	
¢	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			1
	purposes? If "Yes," explain in Part VIwhat controls the organization put in place to ensure such use.	3c	 	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VIhow the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations	4b_	+	ļ
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VIwhat controls the organization used	ŀ		1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		1	1
	was accomplished (such as by amendment to the organizing document).	5a	-	1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			1
	designated in the organization's organizing document?	5b		-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c_	+	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
	Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	╁	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		-	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь	-	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	Į		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	Ì	-	
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
	Did the executation have any excess business holdings in the tay year? (I se Schedule C. Form 4720 to	ŧ	F	1

determine whether the organization had excess business holdings.)

'Part	t IV Supporting Organizations (continued)		,	
		p	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	116		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		, –	
		·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			i
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2	<u>L.,_</u>	<u> </u>
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	<u> </u>
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2_		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	Complete fine 2 holow			
c		(see instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	and the state of t			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	į		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	The second secon			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	The state of the state of the state of the officers directors of			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
ь	and the second programs and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Ш.

Sche	edule A (Form 990 or 990 EZ) 2016 HUMANITY, INC.			22-2762189 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	_3		
4	Add lines 1 through 3	_4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1 a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		***************************************	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	•	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	·	<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

22-2762189 Page 7 Schedule A (Form 990 or 990 EZ) 2016 HUMANITY, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 5 Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: b Excess from 2013

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

SCHEQUIE A	(Form 990 or 990-EZ) 2016 HUMANIII, INC. 22-2/02109 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 6 Open to Public Inspection

Name of the organization

METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

Employer identification number 22-2762189

Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
<u></u>	Impermissible private benefit?		Yes No
Pa			V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		-
	Protection of natural habitat	Preservation of a certified I	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
•	listed in the National Register	I all the second and an all the second and a second a second and a second a second and a second	2d
3	Number of conservation easements modified, transferred, re year ►	leased, extinguished, or terminated by the orga	inization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· · · · · · · · · · · · · · · · · · ·
	>		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
,. <u></u>	conservation easements.		
Pai	Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	-	, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		▶ \$

	dule D (Form 990) 2016 HUMANIT									Page 2
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sigr	nificant us	se of its	collection	items
	(check all that apply)									
а	Public exhibition	d	· ∐	Loan or excl	hange progra	ams				
b	Scholarly research	e	. [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizati	on's exem _l	ot purpos	se in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, h	storical trea	sures, or oth	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	t X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year				•		1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	ľ		」 Yes	∐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided on	Part XIII				
Paı	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part	: IV, line 10	<u> </u>		,	
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	ı) Three ye	ars back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		,]	
	and programs									
f	Administrative expenses									
g	End of year balance								l	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organiza	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere			1						
	Description of property	(a) Cost or o		1 ' '	or other	\ · ·	umulated	d	(d) Book	value
		basis (investi	ment)	Dasis	(other)	aepr	eciation			
1a	Land						40 40	, , -		1 4 7
b	Buildings				3,574.		49,42			147.
С	Leasehold improvements			4	9,516.		<u>36,11</u>	19.	13	3,397.
d	Equipment			ļ				_		0.
е	Other									0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

Schedule D (Form 990	2016	HUMANITY,	TNC.
Schedale D (Follis 330	12010	11011111111111	

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Part VII Investments - Other Securities. Complete if the organization answered 'Yes' of	on Form 990. Part IV. line	e 11b See Form 990, Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			·
_(F)			
(G)			
(H)			· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	Description	e 11d. dee 1 ditti 350, 1 dit A, iiilo 10.	(b) Book value
(1) CONTRUCTION IN PROGRESS			159,401
(2) REAL ESTATE HELD FOR SALE			159,162
(3) SECURITY DEPOSIT			4,370
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			222 022
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		322,933
Part X Other Liabilities.	F 000 Dark IV Iva	- 44 446 Cas Farm 000 Bort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, IIn	(b) Book value	
		(b) Book value	
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)		•	
(7)			
(8)			
(9)		,	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements th	nat reports the

METROPOLITAN CAMDEN HABITAT FOR 22-2762189 Page 4 HUMANITY, INC. Schedule D (Form 990) 2016 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,760,628. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,760,628. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 760 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,791,921 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities **b** Prior year adjustments 2b 2¢ c Other losses d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 791 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. METROPOLITAN CAMDEN HABITAT FOR

Employer identification number

22-2762189

HUMANITY, INC. **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part ill 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

22-2762189

Page 2

HUMANITY,

Schedule J (Form 990) 2016

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Suenes		reported as deferred on prior Form 990
(1) JEFF MIHALEK	(3)	71,919.	0			0.	71,91	0
	(ii)	• 0	0	• 0	0	0.	0	0
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METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

22-2762189

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

2016

2016

Open To Public

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization MET

METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

Employer identification number 22–2762189

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests .	L			<u> </u>			
12	Securities · Miscellaneous							
13	Qualified conservation contribution -		1					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate · Commercial							
17	Real estate · Other							
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			5 10 051				
25	Other \blacktriangleright (RESTOE INVENT)	X	99999999	543,974.	SALE PRICE	IN 1	HE	<u>RE</u>
26	Other ()							
27	Other ()							
28	Other (ļ]	<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							į
	must hold for at least three years from the dat		al contribution, and	d which isn't required to be i	ised for	1		v
	exempt purposes for the entire holding period	1?				30a		Х
b	If "Yes," describe the arrangement in Part II.					1.1		v
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash		1		.
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	ecked,			
	describe in Part II.				Cabadul- M	1 1		

Schedule M (Form 990) (2016) HUMANITY, INC.	22-276218	39 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information.	33, and whether the or ombination of both. Als	ganization o complete
SCHEDULE M, PART I, COLUMN (B):		
HUNDREDS OF CONTRIBUTIONS OF HOME GOODS, APPLIANCES, FUI	RNITURE AND	номе
BUILDING MATERIALS USED AS INVENTORY FOR THE RESTORE.		
		·····
and the second s		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

METROPOLITAN CAMDEN HABITAT FOR HUMANITY, INC.

Employer identification number 22-2762189

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND RENOVATE HOUSES FOR THOSE IN NEED OF AFFORDABLE, DECENT HOMES IN
CAMDEN COUNTY. IN ADDITION, WE WILL FOSTER AND EMPOWER HEALTHY
COMMUNITIES THROUGH EDUCATIONAL PROGRAMS IN PERSONAL FINANCE,
SUCCESSFUL HOME OWNERSHIP, AND JOB TRAINING IN THE CONSTRUCTION TRADES.
FORM 990, PART VI, SECTION B, LINE 11B:
HARD COPY IS PROVIDED TO BOARD BEFORE THE 990 IS FILIED. THE BOARD REVIEWS
THE 990 AND IT IS THEN APPROVED FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS ARE MONITORED ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF ALL KEY EMPLOYEES REVIEWED ANNUALLY BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 18:
GOVERNING DOCUMENTS, ETC. ARE AVAILABLE AT THE MAIN OFFICE UPON A WRITTEN
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, ETC. ARE AVAILABLE AT THE MAIN OFFICE UPON A WRITTEN
REQUEST.