

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HABITAT FOR HUMANITY OF THE CHESAPEAKE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3741 COMMERCE DRIVE 309 City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21227 F Name and address of principal officer: CANDICE VAN SCOY SAME AS C ABOVE	D Employer identification number 52-1226188 E Telephone number 410-366-1250 G Gross receipts \$ 10,460,076. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HABITATCHESAPEAKE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONSTRUCT AND PROVIDE AFFORDABLE HOUSING TO LOW INCOME PERSONS WITH A 0% MORTGAGE. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 123 6 Total number of volunteers (estimate if necessary) 6 2597 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">4,216,254.</td> <td style="text-align: right;">4,619,780.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">523,002.</td> <td style="text-align: right;">1,254,963.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,664.</td> <td style="text-align: right;">-481,419.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">4,266,251.</td> <td style="text-align: right;">4,063,140.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">9,007,171.</td> <td style="text-align: right;">9,456,464.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	4,216,254.	4,619,780.	9 Program service revenue (Part VIII, line 2g)	523,002.	1,254,963.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,664.	-481,419.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,266,251.	4,063,140.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,007,171.	9,456,464.						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 1.31.19
	CANDICE VAN SCOY, CFO Type or print name and title	
Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER
	Date 01/31/19	Check if self-employed <input type="checkbox"/> PTIN P00370694
	Firm's name ▶ SC&H TAX & ADVISORY SERVICES, LLC	Firm's EIN ▶ 20-5991824
	Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152	Phone no. (410) 403-1500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No