				R	eturn of C	Organization	Ех	empt I	From I	ncor	ne Tax		OMB No. 154	5-0047
Forn	<u> </u>	90)	Under se	ction 501(c), 52	7, or 4947(a)(1) of th	e Inte	rnal Reven	ue Code (e	xcept p	orivate foundation	ons)	201	9
	-	of the Tre	-		► Do not enter	Social Security nun	bers	on this form	n as it may l	be made	e public.		Open to P	ublic
		nue Servi			Information	about Form 990 and				<u> </u>	orm990.		Inspectio	on
A F	or th	e 2019			tax year begi)1 , 2019, a		-			0, 20 20	
Всі	neck if ap	plicable:		•	HABITAT FC NTY, INC.	R HUMANITY G	REAT	ER ORLA	NDO ANI		D Employer ider	ntificatio	n number	
	Addre			Business As							59-27893	167		
	chang Name	e change	-		or P.O. box if mail is	not delivered to street ad	dress)	R	oom/suite		E Telephone nur			
	1	return	411	L6 SILVER	STAR ROAD						(407) 648	-456	7	
	Termi		City c	or town, state or	province, country,	and ZIP or foreign postal	code				. ,			
	Amen	ded	ORI	LANDO, FL	32808						G Gross receipts	\$	6,945,	167.
	Applic	ation			f principal officer:	CATHERINE	STEC	CK MCMAN	IUS		H(a) Is this a group			X No
	pendi	ng	411	L6 SILVER	STAR ROAD	, ORLANDO, FL	32	808			subordinates? H(b) Are all subordinates	ates included	Yes	No
1	Tax-ex	empt sta	atus:	X 501(c)(3)	501(c) () (insert no.)	4	4947(a)(1) or	527		If "No," attach			
J	Websi	te: 🕨	WWW.I		LANDOOSCEO	, , , ,				I	H(c) Group exempt	ion numbe	er 🕨	
ĸ	Form o	of organ	ization:	X Corporation	n Trust	Association Othe	r 🕨		L Year of		on: 1986 M s			FL
Pa	art I	Sur	nmary											
	1	Briefly	descril	be the organiz	ation's mission o	r most significant activ	/ities:	HABITAT	FOR H	UMANI	TY OF GRE	ATER	ORLANDC)
e						A CATALYST F								
an		BRIN	NGING	PEOPLE 7	FOGETHER TO	D BUILD HOMES	, CC	OMMUNITI	ES AND	HOPE	· ·			
Governance	2	Check	this bo	x 🕨 📃 if th	ne organization d	liscontinued its opera	tions	or disposed	of more that	in 25% d	of its net assets.			
Ğ	3	Numbe	er of vo	ting members	of the governing	body (Part VI, line 1a))					3		22.
Activities &						the governing body (P						4		22.
itie						endar year 2019 (Part						5		67.
cti∨						sary)						6	2,	246.
Ă	7a	Total u	unrelate	ed business rev	enue from Part V	III, column (C), line 12	2					7a		0.
	b	Net un	related	business taxa	able income from	Form 990-T, line 34				<u></u>	7	7b		0.
											Prior Year		Current Ye	
е	8	Contri	butions	and grants (Pa	art VIII, line 1h)		F	COPY	FOR		2,811,818		2,508	
Revenue	9	Progra	am serv	ice revenue (Pa	art VIII, line 2g)	~ 2.4 and $\frac{7}{4}$			PECTION		4,017,127		4,212	
Rev	10	mvesu	ment m	come (Part Vi	n, column (A), im	es 5, 4, anu 7u)	L				-45,921			,557.
_	11	Other	revenu	e (Part VIII, co	lumn (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)				631,881			,093.
	12				0 (t equal Part VIII, colum		,			7,414,905		6,945	
						umn (A), lines 1-3)						<u>).</u>		0.
						ımn (A), line 4)						D.		0.
ses	15	Salarie	es, othe	er compensatio	on, employee ben	efits (Part IX, column	(A), lin	nes 5-10)			2,895,176		2,338	
ens	16a	Profes	sional	fundraising fee	s (Part IX, columr	efits (Part IX, column (n (A), line 11e) D), line 25) ▶	•••				(Ο.		0.
Expenses											F F00 100		4 050	210
						a-11d, 11f-24e)					5,598,198		4,852	
	18		•		• •	Part IX, column (A), I					-1,078,469		-245	
s	19	Reven	ue less	expenses. Su	btract line 18 from	n line 12		<u></u>			ing of Current Ye		End of Year	
Net Assets or Fund Balances	20	Tatal	nanata (l	Dent V line (C)							19,235,422		18,988	
Asse Bala	20 21		•	Part X, line 16) s (Part X, line 2							11,419,817		11,417	
let / und	21			· ·		I from line 20					7,815,605		7,570	
	rt II			Block	Subtract line 2			<u></u>			,,010,000		17070	<u>,,,,,</u>
					have examined th	is return, including acco	ompan	vina schedule	s and statem	nents. an	d to the best of	mv know	ledge and be	lief. it is
true	, corre	ct, and	complete	. Declaration of	preparer (other tha	n officer) is based on all i	nform	ation of which	preparer has	s any kno	owledge.		0	
											03/09	/2023	1	
Sig		🕨 (Signatur	e of officer							Date			
Her	е		CATHE	RINE STE	CK MCMANUS			PRESIDE	ENT AND	CEO				
		🕨 :	Type or	print name and ti	tle									
		Print/	Type pre	parer's name		Preparer's signature			Date		Check	f PTIN		
Paid		ERIF	КАН	IALLUSKA	CPA	ERIK A HALLU	SKA	CPA	03/11	/2021		a PO	1954172	
	oarer Only	Firm's	name	► WITHUM	ISMITH+BROW	IN, PC					Firm's EIN 🕨 2	2-202	27092	
058	Uniy	Firm's	address	▶ 200 S OR#	ANGE AVE., STE 1	200 ORLANDO, FL 32	801-3	400			Phone no. 4	07-84	49-1569	
May	the I	RS disc	cuss th	is return with t	he preparer show	n above? (see instruct	ions)	<u></u> .	<u></u>	<u></u> .			X Yes	No
For	Pape	work l	Reduct	ion Act Notice	, see the separa	te instructions.							Form 990	(2019)

Fo	prm 990 (2019)	Page 2
P	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HABITAT FOR HUMANITY GREATER ORLANDO & OSCEOLA'S MISSION IS "SEEKING	
	TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE	
	TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE." WE BUILD HOMES. WE	
	REVITALIZE NEIGHBORHOODS. WE STRENGTHEN COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	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 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	(Code:) (Expenses \$	4,798,684.	including grants of	of \$) (Revenue \$	4,212,418.	
	NEW HOME CONS	STRUCTION:	A HOME INFL	UENCES ALL A	SPECTS OF	A FAMILY'S		
	LIFE FROM EDU	JCATION TO	HEALTH, STA	BILITY AND M	UCH MORE.	FOR THIS		
	REASON, WE BE	LIEVE THAT	EVERYONE D	ESERVES A SA	FE, STABLE	E PLACE TO		
	LIVE - A HOME	E THAT CAN	SERVE AS A	FOUNDATION F	OR THE FUI	TURE. IN		
	ADDITION TO 7	THE IMPACT	TO LOCAL FA	MILIES, NEW	CONSTRUCTI	ION		
	PROVIDES POSI	TIVE GAINS	FOR THE EC	ONOMY IN THE	FORM OF]	INCREASED		
	HOMEOWNER SPE	ENDING DUE	TO STABILIT	Y, INCOME TO	LOCAL BUS	SINESSES		
	AND TAXES ANI	FEES TO O	UR AREA GOV	ERNMENT. THI	S PAST YEA	AR, 51 MEN,		
	WOMEN AND CHI	LLDREN WERE	IMPACTED B	Y THE CONSTR	UCTION OF	24 HOMES		
	AND FUTURE HO	MEOWNERS C	ONTRIBUTED	8,328 HOURS	OF SWEAT E	EQUITY.		

4b	(Code:) (Expenses	\$ 436,778. including grants of \$) (Revenue \$	o.)
]	HOMEBUYER EDUCATION AN	D COUNSELING: HOMEBUYER EDUCAT	ION CLASSES	
	EMPOWER HOMEOWNERS TO	HAVE THE KNOWLEDGE AND RESOURC	ES TO BE	
	FINANCIALLY STABLE AND	READY FOR HOMEOWNERSHIP. BEFO	RE A HOMEOWNER	
	PURCHASES THEIR HABITA	AT HOME, THEY ARE REQUIRED TO C	OMPLETE 17	
(CLASSES THAT FOCUS ON	TOPICS RANGING FROM FINANCIAL	LITERACY TO	
]	MINOR HOME MAINTENANCE	. THROUGH THE END OF 2020, 39	FUTURE	
I	HOMEOWNERS PARTICIPATE	D IN 734 HOURS OF HOMEOWNER ED	UCATION	
(CLASSES AND COUNSELING	· .		

4c (Code:) (Expe	enses \$ 306,596	_ including grants of \$) (Revenue \$	0.)
(SEE	SCHEDULE O FO	R DETAILS)			

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$) (Reve

 4e Total program service expenses ► 5,542,058.

) (Revenue \$

Form 9	90 (2019)		F	Page 3
Part	V 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,"		v	
•	complete Schedule A	1 2	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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		Х
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		Х
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			37
	"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)? <i>If "Yes," complete Schedule E</i>	13		 X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
u	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	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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 (see instructions)	17		Х
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 9	90 (2019)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		X
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	
24 a	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			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and 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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Х	
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		Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
15^	reportable gaming (gambling) winnings to prize winners?	1c	X	L
JSA 9E1030	2.000	Form	990	(2019)

Form	990 (2019)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 transaction?	5b		X
С	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			
	organization solicit 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 contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.			
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	15a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
	Enter the amount of reserves on hand	14a		X
		14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2019)
	000	(2010)

HABITAT FOR HUMANITY GREATER ORLANDO AND

Form 9				57 2703	, 10,	Г	aye U
Part	VI Governance, Management, and Disclosure For each "Yes" response to line.	s 2 thro	ough	7b below,	and t	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch	nanges d	on Sci	hedule O.	See ins	struci	tions.
	Check if Schedule O contains a response or note to any line in this Part VI						Χ
Sect	on A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	L	1a	22			
	If there are material differences in voting rights among members of the governing boo						
	if the governing body delegated broad authority to an executive committee or si	imilar					

	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 22			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or 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			
Ū	the year by the following:			
а		8a	Х	
	The governing body?	8b	Х	
b	Each committee with authority to act on behalf of the governing body?			
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Saati	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-		21
Seci	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	.) Yes	No
		4.0	103	X
10a	Did the organization have local chapters, branches, or affiliates?	10a		A
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		
11a	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 is Ocheckler Other and a fifteen see distribute and institution to an institution Error 200			

b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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
b	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{FL}{PL}$,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule 0)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ► DELILAH ROSARIO 4116 SILVER STAR ROAD ORLANDO, FL 32808 407-648-4567

JSA

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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. See instructions for the order in which to list the persons above.

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

		(C)									
(A)	(B)			Pos	ition			(D)	(E)	(F)	
Name and title	Average					e than o		Reportable			
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other	
	per week (list any				-			from the organization	from related organizations	compensation from the	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and	
	related	dividual t director	tutio	er	emp	loye	ner			related organizations	
	organizations	or tr	nal		loye	em					
	below dotted line)	Istee	trust		ě	pen					
			ee			Highest compensated employee					
						<u>a</u>					
(1) CATHERINE STECK MCMANUS	40.00										
PRESIDENT & CEO	0.			Х				174,327.	0.	23,131.	
(2) LEIGH A. NEWTON	40.00										
VICE PRESIDENT OF CONSTRUCTION	0.						Х	111,650.	0.	8,644.	
(3) GREG ALLEN-ANDERSON	40.00										
CHIEF PROGRAM OFFICER	0.			Х				103,829.	0.	14,162.	
(4) JENNIFER GALLAGHER	40.00										
COO	0.			Х				80,884.	0.	12,419.	
(5) ANDREW FISHER	3.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(6) ANDY KLEIMOLA	3.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(7) ^{BUD KIRK}	3.00										
AT LARGE	0.	Х						0.	0.	0.	
(8) DOUG FOREMAN	3.00										
AT LARGE	0.	Х						0.	0.	0.	
(9) FRANK JAMESON	3.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(10) JANICE ABREW-CORIANO	3.00										
SECRETARY	0.	Х		Х				0.	0.	0.	
(11) JASON SCHRAGO	3.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(12) JEFF BITTENBINDER	3.00										
TREASURER	0.	Х		Х				0.	0.	0.	
(13) JENNIFER CARROLL	3.00										
VICE CHAIR/CHAIR ELECT	0.	Х		Х				0.	0.	0.	
(14) KEITH LOVETT	3.00										
AT LARGE	0.	Х						0.	0.	0.	
										- 000 (00 (0)	

JSA

Part VII Section A. Officers, Directors, Tru	stees, Ke	y En	nplo	yee	es,	and H	ligl	nest Compensat	ed Employees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimat amount other compense
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from th organiza and rela organizat
15) LATRIA GRAHAM	3.00									
IMMEDIATE PAST CHAIR	0.	Х						0 .	0.	
16) LENNIE ARNOLD	3.00									
BOARD MEMBER	0.	Х						0.	0.	
17) PAUL LARTONOIX	3.00									
BOARD MEMBER	0.	Х						0.	0.	
18) PETE BARR, JR.	3.00									
CHAIR	0.	Х		Х				0.	0.	
19) RHONDA RHODES	3.00									
AT LARGE	0.	Х		Х				0.	0.	
20) RITA MCCAULEY	3.00									
BOARD MEMBER	0.	Х						0.	0.	
21) SURESH GUPTA	3.00									
BOARD MEMBER	0.	Х						0 .	0.	
22) TOM HARBERT	3.00									
BOARD MEMBER	0.	Х						0 .	0.	
23) TIFFANY HOMLER HAWKINS	3.00									
BOARD MEMBER	0.	Х						0.	0.	

									• · · · · · · · ·	
d Total (add lines 1b and 1c)								470,690.	0.	58,356.
c Total from continuation sheets to Part VII, S								0.	0.	0.
1b Sub-total	1b Sub-total								0.	58,356.
BOARD MEMBER	0.	Х						0	. 0.	0.
25) CHEVALIER LOVETT	3.00									
BOARD MEMBER	0.	Х						0	. 0.	0.
24) ANGEL BUCHANAN	3.00									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **>** 3

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
-	

Section B. Independent Contractors

(

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to tho	sa listad abova) who received	
more than $100,000$ in compensation from the organization \blacktriangleright 0.	se listed above) who received	

Yes No

Х

Х

Х

3

4

5

0.

0.

Ο.

0.

0.

0.

0.

0.

0.

(F) Estimated amount of other compensation from the organization and related organizations

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo			and H	lig	hest Compensat	ed Employ	yees (c	continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck s pe d a d	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	an	(F) Estimated amount o other compensati	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fr org and	om the anizatio d related anizatio	on d
26) JEFF SWEENEY	3.00												
BOARD MEMBER	0.	X						0	•	0.			(
		-											
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					•••		0.		0.			0
2 Total number of individuals (including but not reportable compensation from the organization		hose		d al	bove	e) who	o re	ceived more than	\$100,000	of			-
3 Did the organization list any former offic	er. directo	or. or	tru	iste	e. I	kev e	emp	lovee, or highes	t compens	ated		Yes	No
employee on line 1a? If "Yes," complete Sched											3	Х	
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	s," (complete Schedu	le J for	such	4	x	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	from	n any	un	related organizati	on or indivi	dual	5		X
Section B. Independent Contractors							1						
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) compens	sation	
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				niteo	d to	thos	e li	isted above) who	received				

(

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a res	sponse or note to any	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b		b				
۵Ğ	с	· · ·	c 9,666.				
ifts ır A	d	° –	d				
nila	е	-	e 339,572.				
Sin	f	All other contributions, gifts, grants,					
er			f 2,158,861.				
th	g	Noncash contributions included in	· · · · · · · · · · · · · · · · · · ·				
d O			g \$ 721,712.				
anco	h	Total. Add lines 1a-1f		2,508,099.			
			Business Code				
e	2a	HOME SALES & MORTGAGES	900009	4,212,418.	4,212,418.		
e <u>v</u> i	b						
Program Service Revenue	c						
am eve	d						
Pg.	u						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		4,212,418.			
	3	Investment income (including dividen					
	-	other similar amounts).		4,557.			4,557.
	4	Income from investment of tax-exempt b		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securitie					
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eve	с	Gain or (loss) 7c					
	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
õ		events (not including \$4,490.					
		of contributions reported on line					
			8a 0.				
	b		8b 0.				
	c	Net income or (loss) from fundraising even	ents ►	0.			
	9a	Gross income from gaming					
		0 0	9a 0.				
	b	Less: direct expenses	9b 0.				
	c	Net income or (loss) from gaming activi	ties	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	1 0a 0.				
	ь		1 0b 0.				
	c	Net income or (loss) from sales of invento		0.			
s			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900009	220,093.	220,093.		
an∉	b						
eve	c						
R	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		220,093.			
	12	Total revenue. See instructions		6,945,167.	4,432,511.		4,557.

	OR HUMANITY GREA	TER ORLANDO ANI	59-27	89167 Page
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus			-	
Check if Schedule O contains a respo		in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	481,731.	231,231.	154,154.	96,346
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	1,460,948.	701,960.	465,484.	293,504
 7 Other salaries and wages 8 Pension plan accruals and contributions (include 	0.	,01,500.	100,101.	273730
section 401(k) and 403(b) employer contributions)	252,242.	121,152.	80,500.	50,590
9 Other employee benefits	143,158.	68,759.	45,687.	28,712
IO Payroll taxes I1 Fees for services (nonemployees):				20772
a Management	0.	14,536.	47 010	23
b Legal	62,585. 86,729.	20,144.	47,810. 66,254.	33
c Accounting	0.	20,144.	00,254.	33
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	60,060.	13,831.	46,222.	
(A) amount, list line 11g expenses on Schedule O.).	20,019.	13,923.	1,379.	4,71
3 Office expenses	228,303.	100,636.	75,138.	52,52
4 Information technology	56,230.	41,172.	9,576.	5,48
5 Royalties	0.			
6 Occupancy	57,534.	51,471.	4,405.	1,65
7 Travel	36,191.	34,219.	1,948.	2
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	338,018.	277,898.	43,703.	16,41
21 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	70,773.	37,583.	30,194.	2,99
23 Insurance	47,680.	27,153.	17,110.	3,41
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule (A)				
(A) amount, list line 24e expenses on Schedule O.) aCOST OF GOODS SOLD	3,271,983.	3,271,983.		
DISCOUNTS ON MORTGAGES ISSUE	185,122.	185,122.		
CMORTGAGE ORIGINATION	74,715.	72,915.	1,800.	
dPROPERTY MAINTENANCE	256,370.	256,370.	1,000.	
"				
 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	7,190,391.	5,542,058.	1,091,364.	556,969
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0.			

0.

following SOP 98-2 (ASC 958-720)

HABITAT FOR HUMANITY GREATER ORLANDO AND

	HABITAT FOR HUMANITY GREATER ORLAND) AND	59-	2789167
n 990 art X	Balance Sheet			Page 1
art A	Check if Schedule O contains a response or note to any line in this Pa	ort V		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,235,839.	1	1,758,681
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	97,936.	3	293,916
4	Accounts receivable, net	0.	4	(
5	Loans and other receivables from any current or former officer, director,			
J	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined		5	
U U	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	
7	Notes and loans receivable, net	12,206,440.	7	11,923,970
7 8 9	Inventories for sale or use	3,661,517.	8	3,076,744
9	Prepaid expenses and deferred charges	0.	9	- , ,
-	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D 10a 1,953,174.			
b	Less: accumulated depreciation	1,809,088.	10c	1,753,648
11	Investments - publicly traded securities.	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	224,602.	15	181,24
16	Total assets. Add lines 1 through 15 (must equal line 33)	19,235,422.	16	18,988,20
17	Accounts payable and accrued expenses	464,170.	17	261,77
18	Grants payable	0.	18	
19	Deferred revenue.	140,000.	19	210,000
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	7,767,619.	23	8,558,83
24	Unsecured notes and loans payable to unrelated third parties	3,048,028.	24	2,387,21
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	11,419,817.	26	11,417,824
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	7,539,216.	27	7,450,381
28	Net assets with donor restrictions.	276,389.	28	120,000
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	7,815,605.	32	7,570,381
33	Total liabilities and net assets/fund balances	19,235,422.	33	18,988,205

HABIT	AT FO	R HUMANITY	GREATER	ORLANDO	AND

Form 9	90 (2019)			Pa	ige 12
Part					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		945,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		190,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		245,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,8	815,6	505.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	7,	570,3	381.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>.</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r		
	reviewed 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	L
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n 🛛		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			
	Single Audit Act and OMB Circular A-133?		. 3a	—	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

-EZ) 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.

OMB No. 1545-0047

		t of the Treasury venue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of tl	ne organization	HABITAT F	FOR HUMANITY	GREATER ORLANDO) AND		Employer identifi	cation number
OS	CEOI	LA COUNTY,	INC.					59-27891	67
Ра	rt I	Reason for	r Public Cha	rity Status (All c	organizations must c	omplete	e this pa	art.) See instructions	i
The	orga		•		is: (For lines 1 throug		-	,	
1					tion of churches desc				
2					. (Attach Schedule E				
3					rganization described i				
4			•	•	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(III). Enter the
5		hospital's nam			a college or universit		d or one	rated by a governme	ental unit described in
5		-	-	Complete Part II.)	a conege of universit	y owned		alled by a governme	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х								om the general public
		-		(1)(A)(vi). (Compl	-		Ū		. .
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	l in conjunction with a	land-grant college
		or university of	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investm ne organizatio	ited to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to o nrelated business tax 975. See section 509	certain e able inco (a)(2). (C	xception ome (les: Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		•	•		usively to test for publi	•			
12		-	-	-	-	-			carry out the purposes
									See section 509(a)(3). nes 12e, 12f, and 12g.
	Г			-				-	-
а				-	, supervised, or contr regularly appoint or e				
			-		e Part IV, Sections A		ajonty of		
b			-		ed or controlled in co		with its	supported organizati	on(s), by having
				-	rganization vested in				
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.		-		
С		Type III fun	ctionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	lly integrated with,
	_		-		s). You must comple				
d		••	•		porting organization o				• • • • •
			-		nization generally mus	-		-	d an attentiveness
_			•	,	omplete Part IV, Sect				
е			-		a written determinatio ionally integrated sup				п, туре пі
f	En			l organizations		porting c	nganizat		
g					orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the		(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al .								
- 010	A1								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2019

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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (c) 2018 (c) 2018 (c) 2019 (c)	Sec	tion A. Public Support						
membership fees received. (Do not include any Younsual grams.") 3,914,579. 3,002,016. 4,266,126. 2,011,010. 2,500,099. 17,302,640. 2 Tax revenues levide for the organization's buenett and either paid to or expended on its bahait 0. 0. 0. 3 The value of services or facilities furnished but set services or facilities apport of total contributions by each person (other than a governmental unit or public) supported organization) fielded on line 11. column (0). 3,914,579. 3,002,018. 4,266,126. 2,011,010. 2,500,099. 17,302,640. 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization) included on line 11. column (0). 3,914,579. 3,002,018. 4,266,126. 2,011,010. 2,600,099. 17,302,640. 6 Public support. Strot and yoper 0. 12,457. 3,002,018. 4,266,126. 2,011,010. 2,600,099. 17,302,640. 6 Debits support. Strot and yoper 0. 17,302,640. 12,458. 2,000,099. 17,302,640. 7 Amounts from interval. 8,914,579. 3,902,018. 4,266,126. 2,011.010. 12,648. 2,000,099. 17,302,640. 8 Strot income	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
organization's benefit and either paid to or expended on its behalt 0. 3 The value of services or facilities furnished by a governmental unit to the organization without charges 0. 4 Total. Add lines 1 through 3. 0.914,579 0.902,014 4.266,126 2.011,010 2.508,099 17,122,640 5 The portion of total contributions by acch person (other than a governmental unit or publicly supported organization) included on line 1 th accessds 2% of the amount shown on line 11, column (1). 0. 0. 0. 0. 7 Amounts from line 4. 0. 0.2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (1) 702al 7 Amounts from line 4. 1.0,459,624. 3.914,579. 3.902,018 4.266,126 2.811,818 2.508,099 17,302,640. 8 Gross income from interest, dividends, interest, envides, and income from similar sources 4.892 4.262. 7.944. 11,940. 4.557. 33.494. 9 Net income from unstated business activities, whether or not the business is regularly carried on	1	membership fees received. (Do not	3,914,579.	3,802,018.	4,266,126.	2,811,818.	2,508,099.	17,302,640.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0.
Total Additional Number 1 1	3	furnished by a governmental unit to the						0.
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),	4	Total. Add lines 1 through 3	3,914,579.	3,802,018.	4,266,126.	2,811,818.	2,508,099.	17,302,640.
6 Public support. Subtract line 5 from line 4 16,459,824. Section B. Total Support Calendar year (or fiscal year beginning in) > 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4	~	, , , , , , , , , , , , , , , , , , , ,						
Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. 3.914.579 3.802.018 4.266.126 2.811.818 2.508.099 17.302.640 8 Gross income from interest, dividends, rents, royatiles, and income from similar sources 4.892 4.261 7.944 11.840 4.557 33.494 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0. 0. 0. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). ATCH: 1. 10.971 33.716. 32.943. 220.093. 297.323. 12 Gross receipts from related activities, etc. (see instructions) 12 22.983.283. 10.971. 33.716. 32.944. 14 9.3.44% 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 12 22.983.283. 10.972.39% 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 14 9.3.344% 15 92.39% 16 33/3% support test - 2019. If the organization did not check the box on line 13 or 16a, and line 15								16,458,824.
7 Amounts from line 4		• •	(-) 2015	(1) 2010	(-) 2017	(-1) 2019	(2) 2010	(6) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 4,892. 4,261. 7,944. 11,840. 4,557. 33,494. 9 Net income from unrelated business activities, whether or not the business is regularly carried on			.,		.,	. ,	. ,	.,
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loss from the sale of capital assets (Explain in Part VI.) ATCH. 1 10,971. 33,716. 32,543. 220,093. 297,323. 11 Total support. Add lines 7 through 10 17,633,457. 12 22,983,283. 12 Gross receipts from related activities, etc. (see instructions) 12 22,983,283. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 1 Section C. Computation of Public Support Percentage 14 9334 % 14 9334 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 9239 % 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. IX 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization IX 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this b	9	activities, whether or not the business						0.
12 Gross receipts from related activities, etc. (see instructions) 12 22,983,283. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 1 Section C. Computation of Public Support Percentage 14 93.34% 14 93.34% 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 14 93.34% 16 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly suported organization for th	10	loss from the sale of capital assets		10,971.	33,716.	32,543.	220,093.	297,323.
 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						17,633,457.
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 14 93.34% 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 92.39% 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ▼ b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization. ▶ b 10%-facts-and-circumstance test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box a	12	Gross receipts from related activities, etc. (s	ee instructions) .			[12	22,983,283.
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 15 Public support percentage from 2018 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Supp	port Percentag	ge				
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 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		10% or more, and if the organization	meets the "fac	cts-and-circumsta	ances" test, che	eck this box an	d stop here. E	xplain in
 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		-			-	-		upported
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supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-						-
	4.6	supported organization						· ► 🗌
	18	•						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	i, or fifth tax y	ear as a sectior	501(c)(3)
	organization, check this box and stop here						►
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2019 (li	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018		•			18	%
19 a	331/3% support tests - 2019. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2018. If the org	-	-	•			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			
JSA	1 1 000					Schedule A (Form §	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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 VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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 VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.*
- **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.*
- 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

-	le A (Form 990 or 990-EZ) 2019		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11b		
	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		
Secti	on B. Type I Supporting Organizations		Vaa	Ne
			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			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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, supervised, or controlled the supporting organization.			
0		2		
Secti	on C. Type II Supporting Organizations		<u> </u>	
			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		
Secti	on D. All Type III Supporting Organizations		<u></u>	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax 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		
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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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		
	on 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 ins	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	1		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, 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		
JSA	Schedule A (Form	990 or	990-E2	Z) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		Guirent Tea
2	Amounts paid to perform activity that directly furthers exer	ed		
2	organizations, in excess of income from activity	eu		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ŭ	(provide details in Part VI). See instructions.	the organization is roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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.)

		_			ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	<u>.</u>				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME		10,971.	33,716.	32,543.	220,093.	297,323.
TOTALS		10,971.	33,716.	32,543.	220,093.	297,323.

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

HABITAT FOR HUMANITY GREATER ORLANDO AND

OSCEOLA COUNTY, INC.

59-2789167

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000

-	3 (Form 990, 990-EZ, or 990-PF) (2019) organization HABITAT FOR HUMANITY GREATER OR OSCEOLA COUNTY, INC.	LANDO AND	Page 2 Employer identification number 59-2789167
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$211,454.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$54,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$112,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$517,795.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	8 (Form 990, 990-EZ, or 990-PF) (2019) organization HABITAT FOR HUMANITY GREATER O	RLANDO AND	Page 2 Employer identification number
Part I	OSCEOLA COUNTY, INC. Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is r	59-2789167 needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$54,648.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	ganization HABITAT FOR HUMANITY GREATER ORLANDO AN	1D	Employer ide 59-27	entification number
art II	OSCEOLA COUNTY, INC. Noncash Property (see instructions). Use duplicate copies of	Part II if add		
art II				
(a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
	LAND			
3		_		
		_ \$	112,000.	06/30/2020
a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
	CONSTRUCTION MATERIALS	_		
6		_		
		_ \$	517,795.	02/28/2020
(a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
	PAINT SUPPLIES	_		
7		_		
		_ \$	54,648.	02/29/2020
(a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
		_		
		_ _ \$		
		Ψ		
(a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
		_		
		_ \$		
(a) No. from Part I	(b) Description of noncash property given		(c) V (or estimate) See instructions.)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	_		
		_		
		_ \$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4		
Name of or	rganization HABITAT FOR HUMANITY G	REATER ORLANDO	AND	Employer identification number 59-2789167		
Part III	OSCEOLA COUNTY, INC. Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
		(e) Transf	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I						
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
						
	Transferee's name, address, ar	1d ZIP + 4		nship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I	(b) i dipose oi giit					
		fer of gift				
	Transferee's name, address, ar			nship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		

(Fo	HEDULE D rm 990)	Complete if t	ental Financi he organization answe 8, 9, 10, 11a, 11b, 11c, Attach to Form 9	red "Yes" on Form 11d, 11e, 11f, 12a	n 990,		OMB No. 154	9
Inter	artment of the Treasury nal Revenue Service	► Go to www.irs.gov/	Form990 for instruction				Inspection	
		HABITAT FOR HUMANITY G	REATER ORLANDO	AND	Em	ployer identificat		
-	CEOLA COUNTY,	INC.	and Europa or Othe	r Similar Fund	s or Acc	59-278916	57	
Pa		e if the organization answered				Junis.		
	Complete		(a) Donor adv			(b) Funds and	other accounts	;
1	Total number at e	end of year				(,, , , , , , , , , , , , , , , , , , ,		
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	Did the organizat	tion inform all donors and donor	advisors in writing t	hat the assets h	neld in do	nor advised		_
	-	anization's property, subject to the	-	-			Yes	No
6	-	ion inform all grantees, donors, a						
		e purposes and not for the bene			2			
Da		nissible private benefit?					Yes	No
10		e if the organization answered	"Yes" on Form 990	. Part IV. line 7.				
1		nservation easements held by the						
	Preservatio	on of land for public use (for example	, recreation or education)	Preserva	tion of a h	istorically imp	oortant land a	irea
	X Protection of	of natural habitat		Preserva	tion of a c	ertified histor	ic structure	
		on of open space						
2		a through 2d if the organization he	eld a qualified conser	vation contribution	on in the fo			
		last day of the tax year.				Held at the	End of the Tax	k Year
a		conservation easements						
b c		stricted by conservation easements rvation easements on a certified						
d		rvation easements included in (c		. ,				
u		listed in the National Register	, ,					
3		ervation easements modified, tra				by the orga	nization dur	ing the
	tax year 🕨							
4		where property subject to conse				1.		
5		zation have a written policy reg						v
		forcement of the conservation ea					Yes	
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viol	ations, and enfor	cing conse	rvation easeme	ents during th	ne year
7	Amount of expense	ses incurred in monitoring, inspec	ing handling of violat	ions and enforci		vation pasam	onte durina ti	
•	►\$		ing, nanaling of violat		ng conser	valion caselin	chis during ti	ie year
8		vation easement reported on line 2	2(d) above satisfy the r	equirements of s	section 17	0(h)(4)(B)(i)		
		n)(4)(B)(ii)?					Yes	No
9		ibe how the organization reports			•			
		nd include, if applicable, the text of		organization's fin	ancial sta	tements that o	describes the	
De		counting for conservation easeme tions Maintaining Collections			thar Sim	ilor Acceto		
Fa	Complete	e if the organization answered	"Yes" on Form 990	, Part IV, line 8				
1a		n elected, as permitted under FA treasures, or other similar asse n Part XIII the text of the footnote						
b	art, historical trea provide the follow	n elected, as permitted under Fa sures, or other similar assets he ving amounts relating to these iter	d for public exhibitions:	n, education, or	research	in furtheranc	nce sheet w e of public s	orks of service,
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1				▶\$.		
		ed in Form 990, Part X						
2	-	on received or held works of a				for financia	l gain, provi	ide the
_		s required to be reported under F.				• •		
a b		l on Form 990, Part VIII, line 1. n Form 990, Part X						
-	Paperwork Reduction	n Act Notice, see the Instructions for	Form 990.				dule D (Form 9	90) 2019

HABITAT	FOR	HUMANITY	GREATER	ORLANDO	AND
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Schor		Drm 990) 2019	JIAI F	OK HUMA		GREA.	IER OI	КЦАИL	JO A	Ш		59-27	09107	Dere 2
				otions of	Art 1	ictoria		ocuro(or	Othor	Similar /	Accote (oontinuo	Page 2
Ра 3	rt III	the organization's acquisition												,
з	-	ion items (check all that app		sion, and	other re	ecolus,	Check	any o	i the	TOHOW	ing that h	nake sig	nincant u	
•		Public exhibition	iy).		d		Loan o	r ovobr	2000	progra	m			
a h		Scholarly research			u e		Other		•					
b c		Preservation for future gene	rationa		e		Other -							
4		e a description of the organ		collection	e and e	volain	how th	ov fur	thor	the or	anization'	's oxomn	t nurnos	in Part
4	XIII.	e a description of the organ	lizations	CONECTION	s anu e	sylain	now u	ley fui	liiei		Janization	s evenib	n puipose	5 III Fait
5		the year, did the organization	n solicit (or receive	donatio	ne of a	rt histo	rical tr	02611		othar simil	ar		
3	-	to be sold to raise funds rath											Yes	No
Pa	rt IV	Escrow and Custodial A			anieu a	s part t		ryaniza		3 001100		[103	
Ιa	111	Complete if the organiza			es" on	Form	990 P	art IV	line	9 or r	enorted a	n amou	nt on Foi	rm
		990, Part X, line 21.		werea re			550,1	unt iv,	iiiic	0, 01 I	oponed d	aniou		
1a	Is the	organization an agent, truste		dian or oth	er inter	mediar	v for co	ontribut	ions	or othe	r assets no	nt		
ia		ed on Form 990, Part X?											Yes	No
b	If "Yes	," explain the arrangement i	n Part XII	l and com	nlete th	e follow	vina tab	ام.				••••	103	
Ň	11 103						ving tab	ic.				Amount	+	
с	Reginn	ning balance							1c			7 through		
d		ons during the year							1d					
e		utions during the year							1e					
f		j balance							1f					
2a		e organization include an am								stodial	account lia	ability?	Yes	No
b		," explain the arrangement i												
-	rt V	Endowment Funds.		1. 011001(11					onpr	ovided				•
Ιa	IL V	Complete if the organiza	ation ans	wered "Y	es" on	Form	990 P	art IV	line	10				
				rrent year	1) Prior ye		(c) Two			(d) Three y	ears back	(e) Four y	ears back
4.			(.,		(-,	,,.		.,	,		(,		(-))	
1a	-	ning of year balance												
b		butions												
С		vestment earnings, gains,												
		SSES												
d		or scholarships												
е		expenditures for facilities												
T		istrative expenses												
g		year balance							(-))					
∠ a		e the estimated percentage designated or quasi-endown		ment year	%	iance (i	ine ig, i	column	(a))	neid as	•			
h		inent endowment	% %											
c		endowment	%											
·		ercentages on lines 2a, 2b, a	- ' -	ould equal	100%									
3a	•	ere endowment funds not in				nizatio	n that a	are hel	d and	l admir	nistered for	the		
•••		zation by:	and pool		ne erge								Y	'es No
	•	related organizations											3a(i)	
		ated organizations											3a(ii)	
b	. ,	" on line 3a(ii), are the relate											3b	
4		be in Part XIII the intended u	0											
Ра	rt VI	Land, Buildings, and Equ	Jipment.											
		Complete if the organization	ation ans								1			
		Description of property		(a) Cost o (inves	r other bas stment)	sis (b) Cost or (otl	r other ba her)	asis		cumulated eciation	(d) Book valu	le
1a	Land.			,	,			89,25	50.				28	9,250.
b		gs					1,4	18,05	6.		93,780.			4,276.
С		hold improvements						29,82	21.		3,313.			6,508.
d		nent	ſ					99,81	6.		66,732.		3	3,084.
е			r				1	16,23	31.		35,701.		8	0,530.
Tota		nes 1a through 1e. (Column		t equal For	m 990, I	Part X,	column	(B), lin	ne 10	c.)			1,75	3,648.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (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 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	/aiue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.)/		
Complete if the organization answered		, Part IV, line 11d. See Form 990, P	
	escription		(b) Book value
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u> (7)			
(7)			
<u>(8)</u>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	lino 15)		
Part X Other Liabilities.	ine 13.)		
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes			No Book value
(1) Tederal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
 Liability for uncertain tax positions. In Part XIII, provide the 			roporte the
organization's liability for uncertain tax positions. In Part XIII, provide the		•	

Schedu	le D (Form 990) 2019		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	7,047,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	102,151.
3	Subtract line 2e from line 1	3	6,945,167.
4	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 4a		
b	Other (Describe in Part XIII.) 4b		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,945,167.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,292,542.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	102,151.
3	Subtract line 2e from line 1	3	7,190,391.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	7,190,391.
	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

SCHEDULE D, PART II, LINE 3

THE ORGANIZATION HOLDS A CONSERVATION EASEMENT THAT WAS PURCHASED IN A PRIOR YEAR IN CONJUNCTION WITH LAND PURCHASED FOR A HOUSING DEVELOPMENT PROJECT. THERE HAVE BEEN NO QUALIFIED CONSERVATION CONTRIBUTIONS MADE TO THE ORGANIZATION.

SCHEDULE D, PART X, LINE 2

HABITAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA INCOME TAX CODE. FUNDING COMPANY WAS INCORPORATED UNDER THE FLORIDA REVISED LIMITED LIABILITY COMPANY ACT AND IS CONSIDERED A DISREGARDED ENTITY FOR FEDERAL AND STATE INCOME TAX PURPOSES. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHELD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY. SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

9071802

SCH	EDULE J	Compen	sation Information	L	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എന	19	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury		Attach to Form 990.		Open t		
	Revenue Service of the organization	► Go to www.urs.gov/Forms HABITAT FOR HUMANITY GR	990 for instructions and the latest information.	Employer identifica		ectio	n
	EOLA COUNT		CEATER ORLANDO AND	59-27891		-1	
Part		ns Regarding Compensation		JJ 270J1	07		
I all	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on For	m		
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	•			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
h	If any of the	haves on line 1a are checked did th	ne organization follow a written policy re	aarding novmo	nt		
b	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III	to		
	explain				. 1b		
2	-		to reimbursing or allowing expenses				
			D/Executive Director, regarding the items	checked on lin			
					. 2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa				
		nsation committee	X Written employment contract	art III.			
		dent compensation consultant	X Compensation survey or study				
		90 of other organizations	X Approval by the board or compensation	tion committee			
		·					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		. 4a		X
b			ental nonqualified retirement plan?				Х
с	Participate in,	, or receive payment from, an equity-ba	ased compensation arrangement?		. 4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5			ion A, line 1a, did the organization pa	y or accrue a	ny		
		n contingent on the revenues of:			-		v
a h							X X
b		rganization? e 5a or 5b, describe in Part III.			. 5b		~
6			ion A, line 1a, did the organization pa				
0		n contingent on the net earnings of:	ion A, nile ra, dia trie organization pa	y of accide a	y l		
а					. 6a		X
b							Х
	•	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov	ide anv nonfixe	ed		
-			lescribe in Part III				Х
8			paid or accrued pursuant to a contract that				
		-	Regulations section 53.4958-4(a)(3)? If				
							X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			. 9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Page 2

Part II 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)(i)-(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	W-2 and/or 1099-MI	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	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CATHERINE STECK MCMANUS	(i)	173,827.	0.	500.	9,035.	14,096.	197,458.	
1 ^{PRESIDENT & CEO}	(ii)	0.	0.	0.				
LEIGH A. NEWTON	(i)	111,650.	0.	0.	5,582.	3,062.	120,294.	
VICE PRESIDENT OF CONSTRUCTION	(ii)	0.	0.	0.				
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Name of the organization OSCEOLA COUNTY, INC.

HABITAT FOR HUMANITY GREATER ORLANDO AND

59-2789167

Par	t 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	Method of noncash cont			,
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							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - 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				ļ			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		94.	721,712.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29		Vaa	
20-	During the upper did the experient	ion reaching	hy contribution any propa	why reported in Dout I line.	a 1 through		Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the to be used for exempt purposes for	-				30a		х
۲	If "Yes," describe the arrangement i					50a		
р 31	Does the organization have a		tance policy that require	e the review of environment	onstandard			
51	contributions?			-		31		х
322	Does the organization hire or use							
JZa	contributions?		•			32a		Х
h	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked			
	describe in Part II.				i enconou,			
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Fo	rm 990)) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule M (Form 990) (2019)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
CONSTRUCTION MATERIALS	Х	94.	721,712.	BOOK VALUE
TOTALS	-	94.	721,712.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



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

 Name of the organization
 HABITAT FOR HUMANITY GREATER ORLANDO AND
 Employer identification number

 OSCEOLA COUNTY, INC.
 59-2789167

FORM 990, PART I, LINE 1

DESCRIPTION OF ORGANIZATION MISSION:

WE BUILD HOMES. WE REVITALIZE NEIGHBORHOODS. WE STRENGTHEN COMMUNITIES. BUT MOST IMPORTANTLY, WE CHANGE LIVES AS WE WORK TO PROVIDE AFFORDABLE HOUSING FOR FAMILIES IN NEED. THROUGH SHELTER, WE EMPOWER. SINCE OUR INCEPTION IN 1986, HABITAT ORLANDO & OSCEOLA HAS BUILT MORE THAN 300 HOMES AND REHABBED MORE THAN 200 HOMES, SERVING OVER 4,500 MEN, WOMEN, AND CHILDREN. NO MATTER WHO WE ARE OR WHERE WE COME FROM, WE ALL DESERVE TO HAVE A DECENT LIFE. WE DESERVE TO FEEL STRENGTH AND STABILITY DAY AFTER DAY. WE DESERVE TO KNOW WE HAVE THE POWER TO TAKE CARE OF OURSELVES AND BUILD OUR OWN FUTURES. AT HABITAT ORLANDO & OSCEOLA, THIS IS WHAT UNITES US. FOR EVERY NAIL THAT IS HAMMERED, EVERY HOUSE THAT IS SOLD, EVERY RESIDENT THAT IS EMPOWERED AND EVERY NEIGHBORHOOD THAT IS ENHANCED, WE ARE ONE STEP CLOSER TO ELIMINATING SUBSTANDARD HOUSING AND DEVELOPING THRIVING COMMUNITIES.

FORM 990, PART III, LINE 4C

NEIGHBORHOOD REVITALIZATION IS FUELED BY A VISION OF STRONG AND EMPOWERED RESIDENTS TAKING A CENTRAL LEADERSHIP ROLE AND HAVING THE PREEMINENT VOICE IN DIRECTING AND LEADING EFFORTS TO TRANSFORM THEIR COMMUNITY. WE ALSO WORK TO BRING IN OTHER NEIGHBORHOOD PARTNERS TO SUPPORT THESE LEADERS, LIKE THE ORLANDO POLICE DEPARTMENT TO BEGIN NEIGHBORHOOD WATCH PROGRAMS. HABITAT FOR HUMANITY IS NOT THE ARCHITECT OF NEIGHBORHOOD REVITALIZATION IN ANY GIVEN NEIGHBORHOOD. INSTEAD, OUR WORK IS TAILORED TO THE ASPIRATIONS AND DREAMS OF RESIDENTS WHO TAKE ON LEADERSHIP ROLES IN THEIR NEIGHBORHOOD'S RENEWAL. BY CEDING THE LEADERSHIP ROLE TO RESIDENTS, WHILE SUPPORTING, SERVING AND SEEKING WAYS TO BUILD CAPACITY, HABITAT ENSURES THE WORK WILL BE SUSTAINABLE OVER TIME WITHOUT MAKING THE NEIGHBORHOOD DEPENDENT ON JUST ONE NONPROFIT ORGANIZATION.

FORM 990, PART VI, LINE 11 THE DRAFT RETURN IS SUBMITTED VIA EMAIL TO THE TREASURER AND GOVERNING BODY FOR REVIEW BEFORE FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE BOARD OF DIRECTORS AND/OR THE RELEVANT COMMITTEE. MINUTES OF THE DISCUSSION, RESOLUTION AND ANY VOTES ARE RECORDED IN THE MINUTES.

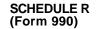
FORM 990, PART VI, SECTION B, LINE 15A THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE WITH APPROPRIATE COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS CAN BE ACCESSED THROUGH WWW.MYCFCF.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

Schedule O (Form 990 or 990 Name of the organization	,	ANITY GREATER ORLANDO ANI	Page Employer identification number
OSCEOLA COUNTY,			59-2789167
FORM 990, PART 2	K – DEFERRED REVE	NUE	ATTACHMENT 1 (CONT'D)
		BEGINNING	FNDING

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
DEFERRED REVENUE		140,000.	210,000.
	TOTALS	140,000.	210,000.



Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization HABITAT FOR HUMANITY GREATER ORLANDO AND

59-2789167

OSCEOLA COUNTY, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HFHGO FUNDING COMPANY I, LLC 59-2789167					
4116 SILVER STAR ROAD ORLANDO, FL 32808	FINANCING	FL	36,916.	3,618,369.	HFHGO
(2)					
(3)					
(4)					
(5)					
(6)					
				l	

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1)	-						
(2)	-						
(3)	-						
(4)							
(5)	_						
(6)	-						
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

JSA 9E1307 1.000 Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	i more related erg	amzador		arthoromp during th	o lax your.	1	-					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets			(j) General or managing partner?		(k) Percentage ownership	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	_											
(4)	_											
(5)	_											
(6)	-											
(7)	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)							Yes N
(2)							
(3)							
(4)							
(5)							
(6)							

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>1</u> a		<u> </u>
	Gift, grant, or capital contribution to related organization(s)				-	<u> </u>
	Gift, grant, or capital contribution from related organization(s)				-	<u> </u>
	Loans or loan guarantees to or for related organization(s)				-	<u> </u>
е	Loans or loan guarantees by related organization(s)			1e		
4	Dividende from related ergenization(a)			1f		
	Dividends from related organization(s)			•••••		
	Purchase of assets from related organization(s)					
i	Exchange of assets with related organization(s)				-	
i	Lease of facilities, equipment, or other assets to related organization(s).					
,						
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		
	Performance of services or membership or fundraising solicitations for related organization(s)					
	Performance of services or membership or fundraising solicitations by related organization(s).				۱	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-	<u> </u>
ο	Sharing of paid employees with related organization(s)			<u>1</u> 0	,	
	Reimbursement paid to related organization(s) for expenses.					<u> </u>
q	Reimbursement paid by related organization(s) for expenses	•••••		1c		
-	Other transfer of each or property to related ergenization(a)			1r		
	Other transfer of cash or property to related organization(s)					
	If the answer to any of the above is "Yes," see the instructions for information on who must complete the					
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		ing
(1)						
(2)						
(2)						
(3)						
<u> </u>						
(4)						
_						
(5)						
(6)						
JSA			Sch	nedule R (Form	n 990)	2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	country)	income (related, unrelated, excluded from tax under	sec 501(organiz	e) partners tion c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.