Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year begi	nning 07/01/20	22	and endir	ng		06/	/30/2023	i				
В с	heck if ap	oplicable:	C Name of organization HABITAT OSCEOLA COUNTY, INC.	FOR HUMANITY G	REATER	ORLANDO	AND	D Employer ide	∍ntifica	ation number					
	Addre		Doing Business As					59.	-278	39167					
	chang	ge change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone n							
	+	return	4116 SILVER STAR ROA		,			·							
	Termi		City or town, state or province, country,		1			(407)648-4567							
	Amen		ORLANDO, FL 32808					G Gross receipts \$ 7,893,674.							
	return Applio		F Name and address of principal officer:	CATHERINE ST	ECK MOM	ANTIC		H(a) Is this a grou							
	_ pendi	ng	· ·			ANUS		subordinates	?	— 	<u> </u>				
_	Tay ay	omnt et	4116 SILVER STAR ROAD			50	7	H(b) Are all subord		(see instruction					
		empt st	== (0)(0)) (insert no.)	4947(a)(1)	or 52	/				5)				
_			WWW.HABITATORLANDOOSCE			1 //		H(c) Group exem			9 TIT				
			ization: X Corporation Trust	Association Other	•	L Year o	i iormat	tion: 1986 M	State c	or legal domic	ile: FL				
	art I	•	mmary							001 1110					
_	1	•	describe the organization's mission o	· ·						ORLANDO	, 				
Governance			SCEOLA COUNTY SERVES AS						<u></u> -						
rna	_		NGING PEOPLE TOGETHER TO												
ove			this box if the organization d	•	•				1 1						
<u>م</u>	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		25				
es	4	Numb	er of independent voting members of	the governing body (Part \	/I, line 1b)				4		25				
Ϋ́Ε̈́			number of individuals employed in cale						5		44				
Activities	6	Total	number of volunteers (estimate if neces	sary)					6		1,042				
٩			unrelated business revenue from Part V						7a		NONI				
	b	Net u	nrelated business taxable income from	Form 990-T, line 34	<u></u>				7b		NONI				
	_				Prior Year	_	Current								
e	8	Contri	butions and grants (Part VIII, line 1h)		COP	Y FOR		9,150,72			31,577.				
Revenue			am service revenue (Part VIII, line 2g)			NSPECTION		3,840,52			52,806.				
Re	ı		ment income (Part VIII, column (A), line					6,6			92,599.				
			revenue (Part VIII, column (A), lines 5,					323,91			21,457.				
			revenue - add lines 8 through 11 (mus				-	13,321,82		7,85	58,439.				
			s and similar amounts paid (Part IX, col						ONE		NONI				
			its paid to or for members (Part IX, colu		No		NONI								
es			es, other compensation, employee ben			2,363,97	0.	3,32	24,796.						
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)				No	ONE		NONI				
Ϋ́			fundraising expenses (Part IX, column (
_			expenses (Part IX, column (A), lines 11					4,881,69			58,132.				
	18		expenses. Add lines 13-17 (must equal					7,245,66			92,928.				
	19	Rever	ue less expenses. Subtract line 18 from	n line 12				6,076,16			34,489.				
Net Assets or Fund Balances							Begin	ning of Current \		End of					
sset	20		assets (Part X, line 16)					23,905,36			30,919.				
ag A	21							9,549,19			09,233.				
žΞ	22		ssets or fund balances. Subtract line 21	I from line 20				14,356,17	5.	14,32	21,686.				
	rt II		gnature Block												
Und	der per	nalties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other that	is return, including accompa officer) is based on all inform	anying sched	ules and stater	ments, a	and to the best of	my kr	nowledge and	I belief, it is				
	,					р. ор	,								
Sig	n								15/2	2023					
Hei			Signature of officer					Date							
116	C		HERINE STECK MCMANUS		PRESII	DENT AND	CEO								
			Type or print name and title												
Paid		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	TIN					
	ı barer	ERII	K A HALLUSKA CPA	ERIK A HALLUSKA	A CPA	12/07	/202	3 self-employ	ed E	0195417	12				
-	Only	Firm's	name ► WITHUMSMITH+BROW	N,PC				Firm's EIN	22	2-202709	2				
				TE 1200 ORLANDO, FL 32				Phone no.	40	7-849-1	.569				
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions	s)				<u> </u>		No				
For	Paper	rwork	Reduction Act Notice, see the separate	te instructions.						Form 9	90 (2022)				

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Pa	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. Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	If "Yes," describe these new services on Schedule O.	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-		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 accomplishments for each of its three largest program services.	
	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.	
40	(Code: 531390) (Expenses \$ 4,018,625. including grants of \$) (Revenue \$ 3,462,806.)	
4a	SEE SCHEDULE O	
	PET SCHEDOTE O	
_		
4b	(Code: 616000) (Expenses \$ 1,227,725. including grants of \$) (Revenue \$)	
	COMMUNITY AND HOMEBUYER EDUCATION PROGRAMS - WE BELIEVE FINANCIAL	
	EDUCATION BUILDS A MORE SOLID FOUNDATION FOR LONG-TERM PERSONAL SUCCESS AND HELPS ALLEVIATE ANY CONCERNS OR BARRIERS ON THE PATH	
	TO HOMEOWNERSHIP. DURING THESE FINANCIAL EDUCATION CLASSES, WE	
	COVER TOPICS SUCH AS BUDGETING; CREDIT CARDS AND CREDIT REPORTS;	
	DEBT AND LOANS; SAVING, INVESTING AND PLANNING FOR THE FUTURE;	
	EMERGENCY SITUATIONS; AND HABITAT HOMEOWNER MORTGAGES. A MORE	
	IN-DEPTH UNDERSTANDING OF THESE IMPORTANT CONCEPTS IS A TOOL THAT	
	CAN BE USED TO BUILD A BETTER FUTURE.	
4-	(Code; see see) /Expanses \$\frac{1}{2} \text{ see see including greats of \$\frac{1}{2}\$} \text{ \(\text{/Devenue \$\frac{1}{2}\$}\)	
4C	(Code: 811000) (Expenses \$ 894,923. including grants of \$) (Revenue \$)	
	HOME PRESERVATION PROGRAM - OUR HOME PRESERVATION PROGRAM IS AN	
	OUTREACH INITIATIVE THAT SEEKS TO PROVIDE A WIDE RANGE OF OPPORTUNITIES FOR LOW- TO MODERATE-INCOME HOMEOWNERS, INCLUDING	
	VETERANS AND SENIORS, WHO ARE STRUGGLING TO MAINTAIN THEIR HOMES	
	BECAUSE OF AGE, DISABILITY OR FAMILY CIRCUMSTANCES. WE PARTNER	
	WITH FAMILIES TO HELP THEM RECLAIM THEIR HOMES WITH PRIDE AND	
	DIGNITY. THE PROGRAM ALLOWS FAMILIES TO STAY IN THEIR HOME AND	
	AVOID THE UNCERTAINTY, TRAUMA AND EXPENSE OF MOVING. PROJECTS	
	CONSIST OF INTERIOR AND/OR EXTERIOR REPAIRS INTENDED TO ALLEVIATE	
	CRITICAL HEALTH, LIFE AND SAFETY ISSUES OR CODE VIOLATIONS.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 6 141 273	

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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,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	l		
	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	١		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	37	
40-	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	40-	3.5	
	Schedule D, Parts XI and XII.	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h		77
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		Δ.
	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	1.12		
. •	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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Pild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	Х	
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			
	· · · · · · · · · · · · · · · · · · ·			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?			
	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 the 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	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		- 21
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		
50	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part		30	Λ	
ı all	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii Ooneddie O contains a response of note to any line iii tilis Fait V	• • •	Yes	No
4	Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable		. 03	.,,,
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.5	v	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	Statements Degarding Other IDS Filings and Tay Compliance (continued)		Yes	No
			163	140
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 44	0 L	3.7	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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
	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?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
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.			
а	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	Section 501(c)(7) organizations. Enter:			
	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			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	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 the instructions and file Form 4720, Schedule N.	13		21
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Λ
17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes " complete Form 6069	17		

59-2789167 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	_
b	Each committee with authority to act on behalf of the governing body?			8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 pe	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on 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	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		40-	37	
	describe on Schedule O how this was done			12c	X	-
13	Did the organization have a written whistleblower policy?			13	X	-
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review ar independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedFL,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website X Another's website X Upon request Other (explain on Science).	ply.		Γ (sec	tion 5	601(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est r	olicv
	and financial statements available to the public during the tax year.				P	,,
20	State the name, address, and telephone number of the person who possesses the organization's length of the person who person of the person of th	oooks	and record	S		

407-648-4567

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the o	rganization nor any relate	ed organization comper	nsated any current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	Position (do not check mor box, unless person officer and a direc				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CATHERINE STECK MCMANUS	40.00									
PRESIDENT & CEO	NONE	X		Х				251,875.	NONE	29,350.
(2) JENNIFER E GALLAGHER	40.00							23170731	110112	25,7330.
CHIEF OPERATING OFFICER	NONE			х				128,687.	NONE	14,920.
(3) GREGORY ALLEN-ANDERSON	40.00									
CHIEF MORTGAGE OFFICER	NONE			Х				121,269.	NONE	14,522.
(4) LUCILLE GHIOTO	40.00							,		,
VP OF PLANNING & CONSTRUCTION	NONE			Х				101,605.	NONE	26,878.
(5) VIERKA KLEINOVA	40.00									
VP OF RESOURCE DEVELOPMENT	NONE					Х		113,765.	NONE	14,174.
(6) CHRIS ROLLINS	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) JANICE ABREW-CORIANO	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) JEFF BITTENBINDER	3.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) JENNIFER CARROLL	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) KEITH LOVETT	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) LENNIE ARNOLD	3.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(12) PAUL LARTONOIX	3.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(13) PETE BARR, JR.	3.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(14) RITA MCCAULEY	3.00									_
BOARD MEMBER	NONE	X						NONE	NONE	NONE

Form **990** (2022)

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Form 990 (2022)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinu	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average			Pos	sition			Reportable	Reportable	Е	stimated	t
	hours per	,				e than o		compensation	compensation from	aı	mount o	of
	week (list any hours for	1				is both tor/trust		from	related	con	other npensati	ion
	related	or Inc	Ing	Q	6	em Hig	Fo	the organization	organizations (W-2/1099-MISC)		rom the	
	organizations	dire	l ti	Officer	y er	Highest co	Former	(W-2/1099-MISC)	(,)		ganizatio	
	below dotted	ual	tion	-	Key employee	st cc yee	~				nd relate	
	line)	Individual trustee or director	al tn		yee	mp				org	anizatio	115
		tee	Institutional trustee			compensated e						
			Ф			ated						
15) TOM HARBERT	3.00											
BOARD MEMBER	NONE	Х						NONE	NONE			NONE
(16) TIFFANY HOMLER HAWKINS	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(17) CHEVALIER LOVETT	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(18) BUD KIRK	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(19) CLIFF LONG	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(20) GEORGE HUDDLESTON	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(21) LASHAWNDA K. JACKSON	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(22) OHME ENTIN	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(23) PAUL SOHL	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(<u>24) REGGIE WHITE</u>	3.00											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
(25) ROBERT STUART, JR.	3.00	-										
BOARD MEMBER	NONE	X						NONE				NONE
1b Sub-total								717,201.	NONE			844.
c Total from continuation sheets to Part VII, S	-						>	NONE				NONE
d Total (add lines 1b and 1c)				• •			<u> </u>	717,201.	NONE		99,	844.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d a	bov	e) who 5	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	car diracto	or or	tri	ıcta	Δ	kov c	mn	Novee or highes	t compensated		1.00	110
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4		
5 Did any person listed on line 1a receive or										-		

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2022)

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Part VII Section A. Officers, Directors, Tr	uotooo Ka	w En	nla			and L	امال	hoot Component	od Emplo	V000 /o	Page 8
		∌у ⊑п	тріс			and F	ng			yees (c	•
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reporta	ahle	(F) Estimated
Name and the	hours per	,		heck	mor	e than o		compensation	compensati		amount of
	week (list any					is both or/trust		from	relate		other
	hours for related							the organization	organiza (W-2/1099		compensation from the
	organizations	divid	stitu	Officer	Key employee	Highest co employee	Forme	(W-2/1099-MISC)	(**-2/1033	-iviloo)	organization
	below dotted line)	lual	tiona	"	nplo	st co yee	~				and related organizations
	ilite)	Individual trustee or director	al tro		yee	mpe					organizations
		ee	Institutional trustee			compensated					
						led.					
26) GLEN GILZEAN	3.00	┨									
BOARD MEMBER	NONE	X						NONE		NONE	NONE
27) MICHAEL LOULAN	3.00	- 37						NONE		NIONIE	NIONII
BOARD MEMBER	NONE	X						NONE	i	NONE	NONI
28) MICHELLE CHANDLER BOARD MEMBER	3.00 NONE	X						NONE	,	NONE	NONI
29) PATTI JOHNSON	3.00	Α_						NONE	1	NONE	NOM
BOARD MEMBER	NONE	X						NONE		NONE	NONE
30) TRISHA ENGLER	3.00	1						I TOTAL	1	110112	110111
BOARD MEMBER	NONE	Х						NONE		NONE	NONE
	+	1									
	-†	1									
	†	1									
1b Sub-total							>				
c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000	of	
reportable compensation from the organization	on ►										
											Yes No
3 Did the organization list any former offi						-			•		
employee on line 1a? If "Yes," complete Scheo											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr								complete Schedu	ile J for	such	4 X
								rolated arganizati	on or indiv	idual	4 1
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i>)											5 X
Section B. Independent Contractors	co, comple	.0 001	.546		. , 01	54011	اںم				, J
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100	0,000 o	f
compensation from the organization. Report year.											
(A)								(B)			(C)

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

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JSA 2E1055 1.000

59-2789167

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	ny line in this Part V	<u> </u>	<u></u>	<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פֿפֿ	С	Fundraising events 1c	7,223.				
fts ar A	d	Related organizations 1d					
פֿיָּ	е	Government grants (contributions) 1e	1,274,991.				
Sir	f	All other contributions, gifts, grants,					
er të		and similar amounts not included above . 1f	2,799,363.				
gi	g	Noncash contributions included in					
nd		lines 1a-1f 1g	\$ 478,509.				
ပ ဖ	h	Total. Add lines 1a-1f		4,081,577.			
4			Business Code				
<u>vice</u>	2a	HOME SALES	531390	3,106,902.	3,106,902.		
er ne	b	MORTGAGE AMORTIZATION	522292	355,904.	355,904.		
Program Service Revenue	С						
gra Re	d						
č	е						
ш.	f	All other program service revenue		3,462,806.			
	<u>g</u>	Total. Add lines 2a-2f		3,402,000.			
	3	Investment income (including dividends,		192,599.		NONE	192,599.
	4	other similar amounts)		NONE		1,01,2	192,333.
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss)					
er	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
		events (not including \$7,223.					
		of contributions reported on line	120 000				
		1c). See Part IV, line 18 8a	129,000. 35,235.				
	b C	Less: direct expenses	1	93,765.		NONE	93,765.
		. , ,	T	207.101			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
eoi ue	11a	OTHER INCOME	900009	27,692.	27,692.		
llan 'en	b						
Miscellaneous Revenue	С						
Σ	d	All other revenue					
		Total Add lines 11a-11d		27,692.	2 402 455		005.05:
	12	Total revenue. See instructions	'	7,858,439.	3,490,498.	NONE	286,364.

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9071802

59-2789167

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respondence on lines 6b, 7b,	onse or note to any line (A) Total expenses	e in this Part IX (B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
_	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	705 060	442 507	167 700	114 646
	trustees, and key employees	725,962.	443,587.	167,729.	114,646.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
_	persons described in section 4958(c)(3)(B)	NONE	1 202 275	454 001	210 000
	Other salaries and wages	1,969,245.	1,203,275.	454,981.	310,989.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	410 046	256 540	07 002	((202
9	Other employee benefits	419,846.	256,540.	97,003.	66,303
10	Payroll taxes	209,743.	128,160.	48,460.	33,123
	Fees for services (nonemployees):	NONTE			
	Management	NONE	20 146	6 020	2 205
	Legal	39,381. 191,276.	29,146.	6,930.	3,305.
	Accounting		141,566.	33,659.	16,051
	Lobbying	NONE NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	605,120.	447,858.	106,484.	50,778
42	(A), amount, list line 11g expenses on Schedule O.)	63,469.	38,110.	13,481.	11,878
	Advertising and promotion	385,384.	288,835.	34,635.	61,914
13 14	Office expenses	166,452.	119,766.	14,614.	32,072
15	Royalties.	NONE	110,700.	11,011.	32,012
16		82,337.	62,495.	7,454.	12,388
	Travel	42,971.	42,971.	7,151.	12,500
	Payments of travel or entertainment expenses	12,571.	12,571.		
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	174,567.	159,060.	10,770.	4,737
	Payments to affiliates	NONE			_,,,,,,
	Depreciation, depletion, and amortization	78,056.	60,962.	11,152.	5,942
	Insurance	78,459.	60,099.	11,532.	6,828
	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 O.)				
а	COST OF HOME SALES/CONSTRUCT	1,976,828.	1,976,828.		
	COST OF REPAIRS	531,012.	531,012.		
	CLOSING AND MORTGAGE SERVICI	97,103.	97,103.		
	DISCOUNTS ON MORTGAGES ISSUE	35,663.	35,663.		
	All other expenses	20,054.	18,237.	1,132.	685
	Total functional expenses. Add lines 1 through 24e	7,892,928.	6,141,273.	1,020,016.	731,639.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,384,488.	1	6,951,209.
	2	Savings and temporary cash investments	. NONE	2	NONE
	3	Pledges and grants receivable, net	466,984.	3	187,790.
	4	Accounts receivable, net	. NONE	4	NONE
	5	Loans and other receivables from 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	. NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	NONE
ts	7	Notes and loans receivable, net		7	10,185,443.
Assets	8	Inventories for sale or use		8	2,774,643.
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q		9	103,852.
	_	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 2,184,785			
	b	Less: accumulated depreciation		10c	1,775,701.
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.	·		NONE
	14	Intangible assets			NONE
	15	Other assets. See Part IV, line 11		15	652,281.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	22,630,919.
	17	Accounts payable and accrued expenses		17	296,168.
	18	Grants payable			NONE
	19	Deferred revenue SEE SCHEDULE O	<u> </u>	19	45,000.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			NONE
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	7,868,533.
	24	Unsecured notes and loans payable to unrelated third parties		24	99,532.
	25	Other liabilities (including federal income tax, payables to related third			77,002.
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	NONE
	26	Total liabilities. Add lines 17 through 25			8,309,233.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			2,222,230
anc	27	Net assets without donor restrictions	12 040 175	27	14 061 606
Bal	27 28	Net assets with donor restrictions.		27 28	14,061,686. 260,000.
p	20	Organizations that do not follow FASB ASC 958, check here	507,000.	28	260,000.
Net Assets or Fund Balances		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>let</u>	32	Total net assets or fund balances		32	14,321,686.
_	33	Total liabilities and net assets/fund balances	23,905,369.	33	22,630,919.
					Form 990 (2022)

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JSA

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0534PC 765H 9071802 **15**

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		7,8	58,	<u>439</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		7,8	92,	<u>928</u> .
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		14,3	56,	<u>175</u> .
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		14,3	21,	<u>686</u> .
Part	, c				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," explain	on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	n 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 oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain	on			
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2022)

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HABITAT FOR HUMANITY GREATER ORLANDO AND Employer identification number 59-2789167 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

	g Provide the following information	on about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	docu	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)						
(B))						
(C)						
(D)						
(E))						
То	tal						
	·		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	·

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,811,818.	2,508,099.	2,393,278.	9,150,726.	4,081,577.	20,945,498.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,811,818.	2,508,099.	2,393,278.	9,150,726.	4,081,577.	20,945,498.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) SEE SUPP PAG						5,552,570.
6	Public support. Subtract line 5 from line 4						15,392,928.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,811,818.	2,508,099. 4,557.	2,393,278. 16,460.	9,150,726. 6,653.	4,081,577. 192,599.	20,945,498.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32,543.	220,093.	94,293.	323,915.	121,367.	792,211.
11	Total support. Add lines 7 through 10						21,969,818.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	19,222,451.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Supp		•				70.06.00
14	Public support percentage for 2022 (lin	. ,		, ,		14	70.06 %
15	Public support percentage from 2021					15	71.72 %
16a	331/3% support test - 2022. If the organization gu						
h	box and stop here . The organization qu 331/3% support test - 2021 . If the org						
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•		-			
174	10% or more, and if the organization	_					
	Part VI how the organization meets t					-	-
	organization			-	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organiz	_					
	in Part VI how the organization meets					-	-
	organization			_	-		
18	Private foundation. If the organizatio						
	instructions						

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Page **3**

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 a	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.)						
	tion B. Total Support	(=) 2010	(h) 2040	(a) 2020	(4) 2024	(=) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6. 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 on 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 5 years. If the Form 990 is for	~			•		
	organization, check this box and stop here						
	tion C. Computation of Public Supp		•			1	
15	Public support percentage for 2022 (line 8,		•			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization of	aid not chack	a hov on line '	ı⊿ 10a or 10h	chack this ho	v and see instri	ictions

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Schedule A (Form 990) 2022

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Part IV Supporting Organizations

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

Section A. A	All Su	porting	Orga	nizations
--------------	--------	---------	------	-----------

ecti	on A. All Supporting Organizations		V	NI.
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		Yes	NC
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on 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. 10a 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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2022

9с

10a

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sooti	provide detail in Part VI.	11c		
secu	on B. Type I Supporting Organizations		Yes	No
			162	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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.	2		
Secti	on C. Type II Supporting Organizations			
		igspace	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).			
34:		1		
Secti	on D. All Type III Supporting Organizations		Vaa	Na
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 on line 2, above, 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		
Secti	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	tructio	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			۵١
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e msu	Yes	
2	Activities Test. Answer lines 2a and 2b below.		103	140
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		
h				
b	Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3				
4	4 Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	10 Line 8 amount divided by line 9 amount				
			/ ***		(III)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
FIDELITY CHARITABLE	5,750,000.	439,396.	5,310,604.
HELLINGER FAMILY FOUNDATION	681,362.	439,396.	241,966.
TOTALS	6,431,362.		5,552,570.
	==========		=========

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Schedule A (Form 990 or 990-EZ) 2022 Page **8**

Part VI Supplemental Information

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INC	OME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	32,543.	220,093.	94,293.	323,915.	27,692.	698,536.
FUNDRAISING INCOME	NONE	NONE	NONE	NONE	93,675.	93,675.
TOTALS	32,543.	220,093.	94,293.	323,915.	121,367.	792,211.
	==========	==========	==========	==========	==========	==========

2E1225 1.000 0534PC 765H

JSA

9071802

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

26

Name of organization HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC.

Employer identification number 59-2789167

art I	Contributors (s	ee instructions).	Use duplicate	copies of Part	I if additional space	e is needed.
-------	-----------------	-------------------	---------------	----------------	-----------------------	--------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$579,464.	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	N/A	\$150,000.	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	N/A	\$81,906.	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
4	N/A	\$91,595.	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_	N/A	\$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	N/A	\$106,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC.

Employer identification number 59-2789167

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
	Continuation (Coo metractione).	occ adplicate copies of fact in additional opace is flooded.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$101,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$148,728.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$89,207.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$83,153.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$464,632.	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
12	N/A	\$681,362.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990) (2022)

Name of organization HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC.

Employer identification number 59-2789167

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Trondant reporty (deed mondono). Goo daphoato deploc		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8_	HOUSE		
		\$148,728	03/10/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	MATERIALS FOR HOUSE		
		\$\$	02/28/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10_	MATERIALS FOR HOUSE		
		\$\\$83,153	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		•	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC. 59-2789167 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

				s and the latest inion		ployer identificati	on number	OII
	IIABITAT FOR HOM	ANTTY GRE	ATER ORLAND	O AND	-	•		
	CEOLA COUNTY, INC. ort I Organizations Maintaining Do	nor Advisos	I Funds or Othe	r Similar Funds a	r Acc	59-278916	o 7	
Pa	Organizations Maintaining Do Complete if the organization are				or ACC	ourits.		
	Complete il the organization ai	iswered re		I		/h) Funda and a		
_		-	(a) Donor ad	visea iunas		(b) Funds and o	iner accounts	•
1	Total number at end of year							
2	Aggregate value of contributions to (durin							
3	Aggregate value of grants from (during ye							
4	Aggregate value at end of year							
5	Did the organization inform all donors a		_				Yes	No
•	funds are the organization's property, subj						res	NO
6	Did the organization inform all grantees, only for charitable purposes and not for							
					-		Yes	No
Da	conferring impermissible private benefit? art II Conservation Easements.					l	165	NO
Г	Complete if the organization ar	nswered "Ye	s" on Form 990	Part IV line 7				
1	Purpose(s) of conservation easements he							
-	Preservation of land for public use (•		n of a h	nistorically imp	ortant land	area
	Protection of natural habitat	ioi oxampio, iooi	roduction of oddoduction,			ertified histori		
	Preservation of open space						o oti dotai o	
2	Complete lines 2a through 2d if the organ	nization held a	a qualified conser	vation contribution i	n the f	orm of a conse	ervation	
	easement on the last day of the tax year.					Held at the E		ax Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation e				2b			
С	Number of conservation easements on a				2c			
d	Number of conservation easements inclu-							
	a historic structure listed in the National R				2d			
3	Number of conservation easements mod	_			ninated	d by the organ	nization d	uring the
	tax year							
4	Number of states where property subject	to conservat	ion easement is lo	cated				
5	Does the organization have a written p	oolicy regard	ing the periodic	monitoring, inspec	ction, h	nandling of		
	violations, and enforcement of the conser	vation easem	ents it holds?				Yes	└ No
6	Staff and volunteer hours devoted to monitor	ring, inspectin	ng, handling of vio	lations, and enforcing	g conse	ervation easeme	nts during	the year
7	Amount of expenses incurred in monitorin	g, inspecting,	handling of violat	ions, and enforcing	conser	vation easeme	nts during	the year
8	Does each conservation easement reporte	` ,	•	•		` , ` , ` , ` , ` ,		
	and section 170(h)(4)(B)(ii)?						Yes	└─ No
9	In Part XIII, describe how the organiz	•				•		
	balance sheet, and include, if applicable		the footnote to	the organization's fi	inancia	il statements i	hat desci	ibes the
De	organization's accounting for conservation art III Organizations Maintaining Co		Art Historical 7	Frageuras or Othe	or Sim	ilar Accote		
1 6	Complete if the organization ar				CI OIIII	iliai Assets.		
4-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		tomont and ha	Janaa aha	
1a	If the organization elected, as permitted of art, historical treasures, or other sim	ilar assets h	eld for public ex	xhibition, education	, or re	esearch in furt	herance	of public
	service, provide in Part XIII the text of the	footnote to its	s financial statem	ents that describes	these i	tems.		
b	If the organization elected, as permitted							
	art, historical treasures, or other similar a provide the following amounts relating to		or public exhibition	on, education, or re	search	in furtherance	e of public	service,
	(i) Revenue included on Form 990, Part					\$		
	(ii) Assets included in Form 990, Part X.							
2	If the organization received or held wo							
_	following amounts required to be reported				assett		yanı, pic	viue tile
а	Revenue included on Form 990, Part VIII,					\$		
b	Assets included in Form 990, Part X					\$ _		

Schedule D (Form 990) 2022

31

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	asures	, or	Other	Similar A	Assets (d	continued	1)	_
3	Using the organization's acquisition	on, accession, and	d other recor	ds, check	any of	the	follow	ing that m	nake sigr	nificant us	e of it	s
	collection items (check all that app	ly):										
а	Public exhibition		d	Loan	or excha	inge	progra	m				
b	Scholarly research		e	Other								
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's collection	ns and expla	ain how t	hey furt	ther	the or	ganization'	s exemp	t purpose	in Pa	rt
	XIII.		·		•			•				
5	During the year, did the organization	on solicit or receive	e donations o	f art, histo	orical tre	easu	res, or	other simil	ar			
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	rt of the c	organiza	tion'	s collec	ction?	[Yes	N	0
Pa	rt IV Escrow and Custodial A		·						<u> </u>			_
	Complete if the organiza 990, Part X, line 21.		Yes" on For	m 990, P	art IV,	line	9, or r	eported a	n amoui	nt on Fori	m	
1a	Is the organization an agent, trus	tee, custodian or	other interm	nediary fo	r contri	ibuti	ons or	other ass	ets not			_
	included on Form 990, Part X? Yes No											
b	If "Yes," explain the arrangement i								_			
			·						Amount			_
С	Beginning balance					1c						_
d	Additions during the year					1d						_
е	Distributions during the year				-	1e						_
f	Ending balance				-	1f						_
2a	Did the organization include an am					r cu	stodial	account lia	bility?	Yes	N	0
b	If "Yes," explain the arrangement i									— 		
	rt V Endowment Funds.			•								_
	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV,	line	10.					
	·	(a) Current year	(b) Prio		(c) Two			(d) Three y	ears back	(e) Four ye	ars back	_
1a	Beginning of year balance											_
b	Contributions											_
	Net investment earnings, gains,											_
С	and losses											
٦	Grants or scholarships											_
d	Other expenditures for facilities											_
е	-											
	and programs											_
f	Administrative expenses											_
g	End of year balance			. /line 1 m		(0))	مماط مم					_
2 a	Provide the estimated percentage Board designated or quasi-endown			e (line 1g,	Column	(a))	neid as					
	Permanent endowment	%	_ 70									
C	Term endowment %											
Ū	The percentages on lines 2a, 2b, a		al 100%									
3 a	Are there endowment funds not in	=		tion that	are held	l and	d admir	nistered for	the			
ou	organization by:	the peddeddion of	the organize	ttion that		a unic	a ddiiiii	ilotoroa ioi	110	Ye	es No	 o
	(i) Unrelated organizations									3a(i)		_
	(ii) Related organizations									3a(ii)		—
h	If "Yes" on line 3a(ii), are the relate									3b		_
4	Describe in Part XIII the intended u	ū	•							0.0		—
_	rt VI Land, Buildings, and Equ Complete if the organize	uipment.				line	11a. S	See Form	990. Pa	art X. line	10.	_
	Description of property	(a) Cos	or other basis	(b) Cost of	or other bas		(c) Ac	cumulated		i) Book value		_
		(inv	restment)	,	ther)			eciation				_
1a	Land				89,25						,250	_
b	Buildings			1,5	24,15	6.	2	13,523.		1,310	,633	<u>. </u>
С	Leasehold improvements					_						_
d	Equipment			2	83,77	_		34,143.			,634	
<u>e</u>	Other				87,60			61,418.			,184	_
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part	X, columr	า (B), lind	e 10	c.)			1,775	,701	

Schedule D (Form 990) 2022

JSA 2E1269 1.000

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0. Part IV. line 11b. See Form 990	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
. ,	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		d "Yes" on Form 990	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
r all IX	Complete if the organization answered	d "Yes" on Form 990	0. Part IV. line 11d. See Form 990	Part X. line 15.
		escription	<u> </u>	(b) Book value
(1)				(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Takah (0a)	(t)	Po - 45 \		
Part X	umn (b) must equal Form 990, Part X, col. (B) of Other Liabilities.	line 15.)		
	Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

0534PC 765H 9071802 **33**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	8,184,863.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	291,189.
	7,893,674.
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.)	
c Add lines 4a and 4b	-35,235.
	7,858,439.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	8,219,352.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	001 100
e Add lines 2a through 2d	291,189.
	7,928,163.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
, , , , , , , , , , , , , , , , , , , ,	-35,235.
5 7.55 miles 12 sine 15 1111111111111111111111111111111111	7,892,928.
Part XIII Supplemental Information.	7,002,020.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part X, line
SEE SUPPLEMENTAL PAGE	

9071802

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

FORM 990, 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.

0534PC 765H

9071802 35

Page 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI AND XII, LINE 4B

FUNDRAISING EXPENSES CHARGED AGAINST REVENUES FOR TAX RETURN PRESENTATION

- (\$35,235)

JSA 2E1226 1.000

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury In

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

OMB No. 1545-0047 Open to Public

	of the organization		HUMANITY GREA				Employer identification	on number
	EOLA COUNTY,		HUMANIII GREA	IER ORI	TANDO AI	ND	59-278916	
Part		g Activities. Com	plete if the organi	ization ar	nswered "	Yes" on Form 99		
		EZ filers are not re					,	
1		the organization ra				activities. Check	all that apply.	
а	Mail solicitations e Solicitation of non-government grants							
b	Internet and	email solicitations	f	Solid	citation of	government grant	S	
С	Phone solici	itations	g	Spe	cial fundra	ising events		
d	In-person so	olicitations						
2a	Did the organiza	tion have a written o	or oral agreement w	vith any in	dividual (ir	ncluding officers, o	lirectors, trustees, _	_
								Yes No
b		10 highest paid ind		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
	compensated at	least \$5,000 by the	organization.					
	(i) Name and addr	ess of individual			ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fu		(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
							col. (i)	
				Yes	No			
1								
3								
Ū								
4								
•								
5								
6								
7								
8								
9								
10								
Total	<u> </u>		ation in maniatanad a					:: :
3	registration or lic	which the organiza	ation is registered of	or licensed	a to solicit	contributions or	nas been notified	it is exempt from
	registration of ile	erising.						

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

Schedule G (Form 990) 2022

			FOR HUMANITY GR			9-2789167 Page 2			
Par	t II	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			•			
0		3 1 3 7 7	(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	136,223.			136,223.			
מ	2	Less: Contributions Gross income (line 1 minus	7,223.			7,223.			
		line 2)	129,000.			129,000.			
	4	Cash prizes	1,738.			1,738.			
	5	Noncash prizes	7,223.			7,223.			
sesue	6	Rent/facility costs	23,043.			23,043.			
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment							
	9	Other direct expenses	3,231.			3,231.			
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	35,235. 93,765.						
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
Direct Expen	3	Noncash prizes							
irect E	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes% No	Yes% No				
	7	Direct expense summary. Add lin							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								

Schedule G (Form 990) 2022

No

JSA 2E1282 1.000

9

10a

а

b

If "No," explain:

If "Yes," explain:

0534PC 765H 9071802 38

Is the organization licensed to conduct gaming activities in each of these states?

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Enter the state(s) in which the organization conducts gaming activities:

Sched	ule G (Form 990 or 990-EZ) 2022 HABITAT FOR HUMANITY GREATER ORLANDO AND 59-2789167 Page 3						
11 12	Does the organization conduct gaming activities with nonmembers?						
	formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue? Yes No						
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$						
c	If "Yes," enter name and address of the third party:						
_	The first family and address of the time party.						
	Name ▶						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
_	retain the state gaming license? Yes No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						
Par							
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information						
	(see instructions).						

Schedule G (Form 990 or 990-EZ) 2022

0534PC 765H 9071802 **39**

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OSCEOLA COUNTY

INC

HABITAT FOR HUMANITY GREATER ORLANDO AND

Employer identification number 59-2789167

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

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

Schedule J (Form 990) 2022

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 a	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CATHERINE STECK MCMANU	(i)	251,875.	NONE	NONE	13,010.	16,340.	281,225.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_ 2	(ii)							
	(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 L (Form 990)

Part I

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

OMB No. 1545-0047

Open To Public

Inspection

Internal Revenue Service Name of the organization Employer identification number HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, 59-2789167 INC

	Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 25	5a or 25b, or Form 990-EZ, Part V, line 40	b.	
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Co	rrected
(a) Name of disqualified person		organization	(c) Description of transaction	Yes	No
(1)					L
(2)					<u></u>
(3)					
(4)					
(5)					П
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		\$		
3		e 2 above reimbursed by the organization	<u> </u>		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	with organization loan		n the	(e) Original principal amount	(f) Balance due	(g) In o	(g) In default?		(h) Approved by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022

Schedule L (Form 990 or 990-EZ) 2022 Page 2

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) RITA MCCAULEY	HABITAT FOR HUMANITY BOAR	8,667.	CLEANING SERVICES		Х
(2)PETE BARR, JR.	HABITAT FOR HUMANITY BOAR	176,540.	MARKETING AND PROF. SERVICES		Х
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

JSA 2E1507 1.000

0534PC 765H

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC.

Employer identification number 59-2789167

Par	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		1	148,728.	BOOK VALU	E		
16	Real estate - Commercial			110,720.	BOOK VILEO			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		255.	220 701				
25	Other ► (SEE SUPP PAGE)		۷55.	329,781.				
26	Other ►()							
27	Other ►()							
28		her the second						
29	Number of Forms 8283 received	, .	g ,		29			
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
20-	During the year did the argenizat		hu aantribution anu nrana	which appeared in Doubline	o 1 through		162	NO
Sua	During the year, did the organizat				_			
	28, that it must hold for at least the	-			•	200		77
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i		tanan markan dhat manasan					
31	Does the organization have a			-		24	٦,	
	contributions?					31	X	
32a	Does the organization hire or use							
_	contributions?					32a		X
	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,			

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

Schedule M (Form 990) 2022

describe in 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.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS _____ (B) NUMBER OF (C) REVENUES (A) CHECK CONTRIBUTIONS REPORTED (D) METHOD OF DETERMINING DESCRIPTION -----X 255 329,781. CONSTRUCTION MA BOOK VALUE _____ 255. 329,781. TOTALS

JSA Schedule M (Form 990) (2022)

2E1508 1.000

0534PC 765H 9071802 45

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

59-2789167

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990, PART I, LINE 1

DESCRIPTION OF ORGANIZATION MISSION:

HABITAT FOR HUMANITY GREATER ORLANDO AND

HABITAT FOR HUMANITY GREATER ORLANDO AND OSCEOLA COUNTY, INC., BRINGS
PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE. DEDICATED TO
EXPANDING HOUSING SECURITY AND FINANCIAL STABILITY, WE ARE PART OF A
GLOBAL NONPROFIT HOUSING ORGANIZATION WHOSE VISION IS A WORLD WHERE
EVERYONE HAS A SECURE HOME. TO ACHIEVE THIS GOAL, WE CONSTRUCT AND
PRESERVE HOMES; PROVIDE FINANCIAL AND HOUSING EDUCATION AND MENTORING;
AND ADVOCATE FOR FAIR AND JUST HOUSING POLICIES. WE ARE RANKED ONE OF THE
FEW "SUPER HABITATS" FOR OUR HIGH RATE OF PRODUCTION IN VERY LARGE
MARKETS AMONG 1,100 AFFILIATES NATIONWIDE. SINCE 1986, WE HAVE BUILT AND
PRESERVED MORE THAN 800 HOMES AND HELPED LOW-MODERATE INCOME FAMILIES
PURCHASE THEIR OWN NEW ENERGY-EFFICIENT HOMES, SETTING THEM ON THE PATH
TO BETTER HEALTH, GREATER OPPORTUNITIES, AND GENERATIONAL ECONOMIC
MOBILITY.

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

46

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

HABITAT FOR HUMANITY GREATER ORLANDO AND

Employer identification number 59-2789167

DIRECTORS OR EXECUTIVE COMMITTEE WITH APPROPRIATE COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

JSA 2E1227 1.000 Name of the organization

HABITAT FOR HUMANITY GREATER ORLANDO AND

Employer identification number

59-2789167

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

HOMEOWNERSHIP PROGRAM - FAMILIES IN NEED OF A DECENT PLACE TO LIVE BUILD SAFE AND AFFORDABLE HOMES IN PARTNERSHIP WITH US. HABITAT HOUSES ARE MODESTLY SIZED. THEY ARE LARGE ENOUGH FOR THE HOMEOWNER FAMILY'S NEEDS, BUT SMALL ENOUGH TO KEEP CONSTRUCTION AND MAINTENANCE COSTS AFFORDABLE. BY USING THE LABOR OF VOLUNTEERS AND PROSPECTIVE HOMEOWNERS, EMPLOYING EFFICIENT BUILDING METHODS AND KEEPING HOUSE SIZES MODEST, HABITAT MAKES ITS HOUSES AFFORDABLE FOR LOW-INCOME FAMILIES TO PURCHASE. AFFORDABLE HOMEOWNERSHIP HELPS CREATE THE CONDITIONS THAT FREE FAMILIES FROM INSTABILITY, STRESS AND FEAR AND ENCOURAGE SELF-RELIANCE AND CONFIDENCE. STUDIES SHOW THAT STRONG AND STABLE HOUSEHOLDS ARE FOUNDATIONAL TO CHILD DEVELOPMENT AND GROWTH. WHEN A HOME FOSTERS - INSTEAD OF HINDERS -HEALTH AND SAFETY, FAMILIES CAN FLOURISH. OWNING AN AFFORDABLE HOME ALSO ALLOWS HOMEOWNERS TO LIFT UP THEIR ENTIRE FAMILY BY SAVING FOR THEIR FUTURES AND INVESTING IN EDUCATIONAL OPPORTUNITIES, BOLSTERING JOB OPPORTUNITIES AND LONG-TERM CAREER GROWTH.

JSA

Name of the organization		Employer identification number
HABITAT FOR HUMANITY GREA	TER ORLANDO AND	59-2789167
FORM 990, PART X - PREPAID EXPENS	SES AND DEFERRED CHARGS	
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
PREPAID EXPENSES	12,188.	12,188.
PREPAID INSURANCE	69,407.	91,664.
TOTALS		
. 0 11120	81.595.	103.852.

=========

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Schedule O (Form 990 or 990-EZ) 2022

		·g
Name of the organization		Employer identification number
HABITAT FOR HUMANITY GREATER ORLANDO	AND	59-2789167
FORM 990, PART X - DEFERRED REVENUE		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	105,000.	45,000.
TOTALS		

105,000.

105,000. 45,000.

45,000.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Inspection
Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization HABITAT FOR HUMANITY GREATER ORLANDO AND
OSCEOLA COUNTY, INC.

Employer identification number
59-2789167

(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, E	FL 32808	FINANCING	FL	NONE	2,847,690.	HFHGO
(2)							
(3)							
(3)							
(4)							
(5)							
(6)							

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	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
							20) 2222

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

Schedule R (Form 990) 2022

Dor4 III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answ	ered "Yes" on Form 990, F	Part IV, line 34,
Part III	herause it had one or more related organizations treated as a partnership during the tay year	•	, ,

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	Disprop	Dispropo allocat	Disprop	Disprop	oortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		(k) Percentage ownership										
		Country)					Yes	No		Yes	No																
			country)					country) sections 512 - 514)		country) sections 512 - 514)	country sections 512 - 514)	country) sections 512 - 514)															

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)	(d) Direct controlling entity	(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)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

59-2789167

Part V	Transactions With Related Organizations	. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b,	or 36.

Not	e: 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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
q	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s).	1i		
	Lease of facilities, equipment, or other assets to related organization(s).	1j		
•	25000 01 100 miles, equipment, et entre 10 miles access to reacted organization (e), i i i i i i i i i i i i i i i i i i i			
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)	11		
	Performance of services or membership or fundraising solicitations by related organization(s).	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		
	Sharing of paid employees with related organization(s)	10		
Ŭ	ondring of paid omployood with foldiod organization(o)			
n	Reimbursement paid to related organization(s) for expenses	1р		
	Reimbursement paid by related organization(s) for expenses	1q		
-				
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds	S.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method of type (a - s) amou	of dete nt invo		g
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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.

	coctions 512 514)			(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	
1										

Part VII

Supplemental Information

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

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