

Form **990**

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/efile990 for instructions and the latest information.

For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

OMB No. 1545-0047
2020
Open to Public Inspection

** PUBLIC DISCLOSURE COPY **

Department of the Treasury
Internal Revenue Service

B Check if applicable:

C Name of organization: **WEST ORANGE HABITAT FOR HUMANITY, INC.**

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address):
13369 WEST COLONIAL DRIVE

City or town, state or province, country, and ZIP or foreign postal code:
WINTER GARDEN, FL 34787

F Name and address of principal officer: **KENNETH ERMANN**
SAME AS C ABOVE

D Employer identification number: **59-3046322**

E Telephone number: **407-509-4411**

G Gross receipts: \$ **2,712,285.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number: **1990** **M** State of legal domicile: **FL**

1 Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WESTORANGEHABITAT.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1990** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **WEST ORANGE HABITAT FOR HUMANITY IS COMMITTED TO AFFORDABLE HOUSING IN THE WEST ORANGE COMMUNITY FOR**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **11**

4 Number of independent voting members of the governing body (Part VI, line 1b) **11**

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **0**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**

7 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0.**

	Revenue		Expenses	
	Prior Year	Current Year	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,090,427.	1,369,611.		
9 Program service revenue (Part VIII, line 2g)	179,068.	340,811.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,143.	3,851.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	387.	-18,738.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,275,025.	1,695,535.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	399,860.	476,622.		
16 a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.		
16 b Total fundraising expenses (Part IX, column (D), line 25)	559,915.	740,201.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	957,775.	1,216,823.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	315,250.	478,712.		
19 Revenue less expenses. Subtract line 18 from line 12	959,775.	1,216,823.		
20 Total assets (Part X, line 16)	2,187,525.	2,664,942.		
21 Total liabilities (Part X, line 26)	17,509.	16,214.		
22 Net assets or fund balances. Subtract line 21 from line 20	2,170,016.	2,648,728.		

Part II Signature Block

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

Signature of officer: **KENNETH ERMANN, PRESIDENT** Date: _____

Signature of preparer: **MITCHELL R SCHAFER, C.P.A.** Date: **11/19/21**

Preparer Firm's name: **SCHAFER, TSCHOOP ET AL** Preparer's signature: _____ Date: **11/19/21** Check PTM PNY

Use Only Firm's address: **541 S. ORLANDO AVE., STE. 300** Firm's EIN: **26-1472386** P00310870

Phone no: **407-839-3330** Yes No