

Return of Organization Exempt From Income Tax
 Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable:

- Address change
 Name change
 Initial return
 Final return/termination
 Amended return
 Applies-Section 1361

C Name of organization

WEST ORANGE HABITAT FOR HUMANITY, INC.

D Employer identification number

59-3046322

Doing business as

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

Room/suite

407-509-4411

City or town, state or province, county, and ZIP or foreign postal code
WINTEP GARDEN, FL 34787

E Telephone number
1,957,039.

F Name and address of principal officer: **ALBERTO HERRAN**
SAME AS C ABOVE

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

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (See instructions)

J Website: **WESTORANGEHABITAT.ORG**

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

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) **3** **11**

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** **13**

6 Total number of volunteers (estimate if necessary) **6** **762**

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

b Net unrelated business taxable income from Form 990-T, line 39 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	886,359.	1,090,427.
9 Program service revenue (Part VIII, line 2g)	651,099.	179,068.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,298.	5,143.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	0.	387.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,541,756.	1,275,025.
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)	330,330.	399,860.
16a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 104,507.	980,875.	559,915.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,311,205.	959,775.
18 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	230,551.	315,250.
19 Revenue less expenses: Subtract line 18 from line 12	1,887,684.	2,187,525.
20 Total assets (Part X, line 16)	1,887,684.	2,187,525.
21 Total liabilities (Part X, line 26)	32,918.	17,509.
22 Net assets or fund balances: Subtract line 21 from line 20	1,854,766.	2,170,016.

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	Date
ALBERTO HERRAN, PRESIDENT	

Print/Type preparer's name	Preparer's signature	Date	One-time use only	PTIN
MICHAEL R SCHAFER, C.P.A.		02/04/21	<input type="checkbox"/>	P00310870
SCHAFER, MICHAEL R			<input type="checkbox"/>	26-1472386

Firm's address: **541 S. ORLANDO AVE., STE. 300**
MAITLAND, FL 32751
 Phone no. **407-839-3330**