

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

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

A For the 2021 calendar year, or tax year beginning

JUL 1, 2021 and ending **JUN 30, 2022**

Open to Public Inspection

2021

B Check if applicable:

- Advance organizer
- Business league
- Chamber of commerce
- Educational organization
- Fraternal organization
- Fund-raising organization
- Hospital
- Labor organization
- Legal services organization
- Religious organization
- Scientific organization
- Social service organization
- State or local government
- Veterans organization
- Volunteer fire department
- Women's organization
- Youth organization

C Name of organization

WEST ORANGE HABITAT FOR HUMANITY, INC.

D Employer identification number

59-3046322

Doing business as

Room/suite

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

E Telephone number

13369 WEST COLONIAL DRIVE

407-509-4411

City or town, state or province, county, and ZIP or foreign postal code

F Name and address of principal officer—**JO BARSH**

WINNER GARDEN, FL 34787

G Does receipt of this a group return for subsidiaries? Yes No

H Same as C ABOVE

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

I Tax-exempt status: 501(c)(3) 501(c)1 501(c)29 501(c)(28) 501(c)(27) 501(c)(26) 501(c)(25) 501(c)(24) 501(c)(23) 501(c)(22) 501(c)(21) 501(c)(20) 501(c)(19) 501(c)(18) 501(c)(17) 501(c)(16) 501(c)(15) 501(c)(14) 501(c)(13) 501(c)(12) 501(c)(11) 501(c)(10) 501(c)(9) 501(c)(8) 501(c)(7) 501(c)(6) 501(c)(5) 501(c)(4) 501(c)(3)

H(b) Are all subsidiaries included? Yes No

K Form of organization: Corporation Trust Association Other

H(c) Group exemption number

WESTORANGEHABITAT.ORG

I 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)

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

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

8 Contributions and grants (Part VIII, line 1b)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11a)

17 Total fundraising expenses (Part IX, column (D), line 25)

18 Other expenses (Part IX, column (A), lines 11b-11d, 11f-24e)

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 20)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and in 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: **JO BARSH, PRESIDENT**

Signature of preparer: **MICHAEL R SCHAFER, C.P.A.**

Print/type preparer's name: **MICHAEL R SCHAFER, C.P.A.**

Firm's name: **SCHAFER, TSCHOPP ET AL**

Firm's address: **541 S. ORLANDO AVE., STE. 300**

City or town, state or province, county, and ZIP or foreign postal code: **WATTLAND, FL 32751**

Phone no.: **407-839-3330**

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2021)