Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Under section 501(c),	527. or 494	7(a)(1) of the	Internal Revenue	Code (except	private foundations

	 	 	 P
N 0 . 4	 	 	

			Treasury			•	numbers on this f		-	•			Open to Public
			Service			<u> </u>	90 for instructions						Inspection
				ar year, or tax yea					, 2018, and e	nding	0		, 2019
			licable:		Habi	tat for Human	nity of Flori	lda	Inc				nployer identification no.
	Addres		-	Doing business as						1			-0423130
	Name o	-	le			if mail is not delivered to	street address)			Room/suite			lephone number
=	Initial re			1150 Cleve						301			27)475-1363
Ц	Final re	eturn/t	terminated	-		country, and ZIP or foreig	n postal code					G Gr	ross receipts
Ц	Amend	ed ret	turn	Clearwater						-		\$	492,763
\Box	Applica	ation p	pending	F Name and address of	f principal	officer:				H(a) Is this a gro			
			F-1			а г		-		H(b) Are all su	oordina	ites inclu	ded? Yes No
	Tax-exe			501(c)(3) 501(c) 🗲 (insert no.)	4947(a)(1) or	527		lf "No	," attacl	h a list. (s	see instructions)
	Websit			itatflorida.						H(c) Group et	xemptic	on numbe	ər 🕨
			-	Corporation Trust	Asso	ciation 🗌 Other 🕨		LY	ear of formation: 2	009 M Sta	ite of le	gal domi	cile: FL
Pa	art I		Summar										
	1						ant activities: <u>To</u>						
Ce							and Capacity						
nan		<u>o</u>	f our e	xpenses were	cont	ributions mad	de to the Flo	orid	la Habitat	affiliates	; fo	r hu	rricane
Governance		_	elief.										
ő	2						perations or dispose				1		
ø	3			-	-		line 1a)					_	18
ies	4						oody (Part VI, line 1					_	18
Activities	5				•	•	8 (Part V, line 2a)					;	2
Acti	6			,		• /						;	
	7	a T	otal unrelate	ed business revenu	e from F	Part VIII, column (C	c), line 12 • • • •	• •			- 7	a	0
		bΝ	let unrelated	d business taxable	income	from Form 990-T, li	ine 38 • • • • •	• •	· · · · · · · · ·		- 7	b	0
									Ļ	Prior Year			Current Year
		8 Contributions and grants (Part VIII, line 1h) 156, 9 Program service revenue (Part VIII, line 2g) 335,					6,9	13	133,391				
Revenue	9	P	rogram ser	vice revenue (Part '	VIII, line	2g) • • • • • •		• •		33	5,23	32	359,372
s e	10) Ir	nvestment ir	ncome (Part VIII, co	olumn (A), lines 3, 4, and 70	d) • • • • • • • • •	• •					0
Å	11	С	Other revenu	ie (Part VIII, columr	n (A), lin	es 5, 6d, 8c, 9c, 10	oc, and 11e) •••	• •	••••				0
	12				• · ·		I, column (A), line 1	,		49	2,14	45	492,763
	13	G	Grants and s	imilar amounts pai	d (Part I	X, column (A), lines	s 1-3) • • • • • • •	• •	· · · · · · ·				216,435
	14	ЬB	enefits paid	I to or for members	(Part IX	, column (A), line 4)	• •					0
s	15						column (A), lines 5-		-	19	8,54	40	201,376
xpense	16	ia P	Professional	fundraising fees (F	Part IX, c	olumn (A), line 11e	e)	• •	· · · · · · L				0
bei				sing expenses (Par		. , ,	-		0				
ш	17	' C	Other expension	ses (Part IX, colum	n (A), lin	es 11a-11d, 11f-24	e)	• •	· · · · · · ·	11	4,23	10	204,269
	18	B T	otal expens	es. Add lines 13-17	7 (must o	equal Part IX, colur	mn (A), line 25) •	• •	· · · · · · . [31	2,7	50	622,080
	19	R	Revenue les	s expenses. Subtra	act line ´	18 from line 12 • •		• •		17	9,39	95	(129,317)
P	Ces									Beginning of Curre	nt Yea	r	End of Year
sets	lage 20			· · · /						33	4,02	25	156,825
<u>Net Assets or</u>	ng 21	T	otal liabilitie	s (Part X, line 26)				• •	· · · · · · · <u> </u>	7	0,98	82	23,099
_		N			ubtract l	ine 21 from line 20		• •		26	3,04	43	133,726
Pa	rt II		Signatu	re Block									
							g schedules and statemen nation of which preparer ha			nowledge and belief,	it is		
	,		, complete: Dec						inioniougo.				
0:-			Barb	ara Beck									
Sig			Signatur	e of officer							Da	ate	
He	re		Barb	ara Beck, CE	b								
			Type or p	print name and title									
_			Print/Type pre	parer's name		Preparer's signature		D	ate	Check	X if	PTIN	
Pai			Michael	G DeMare, C	PA I	Michael G Del	Mare, CPA	01	L-18-2020	self-emplo	yed	P	02151826
	par		Firm's name	aff.	inity	CPA, P.A.				Firm's EIN 🕨			
Us	e Or	ıly	Firm's address	• PO 1	Box 2	70933				Phone no.	_		
				Tam	pa FL	33688					813-	468-	6692

Tampa FL 33688	813-468-6692	
May the IRS discuss this return with the preparer shown above? (see instructions)		

🛛 No

Form	1990 (2018) Habitat for Humanity of Florida Inc	80-0423130	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To support Florida Habitat for Humanity affiliates in Organizational Strength	and Capaci	.ty.
	In the current year, more than \$200,000 of our expenses were contributions ma	de to the	
	Florida Habitat affiliates for hurricane relief.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · Yes	X No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
		· · · L Yes	X NO
4	If "Yes," describe these changes on Schedule O.		
-	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	-	
	the total expenses, and revenue, if any, for each program service reported.	iners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$216,435 including grants of \$) (Revenue	\$)
	Provided disaster relief funding to 16 repair projects in the state.	Ψ)
	riovided disaster reffer funding to to repair projects in the state.		
4b	(Code:) (Expenses \$165,895 including grants of \$) (Revenue	\$246	5 <u>,303</u>)
	Provided various support services to our Florida Affiliates		
4c	(Code:) (Expenses \$88,658 including grants of \$) (Revenue	\$ 113	3,069)
	Training conference held August 29-31, 2018 attended by 225 people from 45 Fl		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 470, 988		

8) Habitat for Humanity of Florida Inc Checklist of Required Schedules

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			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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	~		v
7	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	1		Χ
8	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	0		
3	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 temporarily restricted	5		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII • • • • • • • • • • • • • • • • • •	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • •	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 -		20a		X X
20 a h		20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
			~ 7	

Form 990 (2	2018)
Part IV	0

8) Habitat for Humanity of Florida Inc Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	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			
ь.	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-74		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		V
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		
	was an officer, director, trustee, or direct or indirect owner? 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II • • • • • • • • • • • • • • • • • •	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	34		X X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization?/f "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			
	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 in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
~			Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		-		

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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:			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C Fo		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		v
h	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		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).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Δ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
Ũ	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••	10		21
e	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?	7f		X
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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			• X
Sec	tion 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			
	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			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
22	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Barbara Inman Beck (727)475-1363, 1150 Cleveland St. Ste. 301, Clearwater, FL 33755)		

Form 990 (201	8) Habitat for Humanity of Florida Inc	80-0423130	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	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 the organization's	nis table for all persons required to be listed. Report compensation for the calendar year ending with or wi ax year.	thin the	
List all of	the organization's current officers, directors, trustees (whether individuals or organizations), regardless	of amount of	

- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Nume and Tile (B) Nume and Tile (D) Nume and Tile (D						(C)		_	, ,		
ended below dried line) 0 and an antibal below dried line) 0 and antibal below dried line) 0 and below below below dried line) 0 and below below dried line) 1 and below dried line) 1 and below dried line) 1 and below dried line) 1 and below dried line) 1 and below dried line)		Average hours per week (list any	box,	, unles	Po: leck m ss per	sition nore tl rson i	han one s both ar		Reportable compensation from	Reportable compensation from related	Estimated amount of other
ChairXXX000(2) Tim Evans 1.00 XX000Vice Chair 3.00 XX000(3) Scott Winzeler 3.00 XX000SecretaryXXX000(4) Bob Calhoun 1.00 XX000TreasurerXX0000(5) Mario Artecona 1.00 X000DirectorX0000(6) Penny Seater 1.00 X000DirectorX0000(7) Teresa Indieke 1.00 X000DirectorX0000(9) Mike Sutton 1.00 X000DirectorX0000(19)Keith Perry 1.00 X000DirectorX0000DirectorX0000(13)Kitty Green 1.00 X000DirectorX0000(13)Kitty Green 1.00 X000DirectorX0000(13)Kitty Green 1.00 X000DirectorX0000 </td <td></td> <td>related organizations below dotted</td> <td>Individual trustee or director</td> <td>Institutional trustee</td> <td>Officer</td> <td>Key employee</td> <td>Highest compensated employee</td> <td>Former</td> <td>organization</td> <td></td> <td>from the organization and related</td>		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
Vice Chair X X X X 0 0 0 0 (3) Scott Winzeler .3.00 X X X 0 0 0 0 Secretary X X X 0 0 0 0 Treasurer X X 0 0 0 0 0 Treasurer X X 0 0 0 0 0 Director X X 0 0 0 0 0 Director X 0 <t< td=""><td></td><td>5.00_</td><td>х</td><td></td><td>Х</td><td></td><td></td><td></td><td>c</td><td>0</td><td>0</td></t<>		5.00_	х		Х				c	0	0
Vice Chair X X X X 0	(2) Tim Evans	1.00									
Secretary X X X X 0 0 0 0 Treasurer X X X X 0	Vice Chair		Х		Х				C	0	0
(4) Bob Calhoun 1.00 X X X 0 0 0 Treasurer 1.00 X X 0 0 0 0 Director X X 0 0 0 0 0 Director X X 0 0 0 0 0 Director X X 0 0 0 0 0 Director X 0 0 0 0 0 0 0 Director X 0<	(3) Scott Winzeler	3.00									
Treasurer X X X X 0 0 0 Director 1.00 X 0 0 0 0 0 Director 1.00 X 0 0 0 0 0 Director X 0 0 0 0 0 0 Director X 0 0 0 0 0 0 Director 1.00 X 0 0 0 0 0 Director X 0 0 0 0 0 0 0 Birector 1.00 X 0			Х		Х				C	0	0
(5) Mario Artecona 1.00 X 0 0 0 Director X 0 0 0 0 0 Director 1.00 X 0 0 0 0 Director X 0	(4) Bob Calhoun	<u>1.00</u>									
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(6) Penny Seater 1.00 X 0 0 0 Director X 0 0 0 0 0 Director X 0 0 0 0 0 0 Director X 0 0 0 0 0 0 0 Director X 0		1.00									
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(8) Carolyn Edwards 1.00 X 0 0 0 Director X 0 0 0 0 (9) Mike Sutton 1.00 X 0 0 0 Director X 0 0 0 0 (12)Tina Swain 1.00 X 0 0 0 Director X 0 0 0 0 0 (14)Lisa Lefkow 1.00			X						c	0	0
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(10)Keith Perry 1.00 X 0 0 0 Director X 0 0 0 0 (11)Bill Goede 1.00 X 0 0 0 Director X 0 0 0 0 (13)Kitty Green 1.00 X 0 0 0 (14)Lisa Lefkow 1.00 1.00 0 0 0			X						c	0 0	0
Director X 0 0 0 (11)Bill_Goede 1.00 X 0 <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
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Director X 0 0 0 (13)Kitty Green 1.00 X 0 0 0 Director X 0 0 0 0 0 0 (14)Lisa Lefkow 1.00 1.00 1 1 0	(12)Tina_Swain	1.00									
Director X 0 0 0 (14)Lisa Lefkow 1.00			Х						C	0	0
Director X 0<	(13)Kitty Green	1.00									
			Х						C	0	0
	(14)Lisa_Lefkow	<u>1.00</u>									
	Director		Х						<u> </u>	0	0

Page 8

	(A) Name and title	(B) Average hours per week (list any	box, u	inless	pers	tion ore th on is	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated ount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fri orga and	bensation om the anization I related nizations
	enton Gilzean	1.00_	X						0	0		0
(1 <u>6)</u> ya	nessa McCleary rector	100_	X						0	0		0
<u>(17)мі</u>	ke_Mansfield rector	<u>1.00</u>	X						0	0		0
(18) <u>Ba</u>	rbara Inman Beck 0/President	40.00					Х		116,000	0		0
(20)												
(21)												
(22)												
(23)												
24)												
(25)												
1b c	Sub-total	n A.	· · · ·		 							
d	Total (add lines 1b and 1c)								116,000	0		0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ove)	who	rec	eived ı	more	e than \$100,000 of	2		
3	Did the organization list any former officer, director,	or trustee, ke	ey emp	loye	e, o	r hig	hest c	ompe	ensated			Yes No
	employee on line 1a? If "Yes," complete Schedule J	for such indi	vidual			•••					3	Х
4	For any individual listed on line 1a, is the sum of report organization and related organizations greater than	\$150,000? <i>If</i>	"Yes,"	com	plet	e So	hedule	e J fo	or such			
5	<i>individual</i>										4	X
Secti	for services rendered to the organization? <i>If "Yes," c</i> on B. Independent Contractors	omplete Sch	edule .	l for	sucl	h pe	rson				5	Х
1	Complete this table for your five highest compensation from the organization. Report compe											
	year.								-			
	(A) Name and business address								(B) Description of s	services		C) ensation
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d al	oove) v	vho				
	received more than \$100,000 of compensation from	n the organiz	ation	۲								90 (2018)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a 🛛					
ount	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
Gift lar	d	Related organizations • • • • • • •	1d					
), sr Simi	е	Government grants (contributions) • •	1e					
er S	f	All other contributions, gifts, grants,						
Oth		and similar amounts not included above	1f	133,391				
and	g	Noncash contributions included in lines 1a-1	f: \$	31,794				
0.0	h	Total. Add lines 1a-1f	<u></u>	►	133,391			
Ð				Business Code				
Program Service Revenue	2a	CCTCP Revenue Assessmnt	_	531390	185,451	185,451		
Rev		Annual Dues	_	531390	29,500	29,500		
vice	С	Affiliate Assistance	_	531390	31,352	31,352		
Ser	d	Conference Registration		531390	52,617	52,617		
ram		Conference Sponsorship		531390	60,452	60,452		
log		All other program service revenue • • • •						
-	g	Total. Add lines 2a-2f		••••	359,372			
	3	Investment income (including dividends, inter						
		and other similar amounts)						
	4	Income from investment of tax-exempt bond p						
	5	Royalties • • • • • • • • • • • • • • • • • • •	· · ·					
	6-	(i) Real		(ii) Personal				
		Less: rental expenses • • • • Rental income or (loss) • • •						
		Net rental income or (loss) · · · ·						
		· · ·						
	7a	Gross amount from sales of (i) Securities		(ii) Other				
	h							
	D	Less: cost or other basis and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		🕨				
ne		Gross income from fundraising	Г					
evenue		events (not including \$						
Re		of contributions reported on line 1c).	.					
Other		See Part IV, line 18 • • • • • • • • • • • • • • • • • •	a					
đ	b	Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19 • • • • • • • • • • • • • • • • • •						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming activities	· · <u>·</u>	🕨				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold •••••••	b [
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a		_ L					
	b		_ L					
	C		_ L					
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		🕨	492,763	359,372	0	0

Check if Schedule O contains a response or note to any line in this Part VIII

Form 990 (2018)

Part VIII

Habitat for Humanity of Florida Inc Statement of Revenue

80-0423130

Page 9

Habitat for Humanity of Florida Inc Part IX Statement of Functional Expenses

Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiz	ations must complete c	olumn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21 · · ·	216,435	216,435		
2	Grants and other assistance to domestic		-,		
	individuals. See Part IV, line 22 · · · · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members • • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,000	40,000	76,000	
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages • • • • • • • • • • • • • • • • • • •	49,135	10,318	38,817	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,000	4,620	17,380	
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	14,241	2,991	11,250	
11	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting	12,190	12,190		
d	Lobbying • • • • • • • • • • • • • • • • • • •	35,135	35,135		
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ••				
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
13	Office expenses	5,492	5,492		
14	Information technology	10,745	10,745		
15	Royalties • • • • • • • • • • • • • • • • • • •				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	34,897	34,897		
17		9,507	9,507		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	00 650	00 650		
20		88,658	88,658		
21	Payments to affiliates	5,000		5,000	
22	Depreciation, depletion, and amortization ••••••	103		103	
23		2,542		2,542	
24	Other expenses. Itemize expenses not covered			_/	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	622,080	470,988	151,092	0
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)				

990	(2018)	Habitat	for	Humanity	of	Florida	Inc	
: X	Balance Sh	leet						

Check if Schedule O contains a response or note to any line in this Part X

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	318,076	1	141,677
	2	Savings and temporary cash investments	,	2	, -
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,948	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	2,898	9	15,148
•	- 10a	Land, buildings, and equipment: cost or	2,000		13,140
		other basis. Complete Part VI of Schedule D • • • • 10a 1,506			
	b	Less: accumulated depreciation 10b 1,506	103	10c	
	11	Investments - publicly traded securities	105	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	224 025	16	156 025
	17	Accounts payable and accrued expenses	334,025	17	156,825
	18	Grants payable	70,982	18	23,099
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	20			20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	~~	Loans and other payables to current and former officers, directors,			
lidi		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24 25			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	70 000	25	22 000
	20	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and	70,982	20	23,099
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27		144 059	27	122 726
Sala	28	Temporarily restricted net assets	<u>144,058</u> 118,985	28	133,726
Б	29	Permanently restricted net assets	110,905	20	
n	25	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
orF					
ets (30	complete lines 30 through 34.		30	
sse	30 31	Capital stock or trust principal, or current funds		30 31	
Net Assets or Fund Balances	31 32			31	
Ne	32 33	Retained earnings, endowment, accumulated income, or other funds	0.02 0.40	32	100 700
	33 34	Total liabilities and net assets/fund balances	263,043	33	133,726
	54		334,025	54	156,825 Form 990 (2018)
EEA					Form 990 (2018)

80-0423130

Form	990 (2018) Habitat for Humanity of Florida Inc 8	0-04231	30	Pa	age 12
Pa	rt 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)	1	4	492,	763
2	Total expenses (must equal Part IX, column (A), line 25)	2	(622,0	080
3	Revenue less expenses. Subtract line 2 from line 1	3	(:	129,3	317)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	263,0	043
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)) ••••••••••••••••••••••••••••••••••	10	-	133,	726
Pa	rt XII Financial Statements and Reporting				
	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 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	🔀 Separate basis 🗌 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				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
			Form	000 /	2012

EEA

Form 990 (2018)

SCHEDULE A	S	С	Η	Ε	D	U	L	Ε	Α
------------	---	---	---	---	---	---	---	---	---

Public Charity Status and Public Support

OMB No. 1545-0047

		DULE A	Complete if the organization		1(c)(3) organization or a se		•••	empt charitable trust.	2	018	
•		00 or 990-EZ)			ich to Form 990 or Forn		()()	·····p· •·····		to Public	
		of the Treasury enue Service	•	Go to www.irs.go	v/Form990 for instruction	ons and th	e latest in	formation.	-	pection	
Name	e of the	e organization						Employer identifica	ation number		
			nity of Florida					80-042313			
Pa	rt I	Reason	for Public Charity	/ Status (All or	ganizations must co	mplete t	this part.) See instructions	S.		
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check or	ly one box	.)				
1	Ц	A church, conv	rention of churches, or a	association of chur	ches described in sectio	ר 170(b)(1) ו)(A)(i).				
2	Ц	A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or 9	990-EZ).)					
3	Ц	•		-	described in section 170		•				
4	Ш			ated in conjunction	with a hospital described	l in sectior	n 170(b)(1)	(A)(iii). Enter the			
		•	e, city, and state:								
5		-		-	university owned or operation	ated by a g	jovernmen	tal unit described in			
		• •	(1)(A)(iv). (Complete F	,							
6	Н				it described in section 17						
7	Ш	•	•	•	t of its support from a go	vernmenta	I unit or fro	om the general public			
•			ection 170(b)(1)(A)(vi).	· ·							
8	H	,	ust described in sectio		, ,	•					
9	Ш	0	Ũ		on 170(b)(1)(A)(ix) opera			0 0			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
10	X	university:	n that normally receive	s: (1) more than 3	3 1/3% of its support from	contributi	ons mem	bership fees and gros	20		
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
					ection 509(a)(2). (Comple		,				
11	Π		•		est for public safety. See s		,				
12	П	•	•	•	the benefit of, to perform			o carry out the purpos	es		
		-	•	•	ed in section 509(a)(1) or			• • •			
					ne type of supporting org						
	а		-		ed, or controlled by its su		•		0		
					appoint or elect a major						
		supporting	organization. You mus	st complete Part I	/, Sections A and B.						
	b	Type II. A	supporting organizatior	n supervised or con	trolled in connection with	its support	ted organiz	zation(s), by having			
		control or	management of the su	pporting organizati	on vested in the same pe	ersons that	control or	manage the supporte	d		
		organizatio	on(s). You must comp	lete Part IV, Sectio	ons A and C.						
	С	Type III fu	nctionally integrated.	A supporting orgar	ization operated in conne	ection with,	and functi	onally integrated with,			
		its support	ed organization(s) (see	instructions). You	must complete Part IV,	Sections	A, D, and I	Ε.			
	d	Type III no	on-functionally integra	ted. A supporting of	organization operated in o	connection	with its su	pported organization(s	3)		
		that is not	functionally integrated.	The organization	generally must satisfy a c	listribution	requireme	ent and an attentivene	SS		
		requireme	nt (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.				
	е	_	0		determination from the I		s a Type I,	Type II, Type III			
				-	ntegrated supporting orga					-	
	f								• • • •		
	g		lowing information abo			1					
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you	rganization ır governing	(v) Amount of monetary support (see	(vi) Amo other supp		
					above (see instructions))	docum		instructions)	instruc		
						Yes	No	-			
						162	NO				
(A)											
(B)											
(C)											
<u> </u>											
(D)											
(E)											
(E)											

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

			anity of Flo			80-042313	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						y under
	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") • • • • •						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ••••••						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 • • • • • •						
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) • • • • • •						
6	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support		-				•
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••••						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) • • • • • • • • • • • •						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	• • • • • • • • •		•		, ,	►
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,						%
15	Public support percentage from 2017 Sche						%
16a	33 1/3% support test - 2018. If the organization						_
	box and stop here. The organization qualified						· · · · 🕨 📋
b	33 1/3% support test - 2017. If the organiza						
	this box and stop here. The organization qu						· · · · 🕨 📋
17a	10%-facts-and-circumstances test - 2018	-					
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac		0	•			
	organization						· · · · 🖻 📋
b	10%-facts-and-circumstances test - 2017.	0				ne	
	15 is 10% or more, and if the organization m				-	P. L.	
	Explain in Part VI how the organization mee			-		•	► □
10							· · · · 🖻 🛛
18	Private foundation. If the organization did r						
		<u></u>					
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 Habi	tat for Huma	nity of Flor	ida Inc		80-0423130	Page 3	
Pa	rt III Support Schedule for Org	ganizations De	escribed in Se	ction 509(a)(2				
	(Complete only if you chec						r Part II.	
_	If the organization fails to q	ualify under the	e tests listed be	elow, please co	omplete Part II.)		
-	ction A. Public Support					T		
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	339,779	307,398	367,602	492,145	492,763	1,999,687	
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	339,779	307,398	367,602	492,145	492,763	1,999,687	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)						1,999,687	
	ction B. Total Support							
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6 • • • • • • • • • • • •	339,779	307,398	367,602	492,145	492,763	1,999,687	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 • • • • • • •							
С	Add lines 10a and 10b • • • • • • • • • •							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ••••							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	339,779	307,398	367,602	492,145	492,763	1,999,687	
	First five years. If the Form 990 is for the org organization, check this box and stop here						► 🗌	
	ction C. Computation of Public Su		•					
15	Public support percentage for 2018 (line 8, c	.,	•				100.00 %	
$\frac{16}{Sec}$	Public support percentage from 2017 Scheduction D. Computation of Investment					16	100.00 %	
17	Investment income percentage for 2018 (line			umn (f))•••••		17	0.00 %	
18								
19a	33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support tests - 2017. If the organization line 18 is not more than 33 1/3%, check this b	• ation did not check a	a box on line 14 or	line 19a, and line 1	6 is more than 33 ⁻	1/3%, and		
20	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		🕨 🗌	

Schedu	e A (Form 990 or 990-EZ) 2018 Habitat for Humanity of Florida Inc 80-04231	30	P	age 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	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			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (Form 990	or 990-E	Z) 2018
				-

	ule A (Form 990 or 990-EZ) 2018 Habitat for Humanity of Florida Inc 80-042313 rt IV Supporting Organizations (continued)	0	Р	age 5
ľŭ			Yes	No
а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1 1	
			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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
0.	supported organizations played in this regard.	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	ons).	
	 The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> Activities Test. <i>Answer (a) and (b) below.</i> 	(see in	structi	ons). No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- a 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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.*

2a

2b

3a

Section A - Adjusted Net Income	,
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through Section A - Adjusted Net Income (A) Prior Year (B) Current 1 Net short-term capital gain 1	n E. rent Year
Section A - Adjusted Net Income (A) Prior Year (B) Current 1 Net short-term capital gain 1	rent Year
Section A - Adjusted Net Income (A) Prior Year (op 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	
Section B - Minimum Asset Amount	rent Year tional)
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	
e Discount claimed for blockage or other	
factors (explain in detail in Part VI):	
2 Acquisition indebtedness applicable to non-exempt-use assets 2	
3 Subtract line 2 from line 1d. 3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	
see instructions).	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by .035. 6	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount	nt Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	
2 Enter 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.	
5 Income tax imposed in prior year 5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	
emergency temporary reduction (see instructions).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization instructions).	ion (see

EEA

Schedule A (Form 990 or 990-EZ) 2018

Schedu Par	He A (Form 990 or 990-EZ) 2018 Habitat for Humanity of E tV Type III Non-Functionally Integrated 509(a)(3)	<u>lorida Inc</u> Supporting Organiz	80-042 ations (continued)	23130 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.	0		
9				
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
			Cabad	ule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

	990 or 990-EZ) 2018
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
,	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2l
	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.)

SCHEDU	.EC PC	litical Campaign and Lo	obvina Activ	vities		OMB No. 1545-0047
(Form 990 o	r 990-EZ)				77	2018
		ations Exempt From Income Tax Unde organization is described below.	Attach to For			Open to Public
Department of the	I reasury	to www.irs.gov/Form990 for instruction			1 990-EZ.	Inspection
 Section Section Section Section Section Section Section If the organi Tax) (see setimation of organistic transmission of organistic transmission of organistic transmission of the section of the s	zation answered "Yes," on Form 501(c)(3) organizations: Complete 501(c) (other than section 501(c)) 527 organizations: Complete Part zation answered "Yes," on Form 501(c)(3) organizations that have 501(c)(3) organizations that have zation answered "Yes," on Form parate instructions), then 501(c)(4), (5), or (6) organizations anization for Humanity of Flori Complete if the organ	a 990, Part IV, line 3, or Form 990-EZ, F e Parts I-A and B. Do not complete Part (3)) organizations: Complete Parts I-A ar i I-A only. a 990, Part IV, line 4, or Form 990-EZ, F filed Form 5768 (election under section NOT filed Form 5768 (election under section NOT filed Form 5768 (election under section s: Complete Part IV, line 5 (Proxy Tax) (see s s: Complete Part III.	Part V, line 46 (Pol -C. ad C below. Do not Part VI, line 47 (Lo 501(h)): Complete ction 501(h)): Com eparate instruction	itical Campai complete Part bbying Activit Part II-A. Do n pplete Part II-B ons) or Form 9 5 a Section	ties), then not complete . Do not com 90-EZ, Part Employer i 80-0423 527 orga	Part II-B. plete Part II-A. V, line 35c (Proxy dentification number 3130
	1 1 0	see instructions)			▶ \$	35,135
		stivities (see instructions)				
Part I-B	Complete if the organ	ization is exempt under section	on 501(c)(3).			
		red by the organization under section 49				
		red by organization managers under sec				
		5 tax, did it file Form 4720 for this year?				
						· 🗌 Yes 🔄 No
b If "Yes, Part I-C	describe in Part IV.	ization is exempt under section	on 501(c) exc	ont section	1 501(c)(3	1
	•	ne filing organization for section 527 exe				,.
					. ► \$	
		n's funds contributed to other organization			8997 F	
		· · · · · · · · · · · · · · · · · · ·			. 🕨 \$	
		lines 1 and 2. Enter here and on Form 1				
line 17	b • • • • • • • • • • • • • • • • • • •				. ► \$	
		POL for this year?				
		er identification number (EIN) of all sect				
-		organization listed, enter the amount paid				
		ived that were promptly and directly delived				
		cal action committee (PAC). If additional				
	(a) Name	(b) Address	(c) EIN	(d) Amount filing orga funds. If none	nization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

EEA

Schedule C (Form 990 or 990-EZ) 2018

-		manity of Florida Inc	80-04231	
Pa		is exempt under section 501(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).			
Α	Check 🕨 📋 if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group n	nember's name,	
	address, EIN, expenses, and share	of excess lobbying expenditures).		
В	Check 🕨 📘 if the filing organization checked boy	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opir	nion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislativ	e body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c a	nd 1d) • • • • • • • • • • • • • • • • • • •		
f	Lobbying nontaxable amount. Enter the amount fro	m the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line	lf) • • • • • • • • • • • • • • • • • • •		
h	Subtract line 1g from line 1a. If zero or less, enter -	0- • • • • • • • • • • • • • • • • • • •		
i	Subtract line 1f from line 1c. If zero or less, enter -)		
j	If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		<u></u>	🗌 Yes 🛛 🗌 No
	4	-Year Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobb	ying Expenditures	During 4-Year Avera	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

	or 990-EZ) 2018	Habitat	for	Humanity	of	Florida	Inc	
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80-0423130

Page 3

Schedule C (Form 99	0 or 990-EZ) 2018	Habitat	for	Humanity	of	Florida	Inc		80-0423	3130
Part II-B	Complete if	the organ	izati	on is exen	ıpt ı	under sec	tion	501(c)(3) and has NOT 1	filed Form	5768
	(election un	der sectio	n 50)1(h)).						

_	(election under section 501(h)).	(a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
С	Media advertisements? • • • • • • • • • • • • • • • • • • •		Х			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			35	,135
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities? • • • • • • • • • • • • • • • • • • •		Х			
j	Total. Add lines 1c through 1i				35	,135
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912		_			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or sec	tion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Part	III-A, li	ine 3	, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total • • • • • • • • • • • • • • • • • • •		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	••	5			
	rt IV Supplemental Information					
Pro	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A,	lines 1	and			
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Part II-B, Line 1b: Paid firm for direct and indirect political campaign activities.

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01. Activities to influence legislation (Part II-B, lines 1a - 1h)
Part II-B, Line 1g: Habitat for Humaity of Florida, Inc. does not engage in any activities
involving the campaigns of individuals running for public office. We do engage a public
consulting firm that works with us and legistators at the state level to get affordable
housing and other legislation passed that is beneficial to Florida Habitat for Humanity
affiliates. All direct and indirect contact with the legislators is for educational
purposes.

SCH	IEDULE D	Suppler	nental Financial Statements		OMB No. 1545-0047
(Foi	m 990)	Complete if t	he organization answered "Yes" on Form 990, , 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	L.	2018
			 Attach to Form 990. 		Open to Public
•	ment of the Treasury I Revenue Service	► Go to www.irs.gov/F	orm990 for instructions and the latest information	on.	Inspection
	of the organization	.			ification number
Hak	itat for	Humanity of Florid	a Inc	80-04	23130
Pa			ed Funds or Other Similar Funds or Accou	ints.	
	Complete	if the organization answered "Ye	s" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • •			
2	Aggregate value of	f contributions to (during year) ·			
3	Aggregate value of	f grants from (during year) •••			
4	Aggregate value a	t end of year • • • • • • • • • • •			
5	Did the organization	on inform all donors and donor advisor	s in writing that the assets held in donor advised		
	funds are the orga	nization's property, subject to the orga	nization's exclusive legal control? • • • • •		🗌 Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and do	nor advisors in writing that grant funds can be used	b	
	only for charitable	purposes and not for the benefit of the	e donor or donor advisor, or for any other purpose		
		issible private benefit? • • • • •			🗌 Yes 🗌 No
Pa	rt II Conser	vation Easements.			
	Complete	e if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the orga	nization (check all that apply).		
	Preservation o	f land for public use (e.g., recreation o	or education)	ally important land	area
	Protection of n	atural habitat	Preservation of a certified	historic structure	
	Preservation o	f open space			
2	Complete lines 2a	through 2d if the organization held a d	qualified conservation contribution in the form of a	conservation	
	easement on the la	ast day of the tax year.		Held at	the End of the Tax Year
а	Total number of co	nservation easements		- 2a	
b	Total acreage restr	icted by conservation easements		- 2b	
С	Number of conserv	vation easements on a certified histori	c structure included in (a) • • • • • • • • • •	- 2c	
d	Number of conserv	vation easements included in (c) acqu	ired after 7/25/06, and not on a		
	historic structure li	sted in the National Register • • •		- 2d	
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by the org	anization during t	ne
	tax year 🕨				
4	Number of states v	where property subject to conservation	n easement is located		
5	Does the organization	tion have a written policy regarding th	e periodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easeme	nts it holds?		🗌 Yes 🗌 No
6	Staff and volunteer	r hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conserva	ition easements d	uring the year
	►				
7	Amount of expense	es incurred in monitoring, inspecting,	handling of violations, and enforcing conservation	easements during	the year
	▶\$				
8	Does each conserve		above satisfy the requirements of section 170(h)(4		
	and section 170(h)	(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conse	rvation easements in its revenue and expense stat	tement, and	
	balance sheet, and	d include, if applicable, the text of the	footnote to the organization's financial statements	that describes the	
		ounting for conservation easements.			
Pa	rt III Organi	zations Maintaining Collect	ions of Art, Historical Treasures, or O	ther Similar A	Assets.
	Complet	te if the organization answered "	/es" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statement	and balance shee	et
	works of art, histor	ical treasures, or other similar assets	held for public exhibition, education, or research in	furtherance of	
	public service, pro-	vide, in Part XIII, the text of the footno	te to its financial statements that describes these it	tems.	
b	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement and	l balance sheet	
	works of art, histor	ical treasures, or other similar assets	held for public exhibition, education, or research in	furtherance of	
		vide the following amounts relating to			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		🕨	\$
	(ii) Assets include	d in Form 990, Part X • • • • •		🕨	\$
2			al treasures, or other similar assets for financial ga		
			16 (ASC 958) relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1 ••		🕨	\$
b					
For F		on Act Notice, see the Instructions			Schedule D (Form 990) 2018

Sched	lle D (Form 990) 2018 Habitat for Hu							80-042				2 age
Pai	t III Organizations Maintaining (Colle	ctions of Ar	rt, Histo	rical Tre	easures, d	or Othe	er Similar As	sets	(cont	inue	d)
3	Using the organization's acquisition, accession	, and c	other records, c	heck any	of the follow	wing that are	e a signifi	cant use of its				
	collection items (check all that apply):			,		0	0					
а	Public exhibition		d 🗌 Loai	n or excha	inge progra	ams						
b	Scholarly research				inge progre							
				=I								
c	Preservation for future generations											
4	Provide a description of the organization's colle	ections	and explain ho	ow they fu	ther the or	ganization's	exempt	purpose in Part				
	XIII.											
5	During the year, did the organization solicit or r					-				_		_
	assets to be sold to raise funds rather than to be			of the org	anization's	collection?	• •	<u></u>		Y	es	No
Pai	t IV Escrow and Custodial Arran											
	Complete if the organization a	nswe	red "Yes" or	ר Form פ	990, Parl	t IV, line 9	, or rep	orted an amo	ount c	on Fo	rm	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodiar	or oth	er intermediary	/ for contri	butions or	other assets	not					
			-							П	es	No
b	If "Yes," explain the arrangement in Part XIII an	d com	plete the follow	ing table.								
~				ing table.					mount			
~	Beginning balance						10		anoun			
C	Beginning balance ••••••••••••••••••••••••••••••••••••											
d												
е	Distributions during the year											
f	Ending balance							1				
2a	Did the organization include an amount on For	m 990,	Part X, line 21	, for escro	w or custo	dial account	liability?		• • • •	• 🗌 Y	es	∐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck h	ere if the expla	nation has	s been prov	vided on Par	t XIII					
Pai	t V Endowment Funds.											
	Complete if the organization a	nswe	red "Yes" or	ר Form פ	990, Parl	t IV, line 1	0.					
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bad	ж (e) Four	years b	ack
1a	Beginning of year balance	,			,			.,,,,,		,	<u> </u>	
b	Contributions											
ĉ	Net investment earnings, gains, and											
C												
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses ••••••											
g	End of year balance											
2	Provide the estimated percentage of the current	nt year	end balance (li	ne 1g, col	umn (a)) h	eld as:						
а	Board designated or quasi-endowment		%									
b	Permanent endowment											
с	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, and 2c should	d equa										
3a	Are there endowment funds not in the possess			n that are	held and a	dministered	for the					
Ja				i that are		ummistereu				Г	Yes	No
	organization by:								Г	2-(1)	163	
	(i) unrelated organizations	• • •							•••	3a(i)		<u> </u>
	(ii) related organizations	• • •							•••	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								۰۰L	3b		
4	Describe in Part XIII the intended uses of the o	-	ation's endowm	nent funds	•							
Pa	t VI Land, Buildings, and Equipn											
	Complete if the organization a	nswe	red "Yes" or	ר Form פ	990, Parl	t IV, line 1	1a. See	e Form 990, I	Part X	K, line	; 10.	
	Description of property		(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	((d) Book	value	
			(investme	ent)	(0	other)	d	epreciation				
1a	Land											
b	Buildings											
	•											
ر لہ	Leasehold improvements	• • •										
d	Equipment	• • •										
e	Other ••••••••••••••••••••••••••••••••••••			1,506				1,506				
Total	. Add lines 1a through 1e. (Column (d) must equ	ial For	m 990, Part X, (column (B), line 10c.)			🕨				
EEA									Schedu	ule D (Fo	orm 990	J) 2018

Schedule D (Form	990) 2018 Habitat for Hun	manity of Florida Ind	c 80-042	23130 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art 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 valuation Cost or end-of-year market	
(1) Financial	derivatives • • • • • • • • • • • • • • • • • • •			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.) 🔹 🕨			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	on:
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990	, Part X, line 15.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(b) DOOK Value	-	
(2)			-	
(3)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b)	must aqual Form 000, Port X, and (D) line 25)			
	must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the te:	t of the footnote to the organiz	ation's financial statements that report	ts the
-	liability for uncertain tax positions under FIN 48 (A	-		
			. e. ale legalete nue been provided in	·

_	ule D (Form 990) 2018 Habitat for Humanity of Florida Inc	80-0423130	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments •••••••••••• 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt 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	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I				r Assistance to			L	OMB No. 1545-0047
(Form 990)		Gove	ernments, and	Individuals in t	the United St	ates		2018
Department of the Treesury		Comple		answered "Yes" on For Attach to Form 990.	rm 990, Part IV, line 2	21 or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service				gov/Form990 for the la	test information.			Inspection
Name of the organization				-			Employer identification	number
Habitat for Human	ity of Florid	a Inc					80-0423130	
Part I General I	nformation on (Grants and Assi	stance					
1 Does the organizatio	n maintain records to	o substantiate the am	ount of the grants or as	sistance, the grantees'	eligibility for the grant	s or assistance, and		
the selection criteria	used to award the gr	rants or assistance?						. XYes No
2 Describe in Part IV th	ne organization's pro	cedures for monitorir	ng the use of grant funds	s in the United States.				
Part II Grants and	d Other Assistan	ce to Domestic O	rganizations and Do	omestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99	0,
Part IV, line	e 21, for any recipi	ent that received n	nore than \$5,000. Pa	rt II can be duplicate	d if additional spac	e is needed.		
1 (a) Name and address	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governm	ent		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) HFH Lee and Her	ndry Counties							
1288 N Tamiami Tr	1							Hurricane
North Fort Myers,	FL 33903	59-2236174	501(c)(3)	25,000		N/A		relief
(2) HFH of Bay Cour	nty Florida,							
PO Box 408								Hurrican
Panama City, FL 3	2402-0408	59-3007298	501(c)(3)	10,000		N/A		relief
(3)Chipola Area HH	H, Inc.							
PO Box 6114								Hurricane
Marianna, FL 3244	7-6114	59-2900901	501(c)(3)	10,000		N/A		relief
(4)HFH of Key West	and Lower F							
PO Box 5873								Hurricane
Key West, FL 3304	5	65-0443188	501(c)(3)	25,000		N/A		relief
(5)Lakeland HFH, 1	Inc.							
1317 George Jenki	ns Blvd							Hurricane
Lakeland, FL 3381	5-1367	59-3000422	501(c)(3)	27,024		N/A		relief
(6)St. Lucie HFH,	Inc.							
702 S 6th St								Hurrican
Fort Pierce, FL 3		65-0631850	501(c)(3)	86,336		N/A		relief
(7)HFH of the Mide								
8055 Overseas Hig	-							Hurricane
Marathon, FL 3305	0	65-0279086	501(c)(3)	25,000		N/A		relief
(8)								
(9)								
(10)								
								-
	. , . ,	• •					_	7
3 Enter total number of	f other organizations	listed in the line 1 ta	ble				🕨	

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

Schedule I (Form 990) (2018) Habitat for Humanity of Florida Inc Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Part III can be duplicated if additional	space is needed	d.	0		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other addi	tional information.

Page **2**

80-0423130

(Fo	rm 990)	Complete if	the organiza	ations answered "Yes" on Fo	rm 990, Part IV, lines 29 or 30.		2018
	tment of the Treasury al Revenue Service	Attach to Formation	orm 990.	990 for instructions and the			Open to Public Inspection
	of the organization					Employer id	lentification number
Hab	itat for Huma	nity of Flo	orida Inc	1		80-042	23130
Pa		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		(d) hod of determining n contribution amounts
1	Art - Works of art						
2	Art - Historical trea	sures ••••					
3	Art - Fractional inte	erests • • • •					
4	Books and publica						
5	Clothing and hous						
_	goods • • • • •						
6	Cars and other vel					-	
7	Boats and planes						
8	Intellectual propert						
9 10	Securities - Public Securities - Closel	-					
11	Securities - Closer						
	or trust interests						
12	Securities - Miscel						
13	Qualified conserva						
	contribution - Histo	oric					
	structures · · ·						
14	Qualified conserva	ation					
	contribution - Othe	r					
15	Real estate - Resid	dential • • • •					
16	Real estate - Com	mercial • • • •					
17	Real estate - Othe	r • • • • • • • •	х	12	31,794	FMV	
18	Collectibles • • •						
19	Food inventory •						
20	Drugs and medica						
21	Taxidermy • • •					-	
22	Historical artifacts						
23	Scientific specime						
24 25	Archeological artifa Other ►(
26	Other ►()					
27	Other ►(/					
28	Other ►(/					
29		8283 received by	the organiza	tion during the tax year for cor	tributions for		
	which the organiza	ation completed F	orm 8283, Pa	art IV, Donee Acknowledgemer	nt • • • • • • • • • • • • • • • • • • •	29	Yes No
30a	During the year di	d the organization	n receive by c	contribution any property repor	ted in Part L lines 1 through		
		-	-	the date of the initial contributi	-		
			•		· · · · · · · · · · · · · · · · · · ·		30a
b	If "Yes," describe the						
31		-		licy that requires the review of	any nonstandard		
	-	-			·		31
32a	Does the organiza	tion hire or use th	nird parties or	related organizations to solici	, process, or sell noncash		
	contributions? .						32a
b	If "Yes," describe in	n Part II.					
33	If the organization	didn't report an a	amount in colu	umn (c) for a type of property fo	or which column (a) is checked,		
	describe in Part II						

Noncash Contributions

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

OMB No. 1545-0047

SCHEDULE M	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the organization

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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

80-0423130

Habitat for Humanity of Florida Inc

01. Form 990 governing body review (Part VI, line 11)

Form 990 is first reviewed by the Executive Director and is then reviewed and approved by

the Board of Directors.

02. Conflict of interest policy compliance (Part VI, line 12c)

Board members are annually required to read and sign the conflict of interest policy.

03. CEO, executive director, top management comp (Part VI, line 15a)

Independent consulting of similar organizations with similar positions are polled on

occasion, especially during times of hiring and providing salary/benefit increases. The

Board approves the salary of the key employees.

04. Other officer or key employee compensation (Part VI, line 15b

Independent consulting of similar organizations with similar positions are polled on

occasion, especially during times of hiring or providing salary/benefit increases. The

Board approves the salary for the key employees.

05. Governing documents, etc, available to public (Part VI, line 19)

The governing documents, conflict of interest policy, and financial statements are made

available to the public upon request.

Form	8868	
(Rev. Jar	uary 2019)	

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Pevenue Service

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

		indi o lucitarjing nambon, oco motractione				
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	Habitat for Humanity of Florida Inc	80-0423130				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)				
due date for	1150 Cleveland Street STE 301					
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	Clearwater, FL 33755					

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of Barbara Inman Beck, 1150 Cleveland St. Ste. 301, Clearwater, FL 33755

٦	elephone No. ▶ 727-475-1363 FAX No. ▶	_	
• 1	f the organization does not have an office or place of business in the United States, check this box		🛌 🗌
•	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th	is is	
for t	he whole group, check this box $\cdots \cdots \cdots \rightarrow \Box$. If it is for part of the group, check this box $\overline{\cdots \rightarrow }$ and a	attach	
a lis	t with the names and EINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until, 20 20, to file the exempt organization for the organization's return for:	on retu	rn
	calendar year 20 or		
	Image: transmission of the second s	, 20 1	L 9 .
2	If the tax year entered in line 1 is for less than 12 months, check reason:		
38	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
t	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Cau	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and	Form	8879-EO for payment
instı	ructions.		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

EEA

	FOR YOUR RECOR Federal Supporting		2018	PG01
Name(s) as shown on return			Tax ID Number	
Habitat for Humanity	of Florida Inc		8	0-0423130
	Trucatmonta -	Othor		tement #D1e
Description	<u>Investments -</u> Cost/basis	Cost/basis		Book
Description of Investment			Depr	
-	Cost/basis	Cost/basis	Depr 1,506	Book