Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

1 OIII					•			2018				
), 527, or 4947(a)(1) of the Interr	•	•••	ions)	Onen te Dublie				
		the Treasury		nter social security numbers on vww.irs.gov/Form990 for instrue	•	•		Open to Public Inspection				
		ue Service	ar year, or tax year begin	· · · · ·	07-01 , 2018, and e		06-3	•				
						<u> </u>		Employer identification no.				
	nitial retu	•	906 AVENIDA CE	,		Koon/suite		Telephone number 352)483-0434				
		rn/terminated		, country, and ZIP or foreign postal code				Gross receipts				
	mended		LADY LAKE, FL				ľ	\$ 5,097,159				
		n pending	F Name and address of principa			H(a) Is this a group r	eturn for si					
<u>с</u> ,	phoado	in ponding	SAME AS C ABOV			H(b) Are all subor						
т	ax-exem	npt status: X	501(c)(3) 501(c) ()	527			st. (see instructions)				
	Vebsite:		.HABITATLS.ORG			H(c) Group exem		. ,				
				sociation Other ►	L Year of formation:							
Pa		Summar					<u>g</u>					
	1		/	ion or most significant activities:	WE WORK IN PART	NERSHIP WITH	GOD	& PEOPLE				
			U U	S OF LIFE, TO DEVELOP								
Activities & Governance			-	JSES SO THAT THERE ARE								
rnai			NTO ALL THAT GOD									
ove	2	Check this be	ox if the organization 	n discontinued its operations or dis	posed of more than 25%	of its net assets.						
ğ	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)	•••••		3	15				
ې د	4			s of the governing body (Part VI, I		-	4	15				
itie	5			n calendar year 2018 (Part V, line		-	5	63				
ctiv	6	Total numbe	r of volunteers (estimate if	necessary)	· · · · · · · · · · · · ·	[6	5,585				
∢	7a		•	Part VIII, column (C), line 12 .		F	7a	0				
						F	7b	0				
						Prior Year		Current Year				
	8	Contributions	s and grants (Part VIII, line	1h)		2,890	881	2,155,813				
ne	9		3 (e 2g)		2,006		1,390,839				
Revenue	10	0		A), lines 3, 4, and 7d)			(6,743)					
Re	11		ue (Part VIII, column (A), lii		(6,743) (13,21 14,385 25,53							
	12			(must equal Part VIII, column (A), I		4,904,		3,558,980				
	13		-	IX, column (A), lines 1-3)			644	257,993				
	14	Benefits paid	to or for members (Part I	X, column (A), line 4)				0				
	15		•	e benefits (Part IX, column (A), line		1,401	037	1,406,929				
ses				column (A), line 11e)								
Expense			sing expenses (Part IX, co		210,614			-				
Ă	17		U I I I	nes 11a-11d, 11f-24e)		2,938,	211	2,303,549				
	18	•		tequal Part IX, column (A), line 25		4,353,		3,968,471				
	19	•	•	18 from line 12	,	550		(409,491)				
es						Beginning of Current		End of Year				
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			7,286,		6,885,254				
Ass Ba	21					1,328		1,148,561				
Pupe	22			line 21 from line 20		5,957		5,736,693				
Pa			re Block			0,001						
Unde	r penaltie	es of perjury, I deo	clare that I have examined this retu	Irn, including accompanying schedules and s		knowledge and belief, it	s					
true,	correct, a	and complete. De	claration of preparer (other than of	ficer) is based on all information of which pre	parer has any knowledge.							
		RTCK	MILLER									
Sig	n		re of officer				Date					
Here RICK MILLER, TREASURER												
	-		print name and title	<u>14</u>								
		Print/Type pre	•	Preparer's signature	Date	Check	if PT	IN				
Paio	ł		ILBERNAGEL CPA	ALLAN SILBERNAGEL CPA		self-employed		P00648042				
	a parer			AGEL & BURROUGHS, PA	01-20-2020	Firm's EIN	-	100010042				
				RTH DONNELLY STREET		Phone no.						
030	Sing						2-72	9-6752				
		1	MOUNT DO	DRA FL 32757		35	4-14	9-6752				

No

	n 990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC	59-2958036	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:		
	WE WORK IN PARTNERSHIP WITH GOD & PEOPLE EVERYWHERE, FROM ALL WALKS OF LIFE,	TO DEVELOP	
	COMMUNITIES WITH GOD'S PEOPLE IN NEED BY BUILDING & RENOVATING HOUSES SO THAT	T THERE ARE	
	DECENT COMMUNITIES IN WHICH PEOPLE CAN LIVE & GROW INTO ALL THAT GOD INTENDED	D.	
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	<u>x</u> 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?	∐ Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
4-		<u>^</u>	
4a	(Code:) (Expenses \$3,390,640 including grants of \$257,993) (Revenue		,839)
	OUR LONG TERM GOAL IS TO ELIMINATE POVERTY HOUSING IN LAKE & SUMTER COUNTIES	-	
	FISCAL YEAR WE MOBILIZED 5,585 VOLUNTEERS FROM CHURCHES, BUSINESSES AND THE ONE OPERATED 4 HABITAT THRIFT STORES AND SOLD 6 HOMES TO QUALIFYING LOW-INCOM		
	& SUMTER COUNTIES, FL.	E PERSONS II	
	a Somier Counties, FL.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	(****, (**** * *** 33 **** *, (*****	•	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)	`	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 3,390,640	F	m 000 (0040)
EEA		For	n 990 (2018)

	990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-29580	36	Р	age 3					
Pa	rt IV Checklist of Required Schedules			1					
			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)			х					
	election in effect during the tax year? If "Yes," complete Schedule C, Part II								
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		Х					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors								
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If								
	"Yes," complete Schedule D, Part I	6		Х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"								
	complete Schedule D, Part III	8		Х					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a								
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or								
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X						
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted								
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,								
	VII, VIII, IX, or X as applicable.								
а									
	complete Schedule D, Part VI	11a	X						
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more								
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х					
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more								
-	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	X						
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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	X						
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If								
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X					
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	4 41		v					
45	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	45		v					
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х					
16		10		v					
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v					
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 /f. "Yes." complete Schedule G. Part II.	10	x						
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.								
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v					
20 ~	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X X					
20 a		20a 20b							
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 12 /f "Ves." complete Schedule L Parts Land II	21	x						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21							

	990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-29580	36	F	Page 4
Par	t IV 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	22	v	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	X	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			- 21
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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):	00-		v
a ⊾	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		v
•	Schedule L, Part IV	200		Х
С	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	200	X	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ZJ		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
EEA	reportable gaming (gambling) winnings to prize winners?	1c		2018)
		1 011	()

Form **990** (2018)

	rm 990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-2958036							
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
20	Enter the number of employees reported on Form W.2. Trensmittel of Wage and Tay		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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
5	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?							
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		X				
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		Х				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
_	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v				
h	and services provided to the payor?	7a 7b		X				
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70						
U		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		21				
e								
f								
g								
h								
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	-						
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:							
a ⊾	Gross income from members or shareholders							
b	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	124						
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		<u> </u>				
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.	•		37				
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.							

Form	990	(2018)	
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Form	990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-2958)36	P	age 6
Par	t 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 instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
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 1a 15			
	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 15			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
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		X
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		X
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		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt 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	Χ	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	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		X
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 I 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			
	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:			
	LAURA SOKOLOWSKI (352)483-0434, 906 AVENIDA CENTRAL, LADY LAKE, FL 32159			

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		
	Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employee	s, and
Form 990 (201	8) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC	59-2958036	Page 7

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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.

				(C)				
(A) Name and Title	(B) Average hours per week (list any	box, office	ot check r unless pe er and a d	osition more than one erson is both a lirector/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KENT_ADCOCK	40.00	x	X			106,203	в О	0
(2) BILL NERON	2.00							_
PRESIDENT		Х	X	-		c	o o	0
(3) FELIX RAMIREZ	2.00							
SECRETARY		Х	X				0	0
(4) RICK_MILLER	2.00							
TREASURER		Х	X			C	0 0	0
(5) MISTY CLEMENT	2.00							
VICE-PRESIDENT		Х	X			0	0	0
(6) RAY_SANFRATELLO	1.00							
DIRECTOR		Х				(0	0
(7) CHARLES BROADWAY	<u>1.00</u>	37						_
DIRECTOR		Х				(0	0
(8) WILLIAM FARMER	1.00	v						
DIRECTOR	1	Х				(0	0
(9) DANTE GLASSO JR.	1.00	x						
DIRECTOR	1 00	Δ				(0	0
(10)SHERI OLSON	1.00	x					o o	0
DIRECTOR	1 00	Δ				(· · ·	0
(11)HORACE JONES DIRECTOR	<u> </u>	x					o o	o
(12)GERARD LACHNICHT	1.00	11			+		<u> </u>	0
DIRECTOR		x					o o	0
(13)JOHN MAZE	1.00				1			0
DIRECTOR		X					o o	o
(14)MICHAEL RANKIN	1.00							v
DIRECTOR		X					o o	0
FFA			1	1 1			. .	Form 990 (2018)

	90 (2018) HABITAT FOR HUMANI	TY OF LA	KE-SI	UMT	ER	FL	ORID	A	INC	59-295	8036	P	age 8
Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)			
					(C								
	(B)	do no		Posi ck mo		ian one		(D)	(E)		(F)		
	Name and title	Average hours per			•		both an		Reportable compensation	Reportable compensation fror		stimated mount of	
		week (list any			a dire	_	trustee)		from	related		other	
		hours for related	ndivi	nstitu	Office	Key employee	mplo	Forme	the organization	organizations (W-2/1099-MISC)		npensation from the	on
		organizations	ector	tiona		mplo	yee	4	(W-2/1099-MISC)	(or	ganizatio	
		below dotted line)	Individual trustee or director	nstitutional trustee		yee	mper					nd relate ganizatio	
		,	e	tee			Hignest compensated employee						
							<u>م</u>	-					
	ULA WHETRO	1.00	x								•		0
	RECTOR TT LOVO	1.00									0		0
	RECTOR		x								0		0
<u>(17)</u>													
(18)													
(19)													
<u>(20</u>)													
(21)													
(22)													
(23)													
(24)													
(25)													
<u>(20)</u>													
1b	Sub-total			•••				►					
c	Total from continuation sheets to Part VII, Sectio				•••	•••		►			-		
d 2	Total (add lines 1b and 1c)								106,203		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization			we) (who	Teci	eiveu	mon			1		
											-	Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or ł	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividua	al .							. 3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												
_											. 4		X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If "Yes,"</i>			-			-				. 5		Х
Secti	on B. Independent Contractors	complete St	neuui	ejn	51 50		perso		<u></u>	••••	. J		Δ
1	Complete this table for your five highest compensate	d independer	nt conti	racto	ors th	nat re	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report comper												
	year. (A)								(B)			(C)	
	Name and business address								Description of		Com	pensatio	n

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

Form 99	0 (20	18) HABITAT	FOR HUMA	NITY	OF LAKE-SUM	TER FLORIDA	INC	59-29580	36 Page 9
Part V	/	Statement of Revenu	ie						
		Check if Schedule O contain	ns a response	e or no	ote to any line in this	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
a, G Amo	с	Fundraising events		1c					
Gift ⁵	d	Related organizations		1d					
ns, - Simi	е	Government grants (contribution	ons)	1e					
utio	f	All other contributions, gifts, gr	ants,						
ot		and similar amounts not includ	led above	1f	2,155,813				
Con	g	Noncash contributions include			1,533,107				
	h	Total. Add lines 1a-1f				2,155,813			
Ø					Business Code				
Program Service Revenue		HABITAT HOME SALES			236000	1,039,815	1,039,815		
Rev		MTG DISCOUNT AMORTIZ			531390	254,944	254,944		
rvice		GLOBAL VILLAGE INCOM			532000	74,900	74,900		
n Sei		RECAPTURE OF FORGIVA			531390	8,876	8,876		
gran		MISCELLANEOUS INCOME			900099	12,304	12,304		
Pro		All other program service rever Total. Add lines 2a-2f				1 200 820			
					•••••	1,390,839			
	3	Investment income (including diand other similar amounts) .				26			26
	4	Income from investment of tax-e							
	5	Royalties	•						
		.,	(i) Real		(ii) Personal				
	6a	Gross rents	16	,384					
		Less: rental expenses							
		Rental income or (loss)	16	,384					
	d	Net rental income or (loss) .	<u></u>			16,384			16,384
	7a	Gross amount from sales of	(i) Securitie	s	(ii) Other				
		assets other than inventory			12,085				
	b	Less: cost or other basis							
		and sales expenses			25,322				
		Gain or (loss)			(13,237)				
c)		Net gain or (loss)			•	(13,237)			(13,237)
Other Revenue	8a	Gross income from fundraising							
eve		events (not including \$	2.10)						
er R		See Part IV, line 18	,	2	112,735				
Ğ	h	Less: direct expenses			104,291				
•		Net income or (loss) from fundr				8,444			8,444
		Gross income from gaming acti	-	, .		0,111			0,111
		See Part IV, line 19		. а					
	b	Less: direct expenses							
		Net income or (loss) from gami							
		Gross sales of inventory, less	5						
	loa	returns and allowances		. а	1,409,277				
	b	Less: cost of goods sold		. b	1,408,566				
	с	Net income or (loss) from sales	of inventory	• • •		711			711
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	С								
		All other revenue							
		Total. Add lines 11a-11d			-				
	12	Total revenue. See instructions	<u> </u>			3,558,980	1,390,839	0	12,328

	1 990 (2018) HABITAT FOR HUMANITY C	OF LAKE-SUMTER	FLORIDA INC	59-295803	6 Page 10
	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,000	15,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	242,993	242,993		
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	106,203	51,508	26,551	28,144
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	1,181,672	941,772	121,414	118,486
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,423	10,311	6,208	2,904
9	Other employee benefits				
10	Payroll taxes	99,631	77,088	11,160	11,383
11	Fees for services (non-employees):				
а	Management				
b	Legal	11,622	2,948	6,755	1,919
С	Accounting	14,150		14,150	
d	Lobbying				
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.)	7,472	7,472		
12	Advertising and promotion	29,456	27,442	43	1,971
13	Office expenses	19,047	15,713	1,973	1,361
14	Information technology				
15	Royalties				
16	Occupancy	178,648	133,724	39,773	5,151
17	Travel	7,930	3,989	3,806	135
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,160	574	11,222	2,364
20		50,353	25,908	24,445	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,923	143,783	12,950	8,190
23	Insurance	38,728	36,931	1,641	156
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	CONSTRUCTION GOODS AND SVCS	1,220,126	1,220,126		
b	PAYROLL SERVICE FEES	13,727	6,537	7,190	
C	REPAIR AND MAINTENANCE	20,319	19,448	786	85
d	VEHICLE EXPENSES	92,371	82,548	4,363	5,460
е	All other expenses	420,517	324,825	72,787	22,905

3,968,471

3,390,640

Total functional expenses. Add lines 1 through 24e . 25 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 following SOP 98-2 (ASC 958-720) 26

210,614

367,217

	990 (20		INC 5	9-29	58036 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X \ldots		•••	<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	248,851	1	674 , 280
	2	Savings and temporary cash investments	436,401	2	65,041
	3	Pledges and grants receivable, net		3	12,808
	4	Accounts receivable, net		4	12,813
	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 disqualified 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	
sts	7	Notes and loans receivable, net	2,321,274	7	2,181,739
Assets	8	Inventories for sale or use		8	232,088
<	9	Prepaid expenses and deferred charges	28,112	9	26,160
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 4,144,864	2 602 505	10-	2 054 001
	b	Less: accumulated depreciation	3,693,595	10c	3,076,281
	11 12	Investments - publicly traded securities	16,062	11 12	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	002	14	10 202
	14	Other assets. See Part IV, line 11	993 541,047	14	10,202 593,842
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,286,335	16	6,885,254
	17	Accounts payable and accrued expenses	146,037	17	189,600
	18	Grants payable	140,057	18	109,000
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,451	21	724
s	22	Loans and other payables to current and former officers, directors,	_,		
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,180,102	23	958,237
	24	Unsecured notes and loans payable to unrelated third parties		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	1,328,590	26	1,148,561
		Organizations that follow SFAS 117 (ASC 958), check here $ ightarrow$ and			
S		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	5,503,869	27	5,280,217
Bala	28	Temporarily restricted net assets	453,876	28	456,476
pu	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,957,745	33	5,736,693
EEA	34	Total liabilities and net assets/fund balances	7,286,335	34	6,885,254 Form 990 (2018)

Form	990 (2018) HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59	9-295803	36	Pa	age 12
Par	t 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	3,5	558,	980
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,9	968,	471
3	Revenue less expenses. Subtract line 2 from line 1	3	(4	109,	491)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,9	957,	745
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		188,	439
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	5,3	736,	693
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		3b		
EEA			Form	990 (2018)

		I	Public Char	ity Status and F	Public	Suppo	rt	OMB No. 1545-0047
SCHEI	DULE A		Public Charity Status and Public Support ganization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2018
(Form 990 or 990-EZ)				ich to Form 990 or Form				Open to Public
•	t of the Treasury venue Service	•	Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Inspection
Name of th	e organization						Employer identificat	ion number
HABITA	AT FOR HUMA	NITY OF LAKE-S	UMTER FLORID	A INC			59-295803	6
Part I	Reason	for Public Charity	y Status (All or	rganizations must co	omplete	this part.	.) See instructions	•
The orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1	A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b))(1)(A)(i).		
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3	A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	()(iii).		
4	A medical rese	earch organization ope	rated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	hospital's nam	e, city, and state:						
5	An organizatio	n operated for the bene	efit of a college or	university owned or opera	ated by a g	government	tal unit described in	
	section 170(b)(1)(A)(iv). (Complete	Part II.)					
6	A federal, state	e, or local government	or governmental u	unit described in section	170(b)(1)	(A)(v).		
7 🛛	An organizatio	n that normally receive	s a substantial par	t of its support from a gov	vernmental	unit or fror	m the general public	
	described in s	ection 170(b)(1)(A)(vi). (Complete Part	ll.)				
8	A community t	rust described in sect i	ion 170(b)(1)(A)(v	 i). (Complete Part II.) 				
9	An agricultura	research organization	described in sect	i on 170(b)(1)(A)(ix) ope	rated in co	onjunction v	with a land-grant colleg	je
	or university of	r a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
_	university:							
10	An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
			•	subject to certain excepti	•	,		
	•			isiness taxable income (le		,	rom businesses	
		•		section 509(a)(2). (Com		,		
11	•	•	-	test for public safety. Se				
12	•	•		the benefit of, to perform				
			-	bed in section 509(a)(1)				•
-		•		ne type of supporting orga				•
а				vised, or controlled by its		•	.,	ig
		• • • •		y appoint or elect a major IV, Sections A and B.				
b	•	•		ontrolled in connection w	ith ite euor	orted orac	nization(c) by baying	
5			•	on vested in the same pe		-		
		on(s). You must com			130113 11101		nanage the supported	
с		•		anization operated in cor	nnection w	ith and fur	nctionally integrated w	th
Ŭ				u must complete Part I				,
d				g organization operated i				n(s)
u				generally must satisfy a d				
		, ,		e Part IV, Sections A a		•		
е		. ,	•	determination from the IF			Type II. Type III	
	—	0		ntegrated supporting orga		,		
f								
g	Provide the fol	lowing information abo	ut the supported or	rganization(s).				
	(i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(0)			1					

(D)

(E)

			NITY OF LAKE			59-2958036	
Pa	t II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization f	fails to qualify ι	Inder the tests	listed below, pl	ease complete	e Part III.)	
	tion A. Public Support						
Caler	dar 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.")	2,262,062	2,145,851	2,539,676	2,939,962	2,268,548	12,156,099
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	2,262,062	2,145,851	2,539,676	2,939,962	2,268,548	12,156,099
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)						196,734
6	Public support. Subtract line 5 from line 4						11,959,365
	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,262,062	2,145,851	2,539,676	2,939,962	2,268,548	12,156,099
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	477	1,069	1,069	76	26	2,717
		4//	1,009	1,009	70	20	2,111
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						12,158,816
12	Gross receipts from related activities, etc. (s	see instructions)				12	12,150,010
	First five years. If the Form 990 is for the	,	accord third four	the or fifth tox yoor	$r \sim c$ a solution $E01/$		
13	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c))		14	98.36 %
15	Public support percentage from 2017 Sched						99.03 %
16a	33 1/3% support test - 2018. If the organiz	zation did not chec	k the box on line 13	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization qualif	ies as a publicly su	upported organizati	on			▶ 🛛
b	33 1/3% support test - 2017. If the organiz	zation did not chec	k a box on line 13 d	or 16a, and line 15	is 33 1/3% or mo	re, check	
	this box and stop here. The organization q	ualifies as a public	ly supported organ	ization			►
17a	10%-facts-and-circumstances test - 2018	 If the organization 	on did not check a b	oox on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets Part VI how the organization meets the "fac						_
	organization						▶ 🗌
b	10%-facts-and-circumstances test - 2017	7. If the organization	on did not check a b	oox on line 13, 16a	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this bo	x and stop here.		
	Explain in Part VI how the organization mee			-			_
	supported organization						▶∐
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	9	_
			•••••				
EEA						Schedule A (For	m 990 or 990-EZ) 2018

			NITY OF LAK			59-2958036	Page 3
Pa	rt III Support Schedule for Org	•		• • • •	,		D (11)
	(Complete only if you chec						Part II.
800	If the organization fails to q ction A. Public Support	uality under th	e tests listed d	elow, please co	omplete Part II.)	
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2010	(1) 10tai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 $$.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) .						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
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						
C	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.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						<u></u> ►
Sec	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedu					16	%
	ction D. Computation of Investme		-				
17 10	Investment income percentage for 2018 (line		•	())			<u>%</u>
18	Investment income percentage from 2017 S					18	%
	33 1/3% support tests - 2018. If the organize 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicl	y supported organi	zation	►
b	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a pu	blicly supported or	ganization	
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	🕨 🗌

Bechedul	e A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-29580 IV Supporting Organizations	36	P	age 4
rait	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Section		
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	;	
	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	Nc
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,"			
ou	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		
h		Ja		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	E h		
-	designated in the organization's organizing document?	5b		
	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			
5	determine whether the organization had excess business holdings.)	10b		
	Schedule A			

Schedule A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC 59-295 Part IV Supporting Organizations (continued)	8036	P	age
		Yes	N
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V			
Section B. Type I Supporting Organizations		<u> </u>	
		Yes	Ν
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? If "Yes," explain in Part			
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
		Yes	Ν
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			
		Yes	N
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			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- 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.

3b Schedule A (Form 990 or 990-EZ) 2018

3a

2a

2b

2

3

Schedule A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF LAKE-SUMTER FL			58036 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			,
instructions. All other Type III non-functionally integrated supporting organize	zatior	is must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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).	4		
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			Current 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.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Sched	Ile A (Form 990 or 990-EZ) 2018 HABITAT FOR HUMANITY OF			8036 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizat	ions	
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	he organization is respons	live	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	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			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	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: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	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:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC59-2958036Page 8Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

01. Unusual grants (Part II or Part III, line 1)

UNUSUAL GRANT AMOUNTS RECEIVED DURING 5 YEAR LOOKBACK PERIOD:

2016 \$425,000

2017 \$280,000

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

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

Name of the organization

Employer identification number 6

OMB No. 1545-0047

2018

HABITAT FOR	HUMANITY OF	LAKE-SUMTER	FLORIDA	INC	59-295803
Organization typ	e (check one):				
Filers of:	S	ection:			

Form 990 or 990-EZ	Χ	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Form 990-PF		4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITIZENS FIRST BANK <u>395 COLONY BLVD</u> <u>THE VILLAGES, FL 32162</u>	\$104,468	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2	RO-MAC LUMBER AND SUPPLY 700 EAST MAIN STREET LEESBURG, FL 34748	\$84,385	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CENTERSTATE BANK 903 w n blvd Leesburg, fl 34748	\$65,000	PersonImage: Constraint of the second se
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number 59-2958036

	IEDULE D	Supplemental Financial Statements		OMB No. 1545-0047			
(Fo	rm 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2018			
Depart	ment of the Treasury	► Attach to Form 990.					
•	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspection			
	of the organization			identification number			
		HUMANITY OF LAKE-SUMTER FLORIDA INC		2958036			
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Accour	nts.				
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.					
4	Total number at ar	(a) Donor advised funds	(b) Fur	nds and other accounts			
1 2		nd of year					
2	00 0	f grants from (during year) .					
4		t end of year					
5		on inform all donors and donor advisors in writing that the assets held in donor advised					
÷	-	nization's property, subject to the organization's exclusive legal control?		Yes 🗌 No			
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be used					
	-	purposes and not for the benefit of the donor or donor advisor, or for any other purpose					
	conferring impermi	ssible private benefit?		Yes 🗌 No			
Pa	rt II Conser	vation Easements.					
	Complete	e if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of cons	servation easements held by the organization (check all that apply).					
	Preservation c	of land for public use (e.g., recreation or education)	important	land area			
	Protection of r	atural habitat Preservation of a certified h	storic struc	ture			
	Preservation c	f open space					
2		through 2d if the organization held a qualified conservation contribution in the form of a con					
		ast day of the tax year.		Id at the End of the Tax Year			
а							
b	-	ricted by conservation easements					
C		vation easements on a certified historic structure included in (a)	2c				
d		vation easements included in (c) acquired after 7/25/06, and not on a	24				
2		sted in the National Register	2d	ng tha			
3		vation easements modified, transferred, released, extinguished, or terminated by the organi	zalion dun	ng the			
4	tax year ►	where property subject to conservation easement is located					
5		tion have a written policy regarding the periodic monitoring, inspection, handling of					
Ū	-	procement of the conservation easements it holds?		Yes 🗌 No			
6		hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation					
	•			<u> </u>			
7	Amount of expense	— es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements du	ring the year			
	►\$						
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	3)(i)				
	and section 170(h)	(4)(B)(ii)?		Yes 🗌 No			
9	In Part XIII, descrit	be how the organization reports conservation easements in its revenue and expense staten	nent, and				
		include, if applicable, the text of the footnote to the organization's financial statements that	describes t	the			
		punting for conservation easements.					
Pa		zations Maintaining Collections of Art, Historical Treasures, or Oth	er Simil	ar Assets.			
		te if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	-	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar					
		ical treasures, or other similar assets held for public exhibition, education, or research in ful		T			
L		vide, in Part XIII, the text of the footnote to its financial statements that describes these item		~4			
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba					
		ical treasures, or other similar assets held for public exhibition, education, or research in ful wide the following amounts relating to these items:	ulerance 0	1			
	•	vide the following amounts relating to these items: ded on Form 990, Part VIII, line 1		► \$			
		ded on Form 990, Part X					
2		received or held works of art, historical treasures, or other similar assets for financial gain,					
-	-	required to be reported under SFAS 116 (ASC 958) relating to these items:					
а	-	on Form 990, Part VIII, line 1		▶ \$			
b		Form 990, Part X					
		on Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018			

_	ule D (Form 990) 2018 HABITAT FOR HUM					r Other S	59-29580		Page 2
	rt III Organizations Maintaining C							15 (0011	inueu)
3	Using the organization's acquisition, accession, a	and other records, c	neck any or	the followin	ig mai are a	i signincant u	ise of its		
-	collection items (check all that apply): Public exhibition				~~				
a ⊾				nge progran					
b	Scholarly research	e 🗌 Oth	ier						
C 4	Preservation for future generations	tions and avalain h	out those furt	har tha araa	nization'a a	vomet euro	an in Dort		
4	Provide a description of the organization's collect XIII.		Jw they full	ner the orga		xempt pulpo	se ili Fall		
5	During the year, did the organization solicit or rea	ceive donations of a	rt, historical	treasures, o	or other sim	ilar			
	assets to be sold to raise funds rather than to be		of the orga	inization's c	ollection?			. 🗌 Ye	es 🗌 No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization an 990, Part X, line 21.	swered "Yes" o	n Form 9	90, Part I	IV, line 9,	or reporte	ed an amoun	t on Fo	m
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contribu	itions or oth	er assets no	ot			
								. 🗆 Ye	es 🛛 No
b	If "Yes," explain the arrangement in Part XIII and							• 🗆 •	
-			ing tablet				Amo	unt	
с	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form	990, Part X, line 21	, for escrow	or custodia	al account lia	ability?		X Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the expla	anation has	been provid	ded on Part	XIII			
Pa	rt V Endowment Funds.	· · ·							
	Complete if the organization an	swered "Yes" o	n Form 9	90, Part I	IV, line 10).			
		(a) Current year	(b) Pric	or year	(c) Two years	back (d)	Three years back	(e) Four	/ears back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
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	year end balance (li	ne 1g, colu	mn (a)) held	l as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organizatio	n that are h	eld and adm	ninistered fo	r the		_	
	organization by:								Yes No
	(i) unrelated organizations				• • • • • •			3a(i)	
	()							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as required	l on Schedu	le R?			•••••	3b	
4	Describe in Part XIII the intended uses of the or	0	nent funds.						
Pa	rt VI Land, Buildings, and Equipm			_		_	_		
	Complete if the organization an	swered "Yes" o	n Form 9	90, Part I	IV, line 11	la. See Fo	orm 990, Par	t X, line	10.
	Description of property	(a) Cost or oth		(b) Cost or c		(c) Accun		(d) Book	value
		(investm	ent)	,	her)	depreci	ation		
1a	Land		50,070		45,621				95,691
b	Buildings	•••		2,04	46,701	6	90,580	1,3	56,121
C	Leasehold improvements	•••							
d	Equipment	•••		70	02,472	3	78,003	3	24,469
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column ((B), line 10c	.)		🕨	3,0	76,281

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Schedule D (Form 990) 2018

Schedule D (Form		MANITY OF LAKE-SUN	ITER FLORIDA	INC 59-	-2958036	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 1	1b. See Form 9	390, Part X, li	ine 12.
	 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of va Cost or end-of-year m		
(1) Financial	derivatives					
., .	eld equity interests					
(3) Other						
(A)						
(B) (C)						
(C) (D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b,) must equal Form 990, Part X, col. (B) line 12.) 🕨					
Part VIII	Investments - Program Related.					
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 1	1c. See Form §	390, Part X, li	ine 13.
	(a) Description of investment	(b) Book value		(c) Method of va Cost or end-of-year m		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
<u>(8)</u> (9)						
) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 1	1d. See Form §	<u>390, Part X, li</u>	ine 15.
		Description			(b) Boo	ok value
	RUCTION IN PROCESS					545,177
(2) OTHER						41,324
,	W ADVANCES					7,341
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line	15.)			►	593,842
Part X	Other Liabilities.					
	Complete if the organization answere line 25.	ed "Yes" on Form 990,	Part IV, line 1	1e or 11f. See	Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book value				
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the t	ext of the footnote to the ora	anization's financia	al statements that r	enorts the	
	liability for uncertain tax positions under FIN 48 (-				г
EEA						•••••

(Form 990) 2

		59-2958036	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,558,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,558,980
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	3,558,980
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	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	3,968,471
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	3,968,471
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	3,968,471
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.

01. Escrow account liability (Part IV, line 2b)

CUSTODIAN OF CLOSING AND MORTGAGE ESCROW ACCOUNTS ON BEHALF OF HOMEOWNER CLIENTS WHO HAVE

PURCHASED A HOME FINANCED AT ZERO-PERCENT INTEREST.

SCHEDULE G	Supplemer	ntal Informatio	on Regar	ding Fun	draising or Gam	ning Acti	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Complete	organization ente	ered more th	res" on Forn an \$15,000 o 990 or Forn	n 990, Part IV, line 17, 1 n Form 990-EZ, line 6a n 990-EZ.	8, or 19, or	if the	2018 Open to Public
Internal Revenue Service	▶0				and the latest informat	ion.		Inspection
Name of the organization							Employer ide	ntification number
HABITAT FOR HUMAN							59-29	
					swered "Yes" on	Form 99	0, Part IV	line 17.
		t required to com	-	-				
	organization rais	ed funds through a	· _	-	ities. Check all that a			
a Mail solicitations			=		of non-government gr	ants		
b Internet and email			_		of government grants			
c Phone solicitation	-		g ∐	Special fund	draising events			
 d In-person solicitati 2a Did the organization 		e oral o groomont w	ith any indiv	idual (includ	ing officers directors	tru soto oo		
-	ted in Form 990, ghest paid individ	Part VII) or entity i duals or entities (fu	n connectio	n with profes	ssional fundraising se	rvices?		es 🗌 No e
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	-	n is registered or lic	ensed to sc	►	tions or has been not	ified it is ex	empt from	

Schedule G (Form 990 or 990-EZ) 2018	HABITAT FOR	HUMANITY C	F LAKE-SUMTER	FLORIDA	INC	59-2958036	Page 2
				-			

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gioss receipts greater than	ψ0,000.								
			(a) Event #1 CONCERT (event type)	(b) Event #2 MISC EVENTS (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))					
Revenue	1	Gross receipts	104,575	8,160		112,735					
	2 3	Less: Contributions Gross income (line 1 minus line 2)	104,575	8,160		112,735					
	4	Cash prizes	1047575	0,100		112,755					
	5	Noncash prizes									
enses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
Dire	8	Entertainment	98,332			98,332					
	9	Other direct expenses		5,959		5,959					
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				<u> 104,291</u> 8,444					
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) 8,444 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more										
		than \$15,000 on Form 990	-EZ, line 6a.	11	1						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Re	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direc	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	Yes % No %						
	7	Direct expense summary. Add lines	2 through 5 in column (d)	•••••							
	8	Net gaming income summary. Subt	tract line 7 from line 1, colu	mn (d)							
9 a b	ls t	ter the state(s) in which the organizat the organization licensed to conduct o No," explain:		f these states?		Yes 🗌 No					
102	\M/4	ere any of the organization's gaming l	licenses revoked suspend	ed or terminated during the	tax year?	Yes 🗌 No					
		Yes," explain:									

SCHEDULE I		Gi	ants and Other	Assistance to	o Organizatior	IS,	I	OMB No. 1545-0047
(Form 990)		Gov	ernments, and I	ndividuals in t	the United Sta	ates		2018
Department of the Treasury		Comple	te if the organization ar	Attach to Form 990.	m 990, Part IV, line 2	1 or 22.	C	pen to Public
Internal Revenue Service			► Go to www.irs.	gov/Form990 for the I	atest information.			Inspection
Name of the organization							Employer identification	number
HABITAT FOR HUMA							59-2958036	
	Information on							
			ount of the grants or assis					
	a used to award the g						•••••	. 🛛 Yes 🗌 No
			g the use of grant funds i					
			-			organization answered	"Yes" on Form 99	0,
		eient that received n	nore than \$5,000. Par	t II can be duplicated	d if additional space		1	1
1 (a) Name and addre	•	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant
or gover			(if applicable)	grant	cash assistance	other)	noncasir assistance	or assistance
(1)HABITAT FOR H	JMANITY INTL							
121 HABITAT ST		01 1014060		15 000				
AMERICUS, GA 317	09	91-1914868	501(C)(3)	15,000		CASH		TITHE
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(0)								
(8)								
(0)								
(9)								
(10)								
(10)								
2 Enter total number	of postion $EQ1(a)(a)$ -	nd government ergen	zations listed in the line 1	tabla			L	I
							••••• –	

HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC Schedule I (Form 990) (2018) HAB

Part III Grants and Other Assistance to Do	omestic Individu	als. Complete if the	e organization answ	ered "Yes" on Form 99	0, Part IV, line 22.
Part III can be duplicated if additional	space is needed	J	<u>.</u>	1	
(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 HOUSING	1		242,993	FMV	HOUSE
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lir	ne 2; Part III, column	(b); and any other add	litional information.
1. Monitoring procedures (Par					
TITHE IS DONATED TO HABITAT FOR HUMAN	ITY INTERNATIO	DNAL, THE NATION	AL 501(C)(3) ORG	ANIZATION FOR HABI	TAT FOR HUMANITY.

59-2958036

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

► Attach to Form 990.

2018 Open to Public Inspection

Department of the Treasury						
Internal Revenue Service						
Name of the organization						

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

Employer identification number

HABITAT	FOR 1	HUMANITY	OF	LAKE-SUMTER	FLORIDA	INC		59-2958036
Part I	Тур	es of Pro	pert	ÿ				
							()	

		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	eterm		ints
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	х		1,392,501	THRIFT SHO	P		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (MATERIALS & SUP)	х	20	140,606	COMP SALES			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	/ the organiza	tion during the tax year for con	tributions for				
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29			
							Yes	No
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through				
	28, that it must hold for at least three	e years from tl	he date of the initial contribution	on, and which isn't required				
	to be used for exempt purposes for	the entire hol	ding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a gift a		icy that requires the review of	any nonstandard				
	contributions?			-		31		Х
32a	Does the organization hire or use the							
	contributions?	•	•	•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	mount in colu	mn (c) for a type of property fo	or which column (a) is checked.				
	describe in Part II.			(,				
For F	Paperwork Reduction Act Notice, s	ee the Instru	ctions for Form 990.		Schedule M	(Form	n 990)) 2018

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

Open to Public Inspection

Employer identification number

59-2958036

HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC

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

BOARD MEMBERS ARE PROVIDED A DRAFT COPY OF THE FORM 990 FOR THEIR REVIEW, CHANGES NOTED BY

MEMBERS ARE MADE IF NECESSARY, AND THE FINAL FORM 990 IS THEN FILED UPON SIGNATURE OF AN

AUTHORIZED OFFICER.

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

THE CHIEF EXECUTIVE OFFICER WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF

INTEREST AND DISCLOSE THEM TO THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR

ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURED.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH

RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED. COMPENSATION IS

REVIEWED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANZATIONS. THERE IS

CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO THE DELIBERATIONS AND

DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

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

GOVERNING DOCS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR A

REASONABLE COPYING FEE.

05. List of other expenses (Part IX, line 24e)

LIST OF ALL OTHER EXPENSES

SCHEDULE R (Form 990)	Complete if the orga	nization and	ations and Ur swered "Yes" on For ▶ Attach to Form form990 for instructi	rm 990, Part I n 990.	V, line 33, 34, 35	o, 36, or 37.			Open to	18	lic
Internal Revenue Service Name of the organization				ons and the				Employer identifica	tion number	ection	
	TANITY OF LAKE-SUMTER FLORIDA INC		appization answ	arad "Vac"	on Form 000	Dort IV/ li	ino 22	59-2958036	5		
	(a) ie, address, and EIN (if applicable) of disregarded entity		(b) Primary activ		(c) Legal dom. (state or foreign country)	(d) Total inco		(e) End-of-year assets	Direct	(f) controlling entity	J
(1)											
(2)											
(3)											
(4)											
(5)											
	cation of Related Tax-Exempt Organizations du			anization a	nswered "Yes	" on Form	n 990, Pa	art IV, line 34 b	ecause it	had	
	(a)		(b)	(c)	(d)		(e)		(f)	(c Sec. 512)
Name	e, address, and EIN of related organization	F	Primary activity	Legal dom. (st or foreign cour			blic charity sta section 501(c)		ontrolling ntity	controlle Yes	
<i>、</i> ,	UMANITY INTERNATIONAL, 91-1914868	6									
121 HABITAT S AMERICUS, GA		AFFORDAB	LE HOUSING	GA	501(C)(3	9		N/A			х
(2)											<u></u>
(3)											
(4)											
(5)											

Part III	Identification of Related Organiz							vered "Yes" o	n Fo	orm 9	990, Pari	t IV, line	34,	
	because it had one or more relate (a)	d orga	nizations treated a	asapa (c)	rtnership du (d)	ring the tax yea	ar. (f)	(g)		(h)	(i)		(j)	(k)
	Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Share of total income	Share of end-of- year assets	Dis orti allo tio	prop- onate oca- ns?	Code V-U amount in b of Schedule (Form 10	ox 20 m e K-1 p 65)	Gen. or anaging partner?	% owner- ship
(1)														
(2)														
(3)														
(4)														
(5)														
Part IV	Identification of Related Organiz line 34, because it had one or mor	zations	s Taxable as a Co	orpora reated	tion or Trus as a corpor	st. Complete if ation or trust de	the organiza uring the tax	tion answere vear.	⊥ d "ו	res" (on Form	990, Pa	art IV,	
	(a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of to	tal		(g) Share of -year assets	(h) Percentage ownership	Sec.51 cont	(i) 2(b)(13) rolled tity?
(1)													Yes	No
(2)														
(3)														
(4)														
(5)														<u> </u>

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a			
b	Gift, grant, or capital contribution to related organization(s)	1b	Х		
С	Gift, grant, or capital contribution from related organization(s)	1c			
d	Loans or loan guarantees to or for related organization(s)	1d			
е	Loans or loan guarantees by related organization(s)	1e	Х		
f	Dividends from related organization(s)	1f			
g	Sale of assets to related organization(s)	1g			
h	Purchase of assets from related organization(s)	1h			
i	Exchange of assets with related organization(s)	1i			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k			
I	Performance of services or membership or fundraising solicitations for related organization(s)	11			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			
ο	Sharing of paid employees with related organization(s)	10			
р	Reimbursement paid to related organization(s) for expenses	1р			
q	Reimbursement paid by related organization(s) for expenses	1q			
	Other transfer of cash or property to related organization(s)	1r			
S	Other transfer of cash or property from related organization(s)	1s			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
_(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
EEA			Schedule R (Form 990) 2018

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are al	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	sectio		Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen. o managii partnei	ng own
		country)	sections 512-514)	Yes I	No		Yes No			Yes N	ło
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
10)											-
11)											
12)											

Form	8868	
(Rev. Jar	uary 2019)	

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

OMB No. 1545-1709

File a separate application for each re

Department of the Treasury Internal Revenue Service

rn.

▶ 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

	Ente	er mer sidenarying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC	59-2958036
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	906 AVENIDA CENTRAL	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	· · · · · · · · · · · · · · · · · · ·
instructions.	LADY LAKE, FL 32159	

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

Application	Return	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 LAURA SOKOLOWSKI, 906 AVENIDA CENTRAL, LADY LAKE, FL 32159

Т	elephone No. ► 352-483-0434 FAX No. ►		
• 1	the organization does not have an office or place of business in the United States, check this box	•••	
• 1	this is for a Group Retum, enter the organization's four digit Group Exemption Number (GEN) . If the	nis is	
for t	he whole group, check this box \ldots	attach	
	t with the names and EINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until05-15, 20 20, to file the exempt organization for the organization's return for:	on retu	m
	► □ calendar year 20 or		
		, 20 _1	L9 .
2	If the tax year entered in line 1 is for less than 12 months, check reason:		
32	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	\$
k	If 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 Fo	orm 8879-EO for payment
instr	uctions.		

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

Form 8868 (Rev. 1-2019)

EEA

990	Overflow Statement	2018 Page 1
Name(s) as shown on return HABITAT FOR	HUMANITY OF LAKE-SUMTER FLORIDA INC	FEIN 59-2958036
Decemintion	OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC	
Description DONATIONS		
GRANTS		12,808
RESTRICTED	metel	2,600
	Total:	\$ 622,706
	OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC NON	
Description		Amount
IN-KIND IN-KIND THR		\$ <u>140,606</u> 1,392,501
		\$ 1,533,107
	OCCUPANCY - PROGRAM	
Description		Amount
RENT		\$ 1,143
UTILITIES	Total:	<u> </u>
	OCCUPANCY - ADMIN	
Description		Amount
RENT UTILITIES		\$ <u>34,910</u> 4,863
	Total:	
<u> </u>		

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Description		Amount
BANK AND CREDIT CARD FEES	\$	30,59
COLLEGIATE CHALLENGE		5,09
COMMUNITY PRESERVATION		76,88
DISCOUNT ON MORTGAGES ISSUED		24,47
DONATIONS		57,97
DUES AND SUBSCRIPTIONS		2,73
MERCHANDISE AND APPAREL		1,06
MINOR EQUIPMENT AND TOOLS		6,56
OTHER		2,15
PRINTING AND POSTAGE		1,13
PROPERTY TAXES		2,04
SERVICE AGREEMENTS		72,83
TITLE TRANSFER AND RECORDING FEES		1,67
VETERANS INITIATIVE		6,05
		1,87
VOLUNTEER APPRECIATION		,0/
		21 CO
Total OTHER EXPENSES - MGMT AND GEN Description	: \$	
Total OTHER EXPENSES - MGMT AND GEN Description		
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES	: <u>\$</u>	324,82 Amount 31
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS		324,82 Amount 31 27
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS		324,82 Amount 31 27 17,34
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL		324,82 Amount 31 27 17,34 77
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS		324,82 Amount 31 27 17,34 77 49
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS OTHER		324,82 Amount 31 27 17,34 77 49 4,61
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS OTHER PRINTING AND POSTAGE		324,82 Amount 31 27 17,34 77 49 4,61 1,63
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS OTHER PRINTING AND POSTAGE PROPERTY TAXES		324,82 Amount 31 27 17,34 77 49 4,61 1,63 31
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS OTHER PRINTING AND POSTAGE PROPERTY TAXES SERVICE AGREEMENTS		324,82 Amount 31 27 17,34 77 49 4,61 1,63 31 41,32
Total OTHER EXPENSES - MGMT AND GEN Description BANK AND CREDIT CARD FEES DONATIONS DUES AND SUBSCRIPTIONS MERCHANDISE AND APPAREL MINOR EQUIPMENT AND TOOLS OTHER PRINTING AND POSTAGE		324,82

990 Name(s) as shown on return

Overflow Statement

HABITAT FOR HUMANITY OF LAKE-SUMTER FLORIDA INC

2018 Page 2

59-2958036

FEIN

990	Overflow Statement	2018 Page 3
Name(s) as shown on return		Fage 5
HABITAT FOR	HUMANITY OF LAKE-SUMTER FLORIDA INC	59-2958036
	OTHER EXPENSES - FUNDRAISING	
Description		Amount
	EDIT CARD FEES	\$ 419
DUES AND SU		4,111
	MENT AND TOOLS	276
OTHER		266
PRINTING ANI		8,493
SERVICE AGRI		6,255
<u>VOLUNTEER AI</u> WORKERS COMI		564 2,521
WORKERS COM	Total:	\$ 22,905
		<u> 22,905</u>
Description	PRIOR PERIOD ADJUSTMENT	Amount
	F P/Y ENDING INVENTORY	\$ 248,153
EXPENSING OF	F P/Y DEVELOPMENT CONSTRUCTION COSSTS	(59,714
	Total:	\$ 188,439
Description EQUIPMENT TRAILERS		Amount \$ 360,119 8,875
VEHICLES		333,478
	Total:	\$ 702,472