CPA

Check

Firm's EIN > 82

No

P00497624

X Yes

615-796-4092

Paid

Preparer **Use Only**  Print/Type preparer's name

Kippie G Scarborough CPA

Miller CPA

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

P O Box 11793

MURFREESBORO TN 37129

	rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission
	BUILDING HOMES AND PROVIDING INTEREST-FREE FINANCING FOR LOW-INCOME FAMILIES IN COFFEE COUNTY
	AND FRANKLIN COUNTY TENNESSEE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 163,843 including grants of \$ 7,082 ) (Revenue \$ )
	ONE HOME WAS TRANSFERRED TO A LOW-INCOME FAMILY DURING THIS REPORTING PERIOD. ADDITIONALLY,
	FIRST AND SECOND MORTGAGES TOTALLING \$667,665 AS OF 6/30/2018 (EXCLUDING UNAMORITZED DISCOUNT
	OF \$303,484) WERE HELD FOR THE BENEFIT OF LOW-INCOME FAMILIES. THESE NOTES ARE NON-INTEREST
	BEARING AND HAVE ORIGINAL MATURITIES RANGING FROM 19 TO 35 YEARS.
	BEARING AND HAVE ORIGINAL MAIGHTED RANGING FROM 15 10 33 IEARD.
	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4b	(Code) (Expenses \$nocluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe in Schedule O )
-ru	(Expenses \$ Including grants of \$ ) (Revenue \$)
	Total program service expenses   163,843

Form 990 (2017)

Part IV C

			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	i
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Х
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		Х
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			į
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	$ \mathbf{x} $	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	<del></del>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	<del>                                     </del>		<u></u>
·	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			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		X
	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  '''</del> -		
12a	Schedule D. Parts XI and XII	12a	x	
_		120		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	-	X
14a	bla tilb organization mannam an omod, or ployees, or agone batters or the oriented and or the oriented and or	148		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Ī
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		_X_
15	- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			**
	If "Yes," complete Schedule G, Part III		لـــــا	X
EEA		Form	990 (	2017)

Part IV Checklist of Required Schedules (continued)

			Yes	_ No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
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		_X
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?		1	
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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		<u>X</u>
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		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	_		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c_		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30_		X
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? If "Yes,"			
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_
	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		X
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		
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		X
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		X
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	X	L

O17) HIGHLAND RIM HABITAT FOR HUMANITY INC
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		<u> Parting</u>	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	333		
	Statements, filed for the calendar year ending with or within the year covered by this return	1933		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	15532	践	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	)		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	1 1 1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3-3	ફ્રીં કહે હ	
_	(FBAR)	2007	\$ 1912	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ_
C	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		i	v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	300	N. Br. god g	389 E 4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	annian dark	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			N.J.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	25.C.23	. W.	
	sponsoring organization have excess business holdings at any time during the year?	8		. 615674
9	Sponsoring organizations maintaining donor advised funds.	midir	17.25.25	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-7 1+4	often M
10	Section 501(c)(7) organizations. Enter	£ 4		
a	Initiation fees and capital contributions included on Part VIII, line 12		,	(3) a
b		. ~		
1 	Section 501(c)(12) organizations. Enter  Gross-income-from-members-or-sharcholders		` ,	
-a-	Gross income from other sources (Do not net amounts due or paid to other sources	mm	· - , #- #-	in in in
b	against amounts due or received from them.)		• •	
2a	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			**}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 : 1	\$4 j	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O		7 : 1	· "
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		` ;	11.2
С	Enter the amount of reserves on hand		, E,	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		_		

Part VI

	irt 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			. 🕱
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	waanii " " "	الل الربيد	սնուրուույոլո
	committee, explain in Schedule O		, '	
b	Enter the number of voting members included in line 1a, above, who are independent			, ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
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		Χ
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			ĺ
	the year by the following			
а	The governing body?	8a	_X	
þ	Each committee with authority to act on behalf of the governing body?	8b	_X	
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
<u>Sec</u>	ction 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_	_	<u>X</u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	attiliates, and branches to ansum their apprations are consistent with the organization's exempt himness.			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a	X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	11a 12a 12b	X X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	11a 12a 12b	X	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	X X	X
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	11a 12a 12b	X X	X
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	X X	X
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13 14	X X	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	X X	X
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	X X	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	11a 12a 12b 12c 13 14	X X	X
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	11a 12a 12b 12c 13 14 15a	X X	X
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with-a-taxable-entity-during-the-year?	11a 12a 12b 12c 13 14	X X	X
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with-a-taxable-entity-during-the-year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	11a 12a 12b 12c 13 14 15a	X X	X
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  —with a taxable contry during the year?  ———————————————————————————————————	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  ———————————————————————————————————	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  —with a taxable ontity during the year?  ———————————————————————————————————	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 5 Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  —with-a-taxobic-entity-during-the-year?  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?  Extion C. Disclosure	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 5 Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  —with-a-taxabic-entity-during-the-year?  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?  Estion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 5 Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  —with-a-taxobic-cintity-during-the-year?  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?  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 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	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 16a b Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity duning the year?  ———————————————————————————————————	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 5 Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with-a-taxablic-ontity-during-the-year?  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?  Extion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organiz	11a 12a 12b 12c 13 14 15a 15b	X X	X
b 12a b c 13 14 15 a b 16a b Sec 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity duning the year?  ———————————————————————————————————	11a 12a 12b 12c 13 14 15a 15b	X X	X

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HIGHLAND RIM HABITAT FOR HUMANITY INC

62-1395092

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete 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

Check this box in fleither the organization flor any related	organization	001112	0.10			00.101		THE COLOR, OF LE	1	
(A) Name and Title	(B)  Average hours per week (list any	box,	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(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	Officer	Key employee	Highest compensated employee	Former	the organization ( (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL HILL BOARD MEMBER-BUILD CAPTAIN	2.00	х							0	0
(2) MANDY SMITH BOARD MEMBER-FAMILY SUPPORT	2.00	х							0	0
(3) JIM MILLER BOARD MEMBER	2.00	Х							o	0
(4) JOHN FETTY BOARD MEMBER	2.00	Х							0	0
(5) JIM CARTER BUILD CAPTAIN FOR DUCK BUILD	21.00	X							0	0
(6) KIM PLENESSE BOARD MEMBER	2.00	Х							0	0
(7) TERRIE QUICK PRESIDENT	10.00			Х					0	0
(8) KELLY SMITH TREASURER	10.00			Х				(	0	0
(9) TRACY CARTER VICE PRES & FUNDRAISING	10.00			Х					00	0
(10)ELISA CHESSOR ADMINISTRATIVE COORDINATOR	30.00			Х				18,187	0	0
(11)										
(12)										i
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Con	npen	sated Employees	(continued)	-3031	<del></del>	age o
	•				(0					<u></u>			
	(A)	(B)	(do n	at aba	Posi				(D)	(E)		(F)	
	Name and title	Average	-   DOX, UNICSS PERSON IS DOMED						Reportable	Reportable		Estimated	
		hours per week (list any			a dire	ector/	(trustee)		compensation from	compensation from related	n	amount of other	f
		hours for	악	Inst	Officer	Κey	emg	g	the	organizations	- 1	compensate	on.
		related	rect	itio	ह	Key employee	oloye	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the	
		organizations below dotted	9 =	nait		oloye	ë 6		(VV-2/1099-WISC)		1	organizatio and related	
		line)	Individual trustee or director	institutional trustee		Ö	employee				-	organizatioi	ns
				Ö			area						
(4.5)		_		H			ļ						
(15)													
(16)		_			-			`			-		
(10)" -													
(17)					$\vdash$		<del>                                     </del>	$\vdash$			-		
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<u>(24)</u>		<b></b>											
(25)		-				_					-		
Σ-1/													
1b	Sub-total							<b>•</b>					
С	Total from continuation sheets to Part VII, Section	n A						•					
d	Total (add lines 1b and 1c)	<u> </u>		<u></u>			<u></u>	▶	18,187		0		0
2	Total number of individuals (including but not limited	to those liste	ed abo	ve)	who	rec	eived	more	than \$100,000 of				
	reportable compensation from the organization           >		_								0		
											_	Yes	No
3	Did the organization list any former officer, director		-										<u></u>
	employee on line 1a? If "Yes," complete Schedule										. <del> -</del>	3	X
4	For any individual listed on line 1a, is the sum of reprogramization and related organizations greater than												
	Individual				•							4	X
5	Did any person listed on line 1a receive or accrue co										. F		
	-for-services-rendered-to-the-organization?-If-"Yes,"											5	X
Section	on B. Independent Contractors	<u> </u>											
1	Complete this table for your five highest compensated	d independer	nt contr	racto	ors th	nat r	eceive	ed mo	ore than \$100,000	of		<u>-</u>	
	compensation from the organization Report compen	sation for the	calen	ndar	year	end	ding w	ith or	within the organiz	ation's tax			
	year												
	(A)								(B)			(C)	
	Name and business address								Description of s	ervices		Compensation	n
									<del> </del>				
									<del> </del>				
<del></del> _			_						<del> </del>				
													<del></del>
2	Total number of independent contractors (including t	out not limite	d to th	ose	listed	d ab	ove) v	vho					
	received more than \$100,000 of compensation from			•									

Statement of Revenue

•		Check if Schedule O contains a respor	nse or no	ote to any line in th	ıs Part VIII			
edjiintaayiyatayi Cistiintaayintaa	n magnandan da n magnandan da	The state of the s			(A) Total revenue	(B) Related or exempt function rêvêñué	(C) Unrelated business revenue	(D) . Revenue excluded from tax under sections 512-514
ıχ	1a	Federated campaigns	_1a		The State of the S			257
, Grants mounts	b	Membership dues	1b	1				
ָב פֿרַ	С	Fundraising events	1c		4.0		*/2.55 E.S.	
Gifts, ilar Ar	d	Related organizations '	1d	6	3.5			
`E	e	Government grants (contributions)	1e	-				
r Si	f	All other contributions, gifts, grants,				1174.0		
ibut		and similar amounts not included above	1f	59,641				
Contributions and Other Si	g	Noncash contributions included in lines 1		33,012				
5 E	•	Total. Add lines 1a-1f	-	59,641				
		Total Mac III of Ta W. T.	<del></del> -	Business Code			13042 Paik(3*17)	
e	2a	MORTG LOAN, DISC AMORT		900099	39,392	39,392		
Revenue	b	HORIO POLICIONI	•	300	33,332	33,332		<del></del>
ě	c	,						
P. P.	4							
Š	۵							
Program Service	. f	All other program service revenue					,	
ď		Total. Add lines 2a-2f			39 392	"XESTONIOS"	<b>基準 1</b> 维 点164	Geography and a second
					33,332	4 3 1104 2 M 2 4 1 2 M 1 4 5 4		7. 3 N 7.14381-11 - 13
		Investment income (including dividends, in and other similar amounts)			202	202	,	
		Income from investment of tax-exempt bor						
		Royalties						,
	ı	(i) Re		(ii) Personal	25000 N 7 100	VARIANI PRESENT	555.1544.155±.	2000年200年200E
	6a	Gross rents		(11) 1 01001101				
		Less rental expenses						
		c Rental income or (loss)						
						- January Ration Control	JENASUU 4. BALLIANIA	,
			_	(II) Other	35.5		Sign Of Sign (TV)	S-KS TANK
		Gross amount from sales of assets other than inventory		(ii) Outlot				
			<del></del> -					
		Less cost or other basis and sales expenses						
		Gain or (loss)					46.4	
		Net gain or (loss)	_	<u> </u>			101.000.000.0000.00000.00000.00000.00000.0000	TALLE A SECURITION OF BASIS AS
ம		Gross income from fundraising			Part Care Control	Ü.	17.0	V2.50 (\$100 in 74)
enne	, oa	events (not including \$						
Şev		of contributions reported on line 1c)			<b>3</b>			
Other Rev		See Part IV, line 18	а					
듄	h	Less direct expenses		^		F-7.44		
		Net income or (loss) from fundraising eve			76. XII. X. III. III. III. X.		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		Gross income from gaming activities			980 - SONE 25 - 57			UPANANA C
•	Ju	See Part IV, line 19 ' )	а					
	h	Less direct expenses						
		-Not-income-or-(loss)-from gaming-activitie			32			
		Gross sales of inventory, less			PARTITION AND A STATE OF THE ST		PATE BATE	
	IVa	returns and allowances	а					
	b	Less cost of goods sold						X-12-17-31
		Net income or (loss) from sales of inventor						
		Miscellaneous Revenue		Business Code	AND THE PARTY OF THE		Market S	11. (11.1.1.2.2)
	11a	TRF TO HOME MORT N/R		900099	67,000	67,000		
	b						,	
	С							
	d	All other revenue			·			
	l				67,000		AND RETURN	CHECK YEERS
	12	Total revenue. See instructions			166,235	106,594		

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must complete all of	columns All other orga	anizations must comple	ete column (A)	
	Check if Schedule O contains a response or note to				·
Do I	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	7,082	7,082		
2	Grants and other assistance to domestic			10 av 3 av 3 av 3	
	ındıvıduals See Part İV, line 22	, ,			
3	Grants and other assistance to foreign , ,				4
	organizations, foreign governments, and foreign			4.5	
	individuals See Part IV, lines 15 and 16 ·				
4	Benefits paid to or for members			100	
5	Compensation of current officers, directors,		•		
	trustees, and key employees				,
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	30,215	19,641	9,064	1,510
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			, 	
9	Other employee benefits				
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)	•			,, ,
a	Management				
b	Legal			· .	,
, с	Accounting				
d	Lobbying		S ESSEMBLE TO MISSES AND COMMON AND AND AND AND AND AND AND AND AND AN	voltage distant engagement to be because of expension 3	
е	Professional fundraising services See Part IV, line 17 .		100		<del></del>
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)	8,034		8,034	,
12	Advertising and promotion	2,930	1,905	879	146
13	Office expenses	2,609		2,609	
.14	Information technology		<u> </u>	<u> </u>	
15	Royalties		<u> </u>		,
16	Occupancy	9,439	6,393	2,762	284
17	Travel	6,532	3,635	2,897	<del></del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	<u> </u>	<del></del>	<del></del>	
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	640	422	195	32
23	Depreciation, depletion, and amortization	649 3,121	2,029	936	156
23 24	Other expenses Itemize expenses not covered	3,121	2,029	. 930	130
	-above-(List-miscellaneous-expenses-in-line-24e -lf			$\Psi_{n}$	
	line 24e amount exceeds 10% of line 25, column	To the second			
	(A) amount, list line 24e expenses on Schedule O)	Tut.			
- a	COST OF HOMES BUILT	101,291	101,291	302500-000000000000000000000000000000000	## % 12-22 ## Parity (## 12-22)
b	DISCOUNT AMORTIZATION	16,342	16,342	1 1	
c	DUES & SUBSCRIPTIONS	4,197	2,728	1,259	210
d	,				
e	All other expenses	3,656	2,375	1,098	183
25	Total functional expenses. Add lines 1 through 24e .	196,097	163,843	29,733	2,521
26	Joint costs. Complete this line only if the	• • • •			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here PLI II			t.	l ,

Form 990 (2017) **Balance Sheet** 

	<u> </u>	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u>	<u></u> . <u></u>
			(A)		(B)
		<u> </u>	Beginning of year		End of year
	1	Cash - non-interest-bearing	6,873	1	19,241
	2	Savings and temporary cash investments	90,790	2	58,531
	3	Pledges and grants receivable, net	,	3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	rus 40 minorial (44 asia).	<b>197</b>	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	Lessans Commission and Commission an	5	[0.001.63:141.63##F##CYMMMMM.514.9##X2]
	6	Loans and other receivables from other disqualified persons (as defined under section		1.45	
		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	A A A A A A A A A A A A A A A A A A A	6	
	7	Notes and loans receivable, net	368,717	7	364,181
Assets	8	Inventories for sale or use	50,265	8	50,539
Ass	9	Prepaid expenses and deferred charges	3 000	9	
	10a	Land, buildings, and equipment cost or		3736 N	, 122, a 17 Petr 3" e 201, 301
	ь	Less accumulated depreciation 10b 4,205	1,208	10c	1,839
	11	Investments - publicly traded secunties	1,200	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,421	15	11,506
}	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	505,837
$\dashv$	17	Accounts payable and accrued expenses		17	4,864
	18	Grants payable		18	1,001
	19	Deferred revenue		19	72,679
- 1	20	Tax-exempt bond liabilities	70,327	20	727075
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors,	AND CHARLES OF PROPERTY	17,7%	
Ljabilities	~~	trustees, key employees, highest compensated employees, and			
펿		disqualified persons Complete Part II of Schedule L	**************************************	22	<u></u>
ו יבי	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
	23	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	79,780	26	77,543
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright \square$ and	Kara and Talan	آهنڊين آهنڊين	garath Transportation
		complete lines 27 through 29, and lines 33 and 34.		- 7	
Ses	27	Unrestricted net assets		27	428,294
au	28	Temporarily restricted net assets	111,131	28	_ 120,231
Ba	29	Permanently restricted net assets	<del></del>	29	
_특	25	Organizations-that-do-not-follow-SFAS-117-(ASC-958),-check-here——▶—☐-and—	\$\$\$\$\$.5° - 24. 1° - 146		ย์ เมื่อ - " - " เรื่อนน้า "ซี เพื่
됴		complete lines 30 through 34.	minimum v vi iminimum programa para de constitución de la constitución	mannan ensi	
ts o	20	,	Andrew Control of the	30	Live with a said with the
SSe	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Ž.	32	Retained earnings, endowment, accumulated income, or other funds	444 484	33	120 201
	33	Total net assets or fund balances	444,494		428,294
	34	Total liabilities and net assets/fund balances	524,274	34	505,837

Form	1990 (2017) HIGHLAND RIM HABITAT FOR HUMANITY INC 62	-1395	092	Pa	ige 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	66,2	235
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	96,0	97
3	Revenue less expenses Subtract line 2 from line 1	3	(	29,8	362)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	44,4	94
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		13,6	62
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	28,2	94_
Pái	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other	_	<b>S</b>		<u>}</u>
	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		2,	\$,	
	reviewed on a separate basis, consolidated basis, or both		J: 18%	S)m(	
	Separate basis Consolidated basis Both consolidated and separate basis		13/2 - L	راب د. غر <b>ندن</b>	<u> </u>
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			1	, ,
	separate basis, consolidated basis, or both		\$5.50	\$ 2.0 (1) (2)	#
	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			,	لندا
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		4 4	· · · ·	Ç 75.
	Schedule O		1/10	 	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> .                               </u>	3b		
FFA			Form	990 (	2017)

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## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

OMB No 1545-0047

2017

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number HIGHLAND RIM HABITAT FOR HUMANITY INC 62-1395092 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) Ш 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 П A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state П An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (I) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,438	54,888	15,260	51,101	73,303	225,990
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	31,438	54,888	15,260	51,101	73,303	225,990
5	The portion of total contributions by					"能力學的語言	
	each person (other than a						
	governmental unit or publicly					を記される	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						45,230
6_	Public support Subtract line 5 from line 4		herational for	是这个数据的。 第115年第25年的第一年	<u>arrentaria</u>	2分析以 予には	180,760
Sec	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	31,438	54,888	15,260	51,101	73,303	225,990
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	183	. 298	. 172	20	202	875
•							
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)			,	·	٠	•
.11	. Total support. Add lines 7 through 10			96973(2)20(3)		notate the	226,865
12 _						12	<del></del> :
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	<del></del>					
14	Public support percentage for 2017 (line 6, c						79.68 %
15	Public support percentage from 2016 Sched						99.74 %
16a	33 1/3% support test - 2017. If the organization						<b>.</b> 🖂
	box and stop here. The organization qualif						▶ 🗓
b	33 1/3% support test - 2016. If the organiz						▶ □
47-	this box and stop here. The organization of						🗀
17a	10%-facts-and-circumstances test - 201						
_	<ul><li>10%-or more, and if the organization meets</li><li>Part VI how the organization meets the "fac</li></ul>						
			<del>-</del>		- ·		▶ □
- ~	organization						
b	10%-facts-and-circumstances test - 2010					1 III IC	
	15 is 10% or more, and if the organization is Explain in Part VI how the organization meeting.					~lv	
	supported organization						▶ □
18	Private foundation. If the organization did						
	<del>-</del>						▶ □
	instructions	<u> </u>	<u> </u>	<u> </u>	<del></del>	<u> </u>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you check If the organization fails to quality to provide the complete only if you check the complete only if you can be complete on the complete only if you can be complete on the complete only if you can be complete on the c						Part II.
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
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	and the second s		1	Lacescon comments by an acceptable and the second	NAMES OF THE PARTY	
8	Public support (Subtract line 7c from line 6)				7, 10 mg	÷.	
_	ction B. Total Support				<del></del>	· · · · · · · · · · · ·	
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 201 <sup>5</sup>	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			<b>—</b>			<del>_</del>
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		,				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						<i>-</i>
C	Add lines 10a and 10b		ļ				
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)					ı	
3	<b>Total support.</b> (Add lines 9, 10g, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
5	Public support percentage for 2017 (line 8, co	• •	•			15	
6_	Public support percentage from 2016 Schedul			<u> </u>	<u> </u>	16	
	ction D. Computation of Investmer					1.7	
7	Investment income percentage for 2017 (line					17	
18	Investment income percentage from 2016 Sc					18	<del>\                                    </del>
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here</b> . T	he organization qu	alifies as a publicly	y supported organi	zation	\ ▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and <b>stop he</b> i	r <b>e</b> . The organizatio	n qualifies as a pul	blicly supported or	ganızatıon	_
20	Private foundation. If the organization did n	ot check a box of	n line 14, 19a, or 19	9b, check this box	and see instruction	ns	<u>&gt;  </u> _

Part IV Supporti

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	ΑII	Supporting Organization	าร
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- 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 purposo, describe the designation. If historic and continuing relationship, explain
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yos;" and if you checked 12a or 12b in Part I, answer (b) and (c) bolow.
- **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
- c 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 consure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 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).
- 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 1946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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**
- c 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**.
- 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
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b		
<u> </u>	000	or 990 F	7\ 2017

Pa	Supporting Organizations (continued)			
4.4		HYDAXALY	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls; either alone or together with persons described in (b) and (c)			2000
_	below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described in (a) above?  A 25% controlled earthy of a person described in (a) at (b) above? If "Vee" to a bound described in (b) and Ve	11b		├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	<u> </u>
	non b. Type I oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	5.5	*******	<i>20</i> ° \3
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	i i k		
	controlled the organization's activities. If the organization had more than one supported organization,			<b>Mark</b>
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	William Man	in the second	The same
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		20 No.
			1. X. (**)	Y 1
2	Did the organization operate for the benefit of any supported organization other than the supported	表达		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	and the second second	1) J. 14.	12 S.C.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2_		<u> </u>
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		<u> </u>	
	or management of the supporting organization was vested in the same persons that controlled or managed	tanda Legardon	· · · · · · · · · · · · · · · · · · ·	40V80700
	the supported organization(s)	1		<u></u>
Sec	tion D. All Type III Supporting Organizations			
	Did the assessment as a such as the assessment and but the least day of the fifth month of the	1255Kg	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	203E	<u> </u>	<u>-</u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	87.78.	υ^z <sup>™</sup> ξ	. , «
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	284	\$ 6 G/G	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2.		<u> </u>
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 <b>Part VI</b> the role the organization's		1100	77.45 57.44
	supported organizations played in this regard.	3	-	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<b></b>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	 )
а	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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ın	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	-Did-substantially-all-of-the-organization's-activities-during-the-tax-year-directly-further-the-exempt-purposes-of———	ACCEPT.	<u>※洗紙</u> マナド	1.337.73
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	\$7.75		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ம்ம் மூற்		m u.m.
	how the organization was responsive to those supported organizations, and how the organization determined	wataam)	restanting to	amminum.
	that these activities constituted substantially all of its activities.	2a		- (1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		٠٠٠٠,	₹*
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			,480 g 17
	reasons for the organization's position that its supported organization(s) would have engaged in these			<u></u>
	activities but for the organization's involvement	2b	r	1, 20,000
3	Parent of Supported Organizations Answer (a) and (b) below.		が 教	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		i dine	weitzen.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Matri.	3. 10 kg	<del>                                    </del>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		1

62-1395092

HIGHLAND RIM HABITAT FOR HUMANITY INC

Rart V Type III Non-Functionally Integrated 509(a)(3)			
1 Check here if the organization satisfied the Integral Part Te			
instructions. All other Type III non-functionally integrated s	supporting organizatio	ns must complete Section	
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 o	r .		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruc	tions) 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	/ 15  / 2		
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	. 1a		
<b>b</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)	10		
e Discount claimed for blockage or other	·«		
factors (explain in detail in Part VI)	Ţ,		
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, Colu	mn A) 1	RAMAN AND AND AND AND AND AND AND AND AND A	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, C	olumn A) 3	Mark Company of the C	
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 subj	ect to		
emergency temporary reduction (see instructions).	. 6		
7 Check here if the current year is the organization's first as a			organization (see
instructions)		0,1	e A (Form 990 or 990-EZ) 2017
EEA	·		6 A (FUIIII 330 OF 330-EZ) 2017

Pai	Type III Non-Functionally Integrated 509(a)(3)		zations (continued)	93092 Page /
	tion D - Distributions	<u> </u>	1	Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		,	
3	Administrative expenses paid to accomplish exempt purposes	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.			1
8	Distributions to attentive supported organizations to which the	organization is respons	GIVO .	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6		,	
10	Line 8 amount divided by Line 9 amount			
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable
1	Distributable amount for 2017 from Section C, line 6	en en en en en en en en en en en en en e	Fre-2017	Amount for 2017
<u> </u>	Underdistributions, if any, for years prior to 2017			
-	(reasonable cause required - explain in <b>Part VI</b> ) See			
	Instructions		-	
3		ACTACOL AND AND AND AND AND AND AND AND AND AND		
	Excess distributions carryover, if any, to 2017		mbugamante de la companya de la comp	ATTIMIZARE ENERGIA
	From 2013	markatanideldasimididiliinididiliinidinidiati	mhintaria de la constituto	nadalii dada ka
_	From 2014			
	From 2015		17353634366455	
_	From 2016	ACCOMPANY TO A MARKET		
	Total of lines 3a through e	+ 13 ANN 2017 (1990) - 40001 - 4000 10 3100 3 4 1 4 4	77.44.8258888889Vij.	
	Applied to underdistributions of prior years	TICATE NAMED AND A	> 11111 W SWINDSON WARREN COLUMN (B) A / A	
	Applied to 2017 distributable amount			
		YER JAMETER MEDICALIA	51763.003.62 <b>1657</b> 6576.1266	5342555784438265分
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	A. cores a posses and desired and the property of	MARKA PARAMANANA	
4	Distributions for 2017 from			
	Section D, line 7: . \$			
, a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			,
C	Remainder. Subtract lines 4a and 4b from 4.		STANDAMENTAL	なる。新聞機能の対応
5	Remaining underdistributions for years prior to 2017, if			rotani di Paristini
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			<b>\</b>
	and 4b from line 1 For result greater than zero, explain in			:
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c			
8	Breakdown of line 7		是为此为法律	
—а-	-Excess-from-2013		\$1,71972.75.03.48 \$20.00 EP.779.32	TO CANADARA SER LA
b	Excess from 2014	Problem in the second		
¢	Excess from 2015			
d	Excess from 2016	民人社会的	THE PROPERTY OF THE PARTY OF TH	

e Excess from 2017

Schedule A (For	n 990 or 990-EZ) 2017 Page 1
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 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)
	mies 2, 3, and 6 Also complete this part for any additional information (See instructions)
<del></del>	

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► 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.

nswered "Yes" on Form 990, 11c, 11d, 11e, 11f, 12a, or 12b.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Ope

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number
HIC	GHLAND RIM HABITAT FOR HUMANITY INC	62-1395092
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or According	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (duning year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	illy important land area
	Protection of natural habitat Preservation of a certified	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
ď	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
•	tax year •	· ·
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	·)(B)(ı)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these its	ems
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
а Ь	Assets included in Form 990. Part X	<b>&gt;</b> \$

Pa	rt III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures,	or Other Similar Ass	sets (continued)		
3	Using the organization's acquisition, accession, and o	ther records, check any o	f the following that are	a significant use of its	<u> </u>		
	collection items (check all that apply)			•			
а	Public exhibition	d Loan or excha	nge programs				
b	Scholarly research	_					
С	Preservation for future generations		<del></del>				
4	Provide a description of the organization's collections	and explain how they furt	her the organization's e	evernt numose in Part			
•	XIII	and explain now they full	ner the organizations t	skempt pulpose in r art			
5	During the year, did the organization solicit or receive	denotions of ort. histories	trocourne or other own	wlos			
J					Yes No		
Par	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
T al			100 Ded IV II 0				
	Complete if the organization answe	red res on Form s	190, Part IV, line 9	, or reported an amou	int on Form		
_	990, Part X, line 21.	<del></del>					
1a	Is the organization an agent, trustee, custodian or other	· · · · · · · · · · · · · · · · · · ·					
					Yes No		
þ	If "Yes," explain the arrangement in Part XIII and com	plete the following table					
				<del></del>	ount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance						
2a	Did the organization include an amount on Form 990,	Part X, line 21, for escrow	or custodial account li	abılıty?	🗌 Yes 🔲 No		
b	If "Yes," explain the arrangement in Part XIII Check h	ere if the explanation has	been provided on Part	XIII	<u> </u>		
Pai	rt V Endowment Funds.	·					
	Complete if the organization answe	red "Yes" on Form 9	90, Part IV, line 10	0			
_	(a)	Current year (b) Prid	or year (c) Two year	s back (d) Three years back	(e) Four years back		
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses				İ		
d	Grants or scholarships						
e	Other expenditures for facilities and						
•	programs						
f	Administrative expenses			<del></del>	<del>                                     </del>		
g	End of year balance				<del>                                       </del>		
2	Provide the estimated percentage of the current year	and halance (line 1g. colu	mn (a)) held as				
a	Board designated or quasi-endowment	, -	mm (a)) 1101a ao				
b	Permanent endowment > %	/0					
		0/					
С	Temporarily restricted endowment	%					
2-	The percentages on lines 2a, 2b, and 2c should equal			1b			
3a	Are there endowment funds not in the possession of	the organization that are r	ielo ano aoministereo to	or the	Vo. No.		
	organization by				Yes No		
					.   3a(i)		
	(.,,			• • • • • • • • • • • • • • • • • • • •	. 3a(ii)		
b	If "Yes" on 3a(II), are the related organizations listed a	• • •	₹?		. <u>3b</u>		
4	Describe in Part XIII the intended uses of the organiz	<del></del>					
Pai	rt-VILand,-Buildings,-and-Equipment-						
	Complete if the organization answe	red "Yes" on Form 9	90, Part IV, line 1	1a. See Form 990, Pa	art X, line 10		
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value		
		(investment)	(other)	depreciation			
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		6,044	4,205	1,839		
е	Other						
Total	I. Add lines 1a through 1e (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c )		1,839		

HIGHLAND RIM HABITAT FOR HUMANITY INC

Schedule D (Form 990) 2017

62-1395092

Page 2

	Complete if the organization and	swered Yes on Form 990,	Part IV, line 11b See Form 990, Par	t X, line 12.
_	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	, -
(1) Financial	derivatives	,		
· ·	eld equity interests			
(3) Other	<u> </u>			
_(A)				
_(B)			· · · · · · · · · · · · · · · · · · ·	
(C)				
(D)				<del></del>
(E) `				
_(F) -				
_(G)				
_(H) -			DATEMENT FOR THE TREE WAS TO COMPANY OUT UNITED BY THE TOWN	acetala katalika ya wasat
Part VIII	Investments - Program Related Complete if the organization and		Part IV, line 11c. See Form 990, Par	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	t X, iiile 13.
(1)			Cost of end-of-year market value	
(2)	<del></del>	<del></del>		<del></del>
(3)	,			
_(4)		·		
(5)				
(6)				
(7)				
(8)		•		<u>.                                  </u>
(9)				
Total (Column (b)	must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part(IX)	Other Assets.  Complete if the organization ans	wered "Yes" on Form 990.	Part IV, line 11d. See Form 990, Par	t X. line 15
		(a) Description		(b) Book value
(1) CONST	RUCTION IN PROGRESS	(a) Description		(b) Book value
	RUCTION IN PROGRESS RECEIVABLE	(a) Description		(b) Book value
		(a) Description		(b) Book value
(2) GRANT		(a) Description		(b) Book value 10,22 1,28
(2) GRANT (3)		(a) Description		(b) Book value 10,22 1,28
(2) GRANT (3) (4)		(a) Description		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5)		(a) Description		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8)		(a) Description		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)	RECEIVABLE			(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B) Other Liabilities.	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT: (3) (4) (5) (6) (7) (8) (9)  Total. (Column: (Part: X)  1: (1) Federal I (2) (3)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (Part X)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X) (1) Federal I (2) (3) (4) (5)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9)  Total. (Column (Part X)  (1) Federal (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT: (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part: X)  (1) Federal I (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28
(2) GRANT (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Part X) (1) Federal I (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col (B)  Other Liabilities.  Complete if the organization ans line 25  (a)-Description of liability—	line 15)		(b) Book value 10,22 1,28

Га	Complete if the organization answered "Vos" on Form 990. Part IV. June 123	er Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  Total revenue, gains, and other support per audited financial statements	. 1	170 007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		179,897
a	Net unrealized gains (losses) on investments		u
b	Donated services and use of facilities	<b>귀</b> 하는	
c	Recoveries of prior year grants	<del>*</del>	
d	Other (Describe in Part XIII )	<b>─</b>  . ;	
e	Add lines 2a through 2d	. 2e	13,662
3	Subtract line 2e from line 1	. 3	166,235
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ÿ.; 83	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	* `~;	
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del> </del>	166,235
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	196,097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	. <u>2e</u>	
3	Subtract line 2e from line 1	. 3	196,097
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII )		
_ C	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.   5	196,097
	Tt:XIII. Supplemental Information.  Indee 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 Y line	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	r art A, iirie	
۷, ۲۰	31 t At, lines 20 and 40, and Part Att, lines 20 and 40 Also complete this part to provide any additional information		
	·	<del></del>	<del></del>
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	The second secon		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE I (Form 990)	Government	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States	Assistance to	Organizations the United States	S, ies		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	and 50	Complete It the organization answered lifes of the 350, rait iv, interior at the 150 of	outstoll diswered les out our 330, Fart 19, mis  ► Attach to Form 990.  • www.irs.gov/Form990 for the latest information.	atest information.			Open to Public Inspection
Name of the organization HIGHLAND RIM HABITAT FOR HUMANITY INC	LNITY INC					Employer identification number 62-1395092	number
Part I General Information on Grants and Assistance	n Grants and Assist	ance					
es th	s to substantiate the amour	it of the grants or assist	ance, the grantees' elig	gibility for the grants or	or assistance, and		Yes No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for monitoring t	he use of grant funds in	the United States			·	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ance to Domestic Org	anizations and Don	nestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)HABITAT FOR HUMANITY INTERN 121 HABITAT ST	┷				7,000		
AMERICUS, GA 31709	91-1914868		7,082				
Ē.							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							,
(10)							
	) and government organiza	tions listed in the line 1	table			<b>▲</b> .	
3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990, FFA.	ons listed in the line 1 table the Instructions for Form					<b>A</b>	Schedule I (Form 990) (2017)

## **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

HIGHLAND RIM HABITAT FOR HUMANITY INC. 62-1395092	
01. Form 990 governing body review (Part VI, line 11)	
THE FORM 990 WILL BE PRESENTED AT A BOARD MEETING AND SHARED WITH ALL MEMBERS PRIOR T	ro
FILING IT.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
A CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY BY EACH BOARD OF DIRECTOR MEMBER.	
03. Governing documents, etc, available to public (Part VI, line 19)	
NO DOCUMENTS WERE REQUESTED TO BE INSPECTED BY THE PUBLIC DURING THE REPORTING PERIOD	)
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