Form 990 (2018)

Form	99	90	F	Return of	Organ	nization	Exem	pt From	n Incon	ne Ta	ıx		OME	No 1545	-0047
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	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) > Do not enter social security numbers on this form as it may be made public.										 , 	All To			
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		ue Service	 -		a gov/roi	MARO TOF II		7-01 , 20			<u> </u>	<u> </u>		epecte	141 Market
=			r year, or tax yes		, D DD4 1	13.12 TW3.11				Gard	-	06-30			*****
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=	Final return/terminsted City or town, state or province, country, and ZIP or foreign postal code TOTILIAHONDA. TN 37388													286,1	ng.
≂		Į.	P Name and address			RIE QUI	CK			(Efa)	is this a group ret	-		Yes	X No
	, ,		SAME AS C			50.			_	1 - 1	Are all subord			Yes	∏ No
1 7	3X-6X(3111	pt statue.	······		(inserter)	4947(s)(1) ar	527	ζ		at "Palo." get			vetions)	
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KF	orm of a	rgenization: 🛭	Comparetion Tru	est Associatio	n Cithe	r 🕨		L Year of A	ermation. 1	991	M State of	legal don	icile	TN	
1	tl	Summary	/							***********					**********
	1	Briefly describ	e the organization	n's mission or	most signi	licant activil	ies: <u>P</u>	UILDING	HOMES A	ND PE	KOVIDINO	INT	CRES'	-FREI	2
•		FINANCING	FOR LOW-IN	NCOME FAM	ILIES 1	N COFFE	E COUN	Y AND F	RANKLIN	COUN	TY TENN	essei	1.		
Activities & Governance	i														
Ĕ				•											
Š	2	Check this box	x 🕨 🔲 if the orga	anization disc	ontinued its	operations	or dispose	rtt erom fo b	an 25% of i	e ten et	ssets.			•	
9	3	Number of vol	ting members of f	he governing.	body (Part	VI, line 1a)			3. 184.19	عارد الشاء	• • • • [3			10
Ŕ	4	Number of ind	tependent voting r	members of th	e governin	g body (Pa	rl VI, line 1	s)			[4			10
. ₹	5	Total number	of Individuals emp	ployed in cale	idar year 2	018 (Part V	, line 2a)		ל זגל לה יה יהוד ביים היה יה יהוד	4111	[5			3
•	6	Total number	of volunteers (esti	imate if neces	eary)	<i>.</i>			a Branda i	٠,٠٠٠	• • • • [6		_	267
<	78	Total unrelated	d business revenu	ue from Part V	ili, column	(C), line 12				4 (4. 4. 4	140}010	7a			0
	ь	Net unrelated	business texable	income from	Farm 990-	T, line 38	• • • •				· · · · · ·	7b			9
		~ ~ ,	Tall of the state		-				-0	P	vior Year		Cuin	rest Year	
	8	Contributions	and grants (Part \	VIII, line 1h)			WW RF	CEIVE	عاسنات	I	59,	641		119	9,450
2	8	Program servi	ica revenue (Part	VIII, line 2g)			سسسنه		··· ŭ	I_{Σ}	39,	392		20	B,092
Кемелие	10	Investment inc	come (Part VIII, c	otumn (A), line	3, 4, and	17d)	41	AV 91.	2019 · E			202		2	7,879
2	41	Other revenue	e (Part VIII, colum	ın (/\), (inos 5,	6d, 8c, 9c,	10c, and 1	181 · N	0V 21		<u> </u>	67,	000		76	8,000
	12	Total revenue	- add lines 8 thro	ugh 11 (must	equal Part	VIII, columi	(A) line 1	2)	1164.	T	166,	235		25;	3,421
	13	Grants and sir	milar amounts pai	id (Part IX, co	umn (A), li	nes 1-3)	10	GDEN	111		7,	082		1(0,211
	14	Benefits paid t	to or for members	(Part DC, colu	mn (A), lin	e 4)	سيسيد		• • • •						0
	15	Salaries, other	r compensation, e	amployee ben	efits (Part I	X, column ((A), lines 5-	10) - :	:182 282 <u> </u>		30,	215		32	2,979
1863	15a	Professional fi	iundraiaing fees (F	Part IX, colum	n (A), line 1	11e) · ·	• • • • •	• • • • •	• • • •	··	·				0
Esperi	b	Total fundraisi	ing expenses (Par	rt IX, column (D), line 25	-		2,4	75						
Ũ	17	•	es (Part IX, colum			•	• • • • •				158,	800	<u>-</u>	23:	3,638
	18		s. Add lines 13-1		•		•	· × · · · ·	• • • • _		196,	097		270	6,828
	19	Revenue less	expenses. Subtr	act line 18 fro	m (Ine 12						(29,	862)		(2:	3,407
Met Appets or Fund Balances	١.									Jeginnine Jeginnine	of Current Y	ener	Eng	of Year	
錯	20		Part X, line 16)	* * * * * * *		• • • • • •	• • • • •		• • • •		505,			493	3,649
₹ <u>2</u>	21		(Part X. line 26)			• • • • • •	• • • • •	• • • • • •	• • • •		77,	543		6	8,150
	22		fund balances. S	ubtract line 2	from line	20			••••		428,	294		42	5,499
Par		Signatur			· 	···									
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Sign			en !	<u> </u>	<i>K</i>				······································			111	141	17	
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USB	Onh	Firm's address	▶ p (0 Box 117	93	v ,				Phone n	KO.				
		ì	MIT	RFREESBOR	O TN 3	7129					61	5-796	-4092	,	

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

For Paperwork Reduction Act Notice, see the separate instructions.

	rt III: Statement of Program Service Accomplishments
r,a	
1	Check if Schedule O contains a response or note to any line in this Part III
'	BUILDING HOMES AND PROVIDING INTEREST-FREE FINANCING FOR LOW-INCOME FAMILIES IN COFFEE COUNTY
	AND FRANKLIN COUNTY TENNESSEE.
	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 \$ 243,438 including grants of \$ 10,211) (Revenue \$)
	ONE HOME WAS TRANSFERRED TO A LOW-INCOME FAMILY DURING THIS REPORTING PERIOD. ADDITIONALLY,
	FIRST AND SECOND MORTGAGES TOTALLING \$609,980 AS OF 6/30/2019 (EXCLUDING UNAMORITZED DISCOUNT
	OF \$262,798) 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.
	·
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (Expenses \$\pi) including grants of \$\pi) (Nevertice \$\pi)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 243,438



8) HIGHLAND RIM HABITAT FOR HUMANITY INC Checklist of Required Schedules Part IV

Fai	TIV Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
•	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	<u> </u>		Λ
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	- '	_		v
-	"Yes," complete Schedule D, Part I	6	├	X
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 temporanly 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11a		
		446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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		Χ
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
		140		_^
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		17
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	Λ
21		200	-	
• •	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]	

Part IV

Checklist of Required Schedules (continued)

62-1395092

Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Χ 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. Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 Χ 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? Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 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 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 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 Χ 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 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 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No ol 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

18) HIGHLAND RIM HABITAT FOR HUMANITY INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	No. SOUTHER
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		Z	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-800°93,55.	X 2002/2004/2004
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		4000	
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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	**********	DWO ST ATM
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Ì
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c	30639395	X
d	If "Yes," indicate the number of Forms 8282 filed dunng the year		in the	
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
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	5 77¥16 s	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	ರ ಬಾಡುಕು	-335-33-45
9	Sponsoring organizations maintaining donor advised funds.	7. J.		
a	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	Sudden.c	730294255 74
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1300	13.4
11	On all the BOAT MADE to the Control of the Control		10.00	
••	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
a b	Gross income from members or shareholders			
a b	Gross income from members or shareholders			
a b 12a	Gross income from members or shareholders	12a		
a b 12a b	Gross income from members or shareholders	Mak.		
a b 12a b	Gross income from members or shareholders	Maria Maria		
a b 12a b	Gross income from members or shareholders	Mak.		
a b 12a b 13 a	Gross income from members or shareholders	Maria Maria		
a b 12a b	Gross income from members or shareholders	Maria Maria		
a b 12a b 13 a	Gross income from members or shareholders	Maria Maria		
a b 12a b 13 a b	Gross income from members or shareholders	13a		
a b 12a b 13 a b	Gross income from members or shareholders	13a 14a		X
a b 12a b 13 a b	Gross income from members or shareholders	13a		X
a b 12a b 13 a b	Gross income from members or shareholders	13a 14a 14b		
a b 12a b 13 a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	13a 14a 14b		X
a b 12a b 13 a b c 14a b 15	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N	13a 14a 14b		X
a b 12a b 13 a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	13a 14a 14b		Х

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Sec	tion A. Governing Body and Management				
		F3527	Y	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 10	- 美教			沙溪
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	مَدُّ	ث لت	<u>.</u>	1
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	<u>!</u>	4	<u>X</u>
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?	· 🝱	-	\perp	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	<u> </u>	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	· _5	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?	· 7	а	\rightarrow	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	. 7	b	ce	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1			
	the year by the following	21b	ختان عدد		T
а	The governing body?	· 8	\rightarrow	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	· 8	b 2	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	١.			
C	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	Щ.		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
10-	Did the assessment as here lead the stars have the star of the star of	<u> </u>		es	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10)a	-	Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
14.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?)b \	.	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schodulo O the process of any weed by the assessment to review the Form 990.	• 11 ত			N. T.
b 12a	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	· 12	-	***** : 	7,254
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u>`</u>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	` '	20 2	`	
·	describe in Schedule O how this was done	. 12	, ,	ζ	
13	Did the organization have a written whistleblower policy?	. 1		7	X
14	Did the organization have a written document retention and destruction policy?	_		₹	
15	Did the process for determining compensation of the following persons include a review and approval by		x 3.5	-2, 1	77.62
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11			
а	The organization's CEO, Executive Director, or top management official	. 15		است	X
b	Other officers or key employees of the organization	. 15	_	\dashv	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7,	71 83	Ø1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\$ 5			
	with a taxable entity during the year?	. 16	ia jan	20000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	37.4		. T. erb.	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3. A	F 32	<u> (</u>	
	organization's exempt status with respect to such arrangements?			-	.स. इ ख
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website Don request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	ELISA CHESSOR (931)393-2383, 100 SOUTHAMPTON DR, TULLAHOMA, TN 37388				

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HIGHLAND RIM HABITAT FOR HUMANITY INC

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Form 990 (2018)

PartiVIII 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		
The state of the s		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son is	na both a both steel employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICHAEL HILL	2.00						 ·		
BOARD MEMBER-BUILD CAPTAIN		Χ					0	0	0
(2) MANDY SMITH BOARD MEMBER-FAMILY SUPPORT	2.00	Х					0	0	0
(3) JIM MILLER	2.00	_^_						<u> </u>	<u> </u>
BOARD MEMBER		Х					О	o	0
(4) JOHN FETTY	2.00								
BOARD MEMBER		Χ					0	0	0
(5) JIM CARTER BUILD CAPTAIN FOR DUCK BUILD	21.00	х					0	0	0
(6) KIM PLENESSE	2.00							. *	
BOARD MEMBER		_X	\dashv		_		 0	0	0
(7) TERRIE QUICK PRESIDENT	10.00			Х			0	o	0
(8) KELLY SMITH TREASURER	10.00			Х			0	0	0
(9) TRACY CARTER VICE PRES & FUNDRAISING	10.00			Х			0		0
(10)ELISA CHESSOR ADMINISTRATIVE COORDINATOR	30.00			X			 		
(11)				Λ			20,459	0	0
(12)									
(13)									
(14)		_							·

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(A) Name and title	(B) Average hours per week (list any	Average hours per week (list any						(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
(15)										
(16)										
(17)										
[18]										
(19)										
20)										
(21)										
22)										
23)										
24)										
25)										
1b Sub-total	ction A						>	20,459	0	0
Total number of individuals (including but not lim reportable compensation from the organization									0	
 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Scheduleter For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	le J for such individed freportable complian \$150,000? If	vidual ensation "Yes," (on ai	nd of	her Sci	 compo hedule 	ensa J fo	ition from the		3 X 4 X
for services rendered to the organization? If "Ye. Section B. Independent Contractors	s," complete Sche	edule J	for	such	per	rson				5 X
Complete this table for your five highest comper compensation from the organization. Report cor year.										
(A) Name and business add	ress			_				(B) Description of	services	(C) Compensation
2 Total number of independent contractors (includ received more than \$100,000 of compensation for the contractors).	-		se lı ▶	sted	abo	ve) wł	10			

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Part VIII

		Check if Schedule O contain	s a response or n	ote to any line in thi	s Part VIII	<u> </u>	<u> </u>	
					(A) Total revenue	(B) Related or Parmpt function revenue	(C) Unrelated husiness revenue	(D) Revenue evoluded from tax under sections 512-514
S S	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b					
يَ ق	c	Fundraising events						
₽₽ Z	d	Related organizations		**				
ر. الله الله	_	Government grants (contribution						
<u> </u>				-				
ž ž	'	All other contributions, gifts, gra	l .		AB SOLUTION			
ĒĞ		and similar amounts not include		119,450				
a Co	9	Noncash contributions included			25.22.82.82.82.82.82.82.82.82.82.82.82.82.			
	h	Total. Add lines 1a-1f		····· •	119,450	and a second sec	Service of the servic	TOTAL CONTRACTOR CANDIDATES
Ф				Business Code			indiamental and in	
enu	2a	MORTG LOAN DISC AMOR	T	900099	28,092	28,092		
æ	b			L-				
д сө	С							
Sen	d							
Ę	9							
Program Service Revenue	f	All other program service revenu	ie • • • • • •					
4		Total. Add lines 2a-2f			28,092	VIII XXXXXXII XXXXXXXXXXXXXXXXXXXXXXXXX		
	3	Investment income (including diand other similar amounts)	vidends, interest,		. 9	9		
	4	Income from investment of tax-e			<u>.</u>			
	5	Royalties	• • • • • • •				WN 844 M/V . Sh. To , As A . E VAUS	and the second second second second
	1		(ı) Real	(II) Personal				
	.6a	Gross rents	•					
-	b	Less rental expenses · · · ·						
	С	Rental income or (loss) · · ·						
	d	Net rental income or (loss)						
ė	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	60,55	1				
٠,٠		,	30,55			and the state of	44.5472	
, .		Less cost or other basis and sales expenses · · · ·	32,68	,				
		Gain or (loss)	27,870					
		• • •		· · · · · · •	27,870	27,870	A4441111111111111111111111111111111111	<u> </u>
흐		Gross income from fundraising			27,870	21,870		
enne	Va	•						
>		events (not including \$						
E.		of contributions reported on line						
Other Re		See Part IV, line 18 · · · · ·				and the second of the second o		
Ò		Less direct expenses · · · ·		L <u>.</u>	Zirin ziwa sa ka	Control of the contro		
		Net income or (loss) from fundra	-	· · · · · · •	12-128			
		Gross income from gaming activ						
		See Part IV, line 19 · · · · ·	$\cdots \cdots a$			A CONTROL OF THE CONT		
	b	Less direct expenses · · · ·	$\cdots \cdots b$					
	С	Net income or (loss) from gamin	g activities · ·					
	10a	Gross sales of inventory, less			NAPPERCI.	经证据的表现		能性的地震地
			a					
	ь	Less cost of goods sold · · ·	b					
		Net income or (loss) from sales			the former of months of the brought hills in mentions.		- Albert Mandage Alle	- d sourced the water at gray (fig
,		Miscellaneous Revenue		Business Code	147.44.0000			
	11a	TRF TO HOME MORT N/R		900099	78,000	78,000	,	The state of the s
	b	IV MAN PORT N/R		300033	,3,000	, 3,000		
	<u> </u>			 	 			
	ں ہ	All other revenue · · · · · ·					 	
						the state of the second	\$4.02280002-1-7-4-4-6-80002	9884891038174723888888881
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			253,421	133,971	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to	any line in this Part IX		• • • • • • • • •	
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	10,211	10,211	LANGE TO STREET AND	
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22 · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				end the new actions of the second of the sec
	individuals See Part IV, lines 15 and 16 · · · · · · ·				
4	Benefits paid to or for members			PATRIMINE SALES	
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	32,979	21,438	9,893	1,648
8	Pension plan accruals and contributions (include	32,919	21,438	3,033	1,048
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
10					
11	Fees for services (non-employees)			:	
a	Management				
þ	Legal				
C	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·		Lilian open apprendent	Totific he verbalmasserieseres sto	
, ⊖	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	11,243		11,243	
12	Advertising and promotion	1,266	823	380	63
13	Office expenses · · · · · · · · · · · · · · · · · ·	320		320	
14	Information technology				
15	Royalties				
16	Occupancy	8,620	6,037	2,324	259
17	Travel	8,390	4,669	3,721	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	840	546	253	41
23	Insurance	4,097	2,663	1,229	205
24	Other expenses Itemize expenses not covered				North Market St.
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		A Carrier Manager		
	(A) amount, list line 24e expenses on Schedule O)				
а	COST OF HOMES BUILT	122,787	122,787	THE PROPERTY OF STREET PROPERTY OF STREET	The second secon
b	DISCOUNT AMORTIZATION	44,594	44,594		
c	PROVISION FOR DOUBTFUL ACCTS	19,437	19,437		
ď	COST OF SENIOR GRANT	6,870	6,870		
6	All other expenses			1 550	350
	Total functional expenses. Add lines 1 through 24e	5,174	3,363	1,552	259
25 26	Joint costs. Complete this line only if the	276,828	243,438	30,915	2,475
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)			<u> </u>	

62-1395092

Part X

		Check if Schedule O contains a response or note to any line in this Part X	 		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,241	1	5,433
	2	Savings and temporary cash investments	58,531	2	80,325
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		14.14.14.14.14.14.14.14.14.14.14.14.14.1	
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	had a control of the
	6	Loans and other receivables from other disqualified persons (as defined under section		WW.	
		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		STORY .	
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	364,181	7	327,745
ets	8	Inventories for sale or use	50,539	8	55,647
Assets	9	Prepaid expenses and deferred charges	30,333	9	33/01/
`	10a	Land, buildings, and equipment cost or		Market .	
		other basis Complete Part VI of Schedule D 10a 1,280	J-12. 1		
	b	Less accumulated depreciation · · · · · · · · · · 10b 281	1,839	10c	999
	11	Investments - publicly traded secunties · · · · · · · · · · · · · · · · · · ·	1,039	11	333
	12.	Investments - other secunties See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	•	12	
	13	Investments - program-related See Part IV, line 11	1	13	
	14	Intangible assets		14	1
	15	Other assets See Part IV, line 11	11,506	15	23,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	505,837	16	493,649
	17	Accounts payable and accrued expenses	4,864	17	
	18	Grants payable	41,004	18	2,182
	19	Deferred revenue	72,679	19	65,968
	20	Tax-exempt bond liabilities	12,019	20	65,566
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,	Karasaca > 4517 166556	DIMES!	56.2020p.2024(20.2023)
Liabilities		trustees, key employees, highest compensated employees, and			
jg		disqualified persons Complete Part II of Schedule L		22	The Control of the Co
Ë	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			
		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	77,543	26	68,150
		Organizations that follow SFAS 117 (ASC 958), check here	新企业产生工作工程的企业	企。企	RESERVED AND AND AND AND AND AND AND AND AND AN
es		complete lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets	428,294	27	425,499
3ala	28	Temporanly restricted net assets	420,234	28	423,433
D E	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here		14 M	
<u>-</u>	•	complete lines 30 through 34.		数量	
, st	30	Capital stock or trust principal, or current funds	Section of the Control of the Contro	30	17 Transfer Commence Control of C
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
¸ž	33	Total net assets or fund balances	428,294	33	425,499
٠	34	Total liabilities and net assets/fund balances	505,837	34	493,649
			303,037		

Form	990 (2018) HIGHLAND RIM HABITAT FOR HUMANITY INC	62-1395092	Pa	age 12
₽ P a	Reconciliation of Net Assets	<u> </u>		
	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	253,4	421
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	276,8	
٠3	Revenue less expenses Subtract line 2 from line 1	. 3	(23,4	-
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	428,2	294
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6	20;	512
7	Investment expenses	. 7		
8	Pnor 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	425,4	499
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🔲
b	Accounting method used to prepare the Form 990		2a	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	X
0	urites fold the organization Undergo the required audit or audits? It the organization did not undergo the	B.	, ,	4

Form 990 (2018)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number

		ND RIM HABITAT FOR HUMAN					62-13950		
	rt I	Reason for Public Charity) See instruction	<u>s</u>	
The	orgai	nization is not a private foundation beca					,		
1	\sqcup	A church, convention of churches, or	association of churc	ches described in sectio i	n 170(b)(1)(A)(i).	NY		
2		A school described in section 170(b)	1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))		1)+		
3	П	A hospital or a cooperative hospital se	rvice organization (described in section 170	(b)(1)(A)(ii	i).	\cup \cup		
4	Ħ	A medical research organization opera	-			•	(A)/iii) Enter the		
•	ш	hospital's name, city, and state	alca in conjunction	with a hospital described	III SECTION	170(0)(1)	(A)(III). Litter the		
_			<u> </u>						
5	Ш	An organization operated for the bene		niversity owned or operat	led by a go	vemmenta	il unit described in		
	_	section 170(b)(1)(A)(iv). (Complete P	art II)						
6		A federal, state, or local government of	or governmental uni	t described in section 17	'0(b)(1)(A)	(v).			
7	\boxtimes	An organization that normally receives	s a substantial part	of its support from a gove	ernmental	unit or fron	n the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)	•					
8	П	A community trust described in section							
9	Ħ	An agricultural research organization of			ad in conii	nction with	a land grant college		
•	Ц				-				
		or university or a non-land-grant collection	ge of agriculture (se	ee instructions) Enter the	e name, cit	y, and state	e of the college or		
		university	-				 		
10	Ш	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	5	
		receipts from activities related to its ex	kempt functions - si	ubject to certain exceptio	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fr	om businesses		
		acquired by the organization after Juni	e 30, 1975 See se	ction 509(a)(2). (Comple	te Part III)				
11		An organization organized and operate	ed exclusively to tes	st for public safety. See s	ection 509	(a)(4).			
12	П	An organization organized and operat					carry out the purpose	es.	
	_	of one or more publicly supported orga							
		Check the box in lines 12a through 12							
	_							12 y	
	а	Type I. A supporting organization	-	•		•			
		the supported organization(s) the			y of the dir	ectors or tr	ustees of the		
		supporting organization You mus	t complete Part IV	, Sections A and B.					
	b		supervised or cont	rolled in connection with	its support	ed organiz	ation(s), by having		
		control or management of the sup	porting organizatio	n vested in the same per	sons that o	control or n	nanage the supported	I	
		organization(s) You must compl	ete Part IV, Sectio	ns A and C.					
	С	Type III functionally integrated.	A supporting organ	zation operated in conne	ction with.	and function	onally integrated with.		
		its supported organization(s) (see							
	d	Type III non-functionally integra	•	•				-1	
	_	, ,		•				•	
		that is not functionally integrated					t and an attentivenes	S	
		requirement (see instructions) Yo	•	·	•				
	е	Check this box if the organization				a Type I, 1	ype II, Type III		
		functionally integrated, or Type III	•	egrated supporting orgar	nization			ı	
	f	Enter the number of supported organic	zations · · · ·	• • • • • • • • • • • •					
	g	Provide the following information about	it the supported org	ganization(s)					
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(ıv) is the o	rganization	(v) Amount of monetary	(vi) Amou	int of
				(described on lines 1-10	,	ır governing	support (see	other suppo	•
				above (see instructions))	docum	ent?	instructions)	instructi	ons)
					Yes	No	1		
A)									
B)									
				<u> </u>				<u> </u>	
C)									
									
D)									
E)				-	<u></u>				
-,				•					
Total									

62-1395092

90 or 990-EZ) 2018 HIGHLAND RIM HABITAT FOR HUMANITY INC 62-1395092
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	· · · ·							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	54,888	15,260	51,101	73,303	140,062	334,614		
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 · · · · · ·	54,888	15,260	51,101	73,303	140,062	334,614		
5	The portion of total contributions by	THE RESERVE OF THE SECOND				Per la Santa Constitution of the Constitution			
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on						•		
	line 1 that exceeds 2% of the amount		A Day		E A CELL				
	shown on line 11, column (f)						116,098		
6	Public support. Subtract line 5 from line 4 · ·			TANGE THE SALES			218,516		
Sec	tion B. Total Support		-	· · · · · · · · · · · · · · · · · · ·	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	54,888	15,260	51,101	73,303	140,062	334,614		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	298					701		
9	Net income from unrelated business activities, whether or not the business is regularly carned on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10 .	DESCRIPTION OF THE		THE SERVICE	HE SERVICE		335,315		
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ 🗌		
	tion C. Computation of Public Su								
14	Public support percentage for 2018 (line 6, c						<u>65.17 % </u>		
15	Public support percentage from 2017 Sched						79.68 %		
16a	33 1/3% support test - 2018. If the organiza						. 5		
	box and stop here. The organization qualified		-				▶ 🏻		
b	33 1/3% support test - 2017. If the organiza								
4=	this box and stop here . The organization qu						▶ ∐		
17a	10%-facts-and-circumstances test - 2018.								
	10% or more, and if the organization meets								
	Part VI how the organization meets the "faci		ū	•					
	organization						▶ ⊔		
b	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization m			•	•				
	Explain in Part VI how the organization mee				•	•			
	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • •	▶ ∐		
18	Private foundation. If the organization did n						. 🗖		
	instructions						D		

Page 3

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

3,00	(Complete only if you chec	ked the box or	line 10 of Por	t Loruf the orga	r) Inization failed	to qualify unde	ar Darf II
	If the organization fails to o						art II
50	ction A. Public Support	quality under th	e lesis listeu b	elow, please co	omplete Fait i		-/
	endar year (or fiscal year beginning in)	(=) 2014	/b) 2015	(-) 2016	(4) 2017	(-) 2019	(5) Total
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						-
8	Public support. (Subtract line 7c from line 6)			X			
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	-	//_				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •				<u> </u>		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·		<i>y</i>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
	First five years. If the Form 990 is for the orgoganization, check this box and stop here	<i>.</i> /	<u></u>				▶ 🔲
Sec	ction C. Computation of Public Sy	pport Percent	tage				
15						15	%
16	Public support percentage from 2017 Schedu					16	<u>\</u> %
	ction D. Computation of Investme					T .= 1	
17 18	Investment income percentage for 2018 (line		-			17	<u>%</u>
18 10a	Investment income percentage from 2017 Sc					18	
	33 1/3% support tests - 2018. If the organiza	and stop here. The	organization qualif	ies as a publicly su	pported organizati	on	
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3% check this h						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 ensure 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?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 4946 (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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136	Supporting Organizations (continued)			
a b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	Yes	No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		Yes	No
2 Sec	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
			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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		ntampi (min
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes (Salara)	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3 Sec	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	retrue	lieres	
a b c	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below			tions)
а		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2a 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	2,3		(Sa)
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	RIE	

	ule A (Förm 990 or 990-EZ) 2018 HIGHLAND RIM HABITAT FOR HUMANITY INC		62-1395	5092 Page
;P,a	rt Y Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		_
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	250		THE PROPERTY OF THE
fa	ictors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		447
	Subtract line 2 from line 1d	3	,	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
se	e instructions)	4		
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Participation of the Control of the	
2	Enter 85% of line 1	2		

emerg	gency temporary reduction (see instructions)	6	TANK THE	Applications of a second secon		71.78%		
7 🗌	Check here if the current year is the organization's first as a non-functionally in	nte	grated	Type II	l suppo	orting o	rganizatio	n (see
	instructions)							

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3

Income tax imposed in prior year

4

Ľά	rive ii Non-runctionally integrated 509(a)(3	Supporting Organiz	ations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			_
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	-
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		_	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI) See instructions			,
9	, , , , , , , , , , , , , , , , ,			
10	Line 8 amount divided by Line 9 amount			
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
_	instructions			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015		2 ,000 (00 (20 may \$1,000))	
d	From 2016			は生活が発送できる。
	From 2017			WINNESS WARREST
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			國家指統法不民民党
h	Applied to 2018 distributable amount	THE TAX SERVICE AND THE PARTY OF THE PARTY O		
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		FARMANIA MARANTANI	
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years	NAMED OF STREET		Life of the control of the
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019 Add lines 3j	1		
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			Paris Bur Hill Her Sun
b	Excess from 2015		(3)(3)(3)(4)(2)(3)	
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
Gartai	Supplemental information. Provide the explanations required by Part II, line 10, Part II, line 17a 01 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.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

HIGHLAND RIM HABITAT FOR HUMANITY INC 62-1395092 Partity Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	Name	of the organization	Employer identification number						
Complete if the organization answered "Yes" on Form 990, Part IV, line 6 Total number al end of year	HIC	GHLAND RIM HABITAT FOR HUMANITY INC	62-1395092						
Total number at end of year (e) Doors devised funces (b) Funcis and other accounts	Pa	Till Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.						
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Purpose(s) of conservation easements held by the organization (check all that apply)		Complete if the organization answered "Yes" on Form 990, Part IV, line 7							
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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 items 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 furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1									
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 items 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 furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 **Section** **Section** **Section** **Section** **Revenue included on Form 990, Part VIII, line 1 **Section** **Part VIII Initiation** **	(Pa	rt⋅Ⅲ〗 Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.						
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 items 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 furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1									
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 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 furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1	1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet						
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 furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1		works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of						
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1		public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these its	ems						
public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet						
(ii) Assets included in Form 990, Part X		works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of						
(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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1		(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · • \$						
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1		(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · · • \$						
a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the						
		following amounts required to be reported under SFAS 116 (ASC 958) relating to these items							
b Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •						
	b	Assets included in Form 990, Part X	· · · · · · . ▶ \$						

	ule D (Form 990) 2018 HIGHLAND RIM HABI			62-139	
Pa	rt III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, c	or Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and	other records, check any	of the following that are a	a significant use of its	
	collection items (check all that apply)				
а	Public exhibition	d 🔲 Loan or exch	nange programs		
b	Scholarly research	e Other		· · · · · · · · · · · · · · · · · ·	
С	Preservation for future generations				
4	Provide a description of the organization's collections	s and explain how they fui	rther the organization's ex	xempt purpose in Part	
	XIII				
5	Dunng the year, did the organization solicit or receive	·	•	ıılar	_
	assets to be sold to raise funds rather than to be mai		janization's collection?		· · 🗌 Yes 🗌 No
Pai	rt IV Escrow and Custodial Arrangen				
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 9	, or reported an amοι	unt on Form
	990, Part X, line 21				
1a	Is the organization an agent, trustee, custodian or other	her intermediary for contri	butions or other assets n	ot	_
	ıncluded on Form 990, Part X?				· · Yes No
þ	If "Yes," explain the arrangement in Part XIII and com	plete the following table			
				An	nount
С	Beginning balance			· · 1c	
d	· ····································	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
e	Distributions during the year			1e	
f	Ending balance			· · 1f	
2a	Did the organization include an amount on Form 990	, Part X, line 21, for escro	ow or custodial account li	ability? · · · · ·	· · · 🗌 Yes 📗 No
	If "Yes," explain the arrangement in Part XIII Check I	here if the explanation ha	s been provided on Part	XIII	
Pai	rt V Endowment Funds.	- 			
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 1	0	
		a) Current year (b) F	Prior 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				
d	Grants or scholarships				
е	Other expenditures for facilities and		-		
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year	end balance (line 1g, col	lumn (a)) held as	l .	
а	Board designated or quasi-endowment		(-,,		
b	Permanent endowment > %				
С	Temporanly restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c should equa				
3a	Are there endowment funds not in the possession of		held and administered fo	r the	
	organization by	J		=	Yes No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·				. 3a(i)
	(ii) related organizations · · · · · · · · · · · ·				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations list	ted as required on Sched	ule R?		. 3b
	Describe in Part XIII the intended uses of the organiz				<u> </u>
Pai	t VI Land, Buildings, and Equipment				
	Complete if the organization answ		990. Part IV. line 1	1a See Form 990. Pa	art X line 10
	Description of property	(a) Cost or other basis			•
	bescription of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		· · · · · · · · · · · · · · · · · · ·		
b	Buildings				
	Leasehold improvements		 		
ď	Equipment		1 000		
a		·	1,280	281	999
е	Other	• 1	1	ı	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

999

62-1395092	
02-1393092	

Part VII	Investments - Other Securities.				
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11b See Form 990	, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value		
(1) Financial	derivatives			- "	
(2) Closely-he	eld equity interests				
(3) Other		-			
(A)					
(B)	·				
(C)					
(D)			/		
(E)					
(F)					
(G)					
(H)			SECTION AT ACTION WAS A PROTECT OF A PROTECT OF A SECTION	iliosionaniyati rossar'imidisa Opt	
Part VIII	must equal Form 990, Part X, col (B) line 12) ► Investments - Program Related.	<u> </u>	经过程的转换性 网络美		
Araire Ain	Complete if the organization answer	ed "Ves" on Form 990	Part IV line 11c. See Form 990	Part Y June 13	
·		ed les dill'oilli 990,	Fait IV, line TTC See Form 990	, rait A, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market		
(1)					
(2)		,			
(3)				•	
(4)			· ·		
(5)		,	5	·-·-·	
(6)	·		,		
(8)					
(9)				··	
	must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.			. (194 (14 12 18 41 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
2766 7 1972 4 11 110011	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11d See Form 990	, Part X, line 15	
		Description		(b) Book value	
(1) CONST	RUCTION IN PROGRESS				
	RECEIVABLE		•	23,50	
(3)					
(4)			-		
, (5)					
(6)					
(8)	1,	<u> </u>			
(9)					
	(b) must equal Form 990, Part X, col (B) line 15	<u>) </u>	·····	23,50	
<u>PartX</u>	Other Liabilities. Complete if the organization answered line 25	ed "Yes" on Form 990,	Part IV, line 11e or 11f See For	m 990, Part X,	
1.	(a) Description of liability	(b) Book value	s and the state of	man and the state of the state	
	ncome taxes	(b) Book value		200	
(2)	THE TAXES				
(3)		 			
(4)		† ·			
(5)		 			
(6)		 			
(7)					
(8)					
(9)					

Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII. HIGHLAND RIM HABITAT FOR HUMANITY INC 62-1395092

Hig C.	Complete if the organization answered "Yes" on Form 990, Par		•	Netuiii.	
1	Total revenue, gains, and other support per audited financial statements			1	274,033
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			Sec.	274,000
а	1	2a			
b		2b	20,612		
c	Recoveries of prior year grants	2c			
d		2d			
0	Add lines 2a through 2d			2e	20,612
3	Subtract line 2e from line 1			3	253,421
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	· · · · · · · · · · · · · · · · · · ·	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·			4c	
5				5	253,421
Pa	Reconciliation of Expenses per Audited Financial Statemen			er Returr	l.
	Complete if the organization answered "Yes" on Form 990, Pa			1 . 1	
1	Total expenses and losses per audited financial statements	• •		1	276,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_		10.57312	
a		2a			
b		2b	- -		
C		2c 2d			
d e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	276 828
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	٠.		22220	276,828
a		4a			
b		4b			
С	Add lines 4a and 4b	• •		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	276,828
Pa	Supplemental Information.				
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	dition	al information		
	``````````````````````````````````````				
					<u> </u>
	•				
			<del>-</del>		-
		•			
			<del></del>		
			<del>,</del>		

# SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations,

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

2018

OMB No 1545-0047

Open to Public

Inspection

° | (h) Purpose of grant or assistance X Yes Employer identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. 62-1395092 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) Amount of noncash assistance 10,211 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 91-1914868 (p) EIN HIGHLAND RIM HABITAT FOR HUMANITY INC (1) HABITAT FOR HUMANITY INTERN (a) Name and address of organization or government AMERICUS, GA 31709 121 HABITAT ST Name of the organization Part II Part 10) <u></u> 3 <u>@</u> 3 9 3 8 9

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Page 2 Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22 62-1395092 HIGHLAND RIM HABITAT FOR HUMANITY INC Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018)

PartIII

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV 8 က 2 <u>ه</u> 9

### 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.

2018

Open to Public

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.

Employer identification number 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 TO 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.