## Form 990

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

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.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection For the 2023 calendar year, or tax year beginning 07-01 06-30 ,2024 C Name of organization HIGHLAND RIM HABITAT FOR HUMANITY INC D Employer identification number Address change Doing business as 62-1395092 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return PO BOX 1295 (931) 393-2383 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return TULLAHOMA, TN 37388 306,716 Application pending F Name and address of principal officer: X No H(a) Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HRHFH.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1991 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: BUILDING HOMES AND PROVIDING INTEREST-FREE FINANCING FOR LOW-INCOME FAMILIES IN COFFEE COUNTY AND FRANKLIN COUNTIES IN TENNESSEE. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 4 10 Total number of individuals employed in calendar year 2023 (Part V, line 2a) ........ 3 Total number of volunteers (estimate if necessary) 6 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11\_...... 0 **Current Year** 8 110,540 124,049 145,424 150,231 10 18,000 32,436 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .... 273,964 306,716 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ...... 5,830 5,653 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 15 48,593 47,336 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 263,124 271,588 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . . . 317,547 324,577 (43,583)(17,861)Assets or d Balances **Beginning of Current Year** End of Year 452,110 435,815 21 Total liabilities (Part X, line 26) ...... 95,558 93,044 Net assets or fund balances. Subtract line 21 from line 20 . . . . . . . . . . . . . . . 22 356,552 342,771 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. TERRIE QUICK Sign Signature of officer Date Here TERRIE QUICK, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature X Check Paid Bryan Todd, CPA Bryan Todd, CPA 11-08-2024 XXXXXXXX Preparer Firm's name Bryan Todd & Associates, PLLC Firm's EIN Use Only Firm's address PO Box 11987 Phone no. Murfreesboro TN 37129 615-584-1024

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BUILDING HOMES AND PROVIDING INTEREST-FREE FINANCING FOR LOW-INCOME FAMILIES IN COFFEE COUNTY AND
	FRANKLIN COUNTIES IN 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
	and total expenses, and revenue, it any, for each program service reported.
4a	(Code:) (Expenses \$286,956 including grants of \$5,653 ) (Revenue \$)
	ONE HOME WAS TRANFERRED TO A LOW-INCOME FAMILY DURING THIS REPORTING PERIOD. ADDITIONALLY, FIRST
	AND SECOND MORTGAGES TOTALING \$696,587 AS OF 6/30/23 (EXCLUDING UNAMORTIZED DISCOUNT OF \$322,665)
	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 \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 286,956

Form 990 (2023) HIGHLAND RIM HABITAT FOR HUMANITY INC

62-1395092

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	X	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		.,
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		_X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 11
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
202	If "Yes," complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<b>.</b> I	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			
	government on Factor, column (77), mile 1: ii Tes, complete defieude I, Falts I allu II	21		X

Form 990 (2023) HIGHLAND RIM HABITAT FOR HUMANITY INC 62-1395092 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 23 Х 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 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... b 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 Х 28 Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . . 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J . . . . . . 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. Х 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and Part V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schadula O contains a rest

	Check it Scheddle O contains a response or note to any line in this Part V				
				Yes	N
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				

EEA

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Pa	rt V   Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	F.		
	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	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	8 8	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
а	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		X
10	Section 501(c)(7) organizations. Enter:	9b		<u>X</u>
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		- 1	
b	Gross income from other sources. (Do not net amounts due or paid to other sources	3.0		
	against amounts due or received from them.)	- 1	-	
I2a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	
	the organization is licensed to issue qualified health plans		153	
С	Enter the amount of reserves on hand			
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 on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>x</u>
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
. •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	.,		
_				

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	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			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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, 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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	_7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10a	Did the organization have local chapters, branches, or affiliates?	40	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	10a		X
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	v	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 I a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	-	х
14	Did the organization have a written document retention and destruction policy?	14	х	**
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-74		
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			9
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		- 1	
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
9	Describe on 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.			
	TERRIE QUICK (931)393-2383, PO BOX 1295, TULLAHOMA, TN 37388			