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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b> <b>REBUILDING TOGETHER, INC.</b> Doing Business As		<b>D Employer identification number</b> 52-1585880
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1899 L ST, NW 1000</b>		<b>E Telephone number</b> 1-800-473-4229
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036</b>		<b>G Gross receipts \$</b> 8,712,125.
		<b>F Name and address of principal officer:</b> GARY A. OFFICER SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.REBUILDINGTOGETHER.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation:</b> 1988 <b>M State of legal domicile:</b> DC				

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>BRING VOLUNTEERS &amp; COMMUNITIES TOGETHER TO IMPROVE THE HOMES &amp; LIVES OF HOMEOWNERS IN NEED.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of employees (Part V, line 2a)	5	116
	6	Total number of volunteers (estimate if necessary)	6	3
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,960,555.	5,779,853.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,324,739.	1,290,219.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	2,131,301.	<26,994.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,126.	7,691.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,489,721.	7,050,769.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,209,295.	2,320,075.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,279,033.	2,563,935.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	779,355.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,807,951.	3,502,916.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,296,279.	8,386,926.
	19	Revenue less expenses. Subtract line 18 from line 12	2,193,442.	<1,336,157.>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	14,499,047.	13,043,946.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,914,589.	1,302,760.
			12,584,458.	11,741,186.

**Part II Signature Block**

Sign Here	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.			
	Signature of officer: <i>Mary Ray Meitunas</i>		Date: 10/8/2010	
Paid Preparer's Use Only	Type or print name and title: <i>Mary Ray Meitunas, VP Finance &amp; Administration</i>			
	Preparer's signature: <i>R H A</i>	Date: 10/8/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: <b>RAFA, P.C.</b> <b>1899 L STREET, NW, SUITE 900</b> <b>WASHINGTON, DC 20036</b>		EIN ▶ Phone no ▶ (202) 822-5000		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**REBUILDING TOGETHER IS THE NATION'S LEADING NONPROFIT WORKING TO PRESERVE AFFORDABLE HOMEOWNERSHIP AND REVITALIZE COMMUNITIES. WE BELIEVE THAT EVERY AMERICAN DESERVES TO LIVE IN A SAFE AND HEALTHY HOME. OUR NETWORK OF MORE THAN 200 AFFILIATES PROVIDES HOME REPAIRS,**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  
**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code ) (Expenses \$ **2,296,335.** including grants of \$ **1,889,750.** ) (Revenue \$ )  
**VETERANS HOUSING - THE VETERANS' HOUSING INITIATIVE'S PRIMARY GOAL IS TO ASSIST VETERANS AND MILITARY FAMILIES WITH HOME MODIFICATIONS AND REPAIRS TO PROVIDE SAFETY, ACCESSIBILITY, AND COMFORT IN THEIR HOMES. DURING 2009 REBUILDING TOGETHER AND THE AFFILIATE NETWORK COMPLETED MORE THAN 228 PROJECTS FOR VETERANS AND THEIR FAMILIES.**

4b (Code ) (Expenses \$ **1,251,411.** including grants of \$ **11,758.** ) (Revenue \$ **925,742.** )  
**AFFILIATE RELATIONS AND EDUCATION - PROVIDES SUPPORT TO THE REBUILDING TOGETHER AFFILIATE NETWORK PRIMARILY THROUGH OUR ORGANIZATIONAL DEVELOPMENT INSTITUTE (ODI), THE NATIONAL AFFILIATE COUNCIL (NAC), AND THE ANNUAL NATIONAL CONFERENCE. ODI WAS CREATED TO IMPROVE SERVICE DELIVERY, INCREASE CAPACITY, AND SUPPORT A STRUCTURED GROWTH PLAN FOR THE REBUILDING TOGETHER AFFILIATE NETWORK BY PROVIDING HIGH QUALITY EDUCATIONAL OPPORTUNITIES IN ALL FACETS OF ORGANIZATIONAL GOVERNANCE AND MANAGEMENT TO CONTINUOUSLY IMPROVE THE QUALITY AND SUSTAINABILITY OF THEIR ORGANIZATIONS AND TO SUPPORT EVERY AFFILIATE TO ACHIEVE THE STANDARDS OF EXCELLENCE FOR NON-PROFIT GOVERNANCE. IN 2009 ODI DEVELOPED AND IMPLEMENTED A WEBINAR TRAINING PLATFORM FOR THE AFFILIATE NETWORK. THESE WEBINARS IN ADDITION TO TRAINING SESSIONS AT OUR ANNUAL**

4c (Code ) (Expenses \$ **1,249,428.** including grants of \$ **251,392.** ) (Revenue \$ )  
**GENERAL MISSION REHABILITATION - THIS PROGRAM PROVIDES FUNDING AND ASSISTANCE TO OUR AFFILIATE NETWORK TO BRING VOLUNTEERS AND COMMUNITIES TOGETHER TO REHABILITATE HOMES OF LOW-INCOME HOMEOWNERS. NATIONAL REBUILDING DAY IS REBUILDING TOGETHER'S ANNUAL SIGNATURE EVENT AND IN 2009 CULMINATED IN THE REHABILITATION OF NEARLY 4,000 HOMES OR NON-PROFIT CENTERS ON THE LAST SATURDAY OF APRIL THROUGHOUT THE AFFILIATE NETWORK. DURING 2009, REBUILDING TOGETHER TOOK PART IN PRESIDENT OBAMA'S NATIONAL DAY OF SERVICE AND REMEMBRANCE IN COMMEMORATION OF SEPTEMBER 11TH AND INITIATED REBUILDS AND ENERGY EFFICIENCY OUTREACH ACROSS THE COUNTRY. ON OCTOBER 24, 2009, REBUILDING TOGETHER PARTICIPATED IN USA WEEKEND'S 19TH ANNUAL MAKE A DIFFERENCE DAY, THE LARGEST NATIONAL DAY OF HELPING OTHERS, AND THROUGH**

4d Other program services (Describe in Schedule O)  
 (Expenses \$ **1,796,732.** including grants of \$ **167,175.** ) (Revenue \$ **364,477.** )

4e Total program service expenses **\$ 6,593,906.**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 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		X
18 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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b> X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	63	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.	116	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders N/A		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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**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.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	19	
b Enter the number of voting members that are independent	19	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **AR, AZ, IL, ME, SC, WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 1-800-473-4229**  
**1899 L ST, NW, #1000, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY HERCHE BOARD CHAIRMAN	2.00	X		X				0.	0.	0.
RANDOLPH M. HENRY VICE CHAIRMAN	2.00	X		X				0.	0.	0.
JANICE DAUE WALKER VICE CHAIRMAN	2.00	X		X				0.	0.	0.
HERALD CHEN TREASURER	2.00	X		X				0.	0.	0.
MELL MEREDITH FRAZIER SECRETARY	2.00	X		X				0.	0.	0.
REV. JOHN ALBERS DIRECTOR	1.00	X						0.	0.	0.
THOMAS L. BUCKMASTER DIRECTOR	2.00	X						0.	0.	0.
RED CAVANEY DIRECTOR	1.00	X						0.	0.	0.
REESE FAYDE DIRECTOR	1.00	X						0.	0.	0.
JAMES FONTENO DIRECTOR	1.00	X						0.	0.	0.
WILLIAM A. GOOD DIRECTOR	2.00	X						0.	0.	0.
SUSAN HAWFIELD DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS HUTCHESON DIRECTOR	1.00	X						0.	0.	0.
DEBORAH LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
HERBERT MACARTHUR DIRECTOR	1.00	X						0.	0.	0.
DAVID M. MATTA DIRECTOR	1.00	X						0.	0.	0.
KEN SCHERER DIRECTOR	1.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRAD SEGAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT J. WELLS DIRECTOR	1.00	X						0.	0.	0.
GARY A. OFFICER PRESIDENT & CEO	50.00			X				190,258.	0.	9,249.
MARY KAY MEILUNAS VP, FIN & ADMINISTRATION	50.00			X				84,818.	0.	7,043.
EDYTHE M. WHIDDEN-05/09 VP, FIN & ADMINISTRATION	40.00			X				233,851.	0.	5,916.
MELISSA FLYNN VP, AFFILIATE RELATIONS	50.00					X		109,081.	0.	10,166.
JOHN WHITE VP, BUS DEV/ADV	45.00					X		109,181.	0.	30,032.
CYNTHIA J. YOUNG VP, MARKETING/COMM	50.00					X		123,343.	0.	10,667.
<b>1b Total</b>								<b>850,532.</b>	<b>0.</b>	<b>73,073.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
5:00 FILMS & MEDIA 12220 STONEY CREEK ROAD, POTOMAC, MD 20854	VIDEOS/MARKETING/WEB SERVICES	113,071.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a	15,869.				
	b Membership dues	1b					
	c Fundraising events	1c	139,256.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	625,535.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,999,193.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			5,779,853.			
<b>Program Service Revenue</b>	2 a MEMBERSHIP DUES	Business Code	900099	496,949.	496,949.		
	b AFFILIATE FEES		900099	364,477.	364,477.		
	c AFFILIATE INSURANCE		900099	319,261.	319,261.		
	d ANNUAL NAT. CONFERENCE		900099	109,532.	109,532.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,290,219.			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			93,990.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)					<120,984.>		<120,984.>
8 a Gross income from fundraising events (not including \$ 139,256. of contributions reported on line 1c) See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events					<37,322.>		<37,322.>
9 a Gross income from gaming activities. See Part IV, line 19							
b Less direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	45,013.			45,013.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			45,013.				
12 Total revenue. See instructions.			7,050,769.	1,290,219.	0.	<19,303.>	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,320,075.	2,320,075.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	382,244.	164,025.	174,479.	43,740.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,688,301.	976,767.	409,729.	301,805.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	79,704.	47,640.	19,732.	12,332.
<b>9</b> Other employee benefits	218,266.	121,695.	78,386.	18,185.
<b>10</b> Payroll taxes	195,420.	126,541.	42,210.	26,669.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,099.	4,859.		1,240.
<b>c</b> Accounting	113,370.	65,655.	29,595.	18,120.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	27,138.	20,000.	6,000.	1,138.
<b>g</b> Other	307,599.	229,047.	15,108.	63,444.
<b>12</b> Advertising and promotion	390,119.	347,258.	8,440.	34,421.
<b>13</b> Office expenses	182,511.	134,888.	17,859.	29,764.
<b>14</b> Information technology	111,730.	71,050.	22,832.	17,848.
<b>15</b> Royalties				
<b>16</b> Occupancy	480,711.	283,160.	122,530.	75,021.
<b>17</b> Travel	258,607.	212,786.	8,375.	37,446.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	406,573.	398,805.	5,004.	2,764.
<b>20</b> Interest	1,843.	1,025.	507.	311.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	97,828.	54,403.	26,934.	16,491.
<b>23</b> Insurance	12,302.	7,620.	2,904.	1,778.
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> AMERICORPS LIVING ALLOW	519,900.	519,900.		
<b>b</b> AFFILIATE INSURANCE	302,052.	284,022.	18,030.	
<b>c</b> REHAB PROJECTS	159,199.	159,199.		
<b>d</b> BAD DEBT EXPENSE	62,959.		1,459.	61,500.
<b>e</b> MISCELLANEOUS	52,296.	33,406.	3,552.	15,338.
<b>f</b> All other expenses	10,080.	10,080.		
<b>25</b> Total functional expenses. Add lines 1 through 24f	8,386,926.	6,593,906.	1,013,665.	779,355.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,518,452.	1	2,360,383.
	2 Savings and temporary cash investments	5,570,832.	2	5,978,455.
	3 Pledges and grants receivable, net	3,103,216.	3	1,304,862.
	4 Accounts receivable, net	291,784.	4	268,853.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,563.	9	162,494.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 557,582.		
	b Less: accumulated depreciation	10b 198,732.	10c	358,850.
	11 Investments - publicly traded securities	2,238,691.	11	2,266,049.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	344,000.	15	344,000.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	14,499,047.	16	13,043,946.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	327,005.	17	274,208.
	18 Grants payable	119,636.	18	13,500.
	19 Deferred revenue	140,300.	19	46,014.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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. Complete Part X of Schedule D	1,327,648.	25	969,038.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,914,589.	26	1,302,760.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	5,255,874.	27	4,197,401.
	28 Temporarily restricted net assets	6,426,870.	28	6,642,071.
	29 Permanently restricted net assets	901,714.	29	901,714.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,584,458.	33	11,741,186.
	34 <b>Total liabilities and net assets/fund balances</b>	14,499,047.	34	13,043,946.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3625058.	4291789.	6376216.	6324519.	5779853.	26397435.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3625058.	4291789.	6376216.	6324519.	5779853.	26397435.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12713495.
<b>6 Public support.</b> Subtract line 5 from line 4						13683940.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	3625058.	4291789.	6376216.	6324519.	5779853.	26397435.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100,895.	284,120.	396,252.	248,185.	93,990.	1123442.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	55,301.	57,269.	27,972.	18,857.	45,013.	204,412.
<b>11 Total support.</b> Add lines 7 through 10						27725289.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,836,982.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	49.36	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	54.34	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>REBUILDING TOGETHER, INC.</b>	Employer identification number <b>52-1585880</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009  
LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		27,526.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		64,892.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		92,418.													
<b>d</b> Other exempt purpose expenditures		8,294,508.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		8,386,926.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		569,346.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		142,337.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount	336,225.	465,453.	514,814.	569,346.	1,885,838.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,828,757.
<b>c</b> Total lobbying expenditures	2,499.	26,610.	69,490.	92,418.	191,017.
<b>d</b> Grassroots nontaxable amount	84,056.	116,363.	128,704.	142,337.	471,460.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					707,190.
<b>f</b> Grassroots lobbying expenditures	685.	4,445.	24,880.	27,526.	57,536.

Schedule C (Form 990 or 990-EZ) 2009

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**Schedule D**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,256,797.	1,293,066.			
b Contributions		3,314.			
c Net investment earnings, gains, and losses	86,459.	<39,583.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	27,408.				
f Administrative expenses					
g End of year balance	1,315,848.	1,256,797.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 28.18 %

b Permanent endowment ▶ 68.53 %

c Term endowment ▶ 3.29 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		79,913.	7,924.	71,989.
d Equipment		362,906.	179,332.	183,574.
e Other		114,763.	11,476.	103,287.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				358,850.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,050,769.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,386,926.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,336,157.>
4	Net unrealized gains (losses) on investments	4	492,885.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	492,885.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<843,272.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,691,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	492,885.
b	Donated services and use of facilities	2b	5,058,782.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	89,272.
e	Add lines 2a through 2d	2e	5,640,939.
3	Subtract line 2e from line 1	3	7,050,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,050,769.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	13,534,980.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,058,782.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	89,272.
e	Add lines 2a through 2d	2e	5,148,054.
3	Subtract line 2e from line 1	3	8,386,926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,386,926.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT PRIMARILY CONSISTS OF**

INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

IN ADDITION, THERE ARE FUNDS INTERNALLY DESIGNATED BY THE BOARD AND HELD

IN RESERVES TO SUPPORT FUTURE YEARS' OPERATIONS, PROVIDE A RESOURCE FOR

UNEXPECTED DOWNTURNS AND TO SUPPORT THE ORGANIZATION'S AFFILIATE NETWORK.

**PART X: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN**

TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT

**Part XIV** Supplemental Information (continued)

THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES: 89272.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES: 89272.



• (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

# 2009

### Open To Public Inspection

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]**Total**

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF TOURN/ AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	191,206.			191,206.
	2 Less Charitable contributions	139,256.			139,256.
	3 Gross income (line 1 minus line 2)	51,950.			51,950.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	89,272.			89,272.
	10 Direct expense summary Add lines 4 through 9 in column (d)				( 89,272.)
	11 Net income summary Combine line 3, column (d), and line 10				<37,322.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**REBUILDING TOGETHER, INC.**

Employer identification number  
**52-1585880**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTMAS IN APRIL * CHARLES COUNTY - 29859 LINCOLN ROAD - MECHANICSVILLE, MD 20659	52-1663810	501(C)(3)	7,000.	0.			SAFE@HOME
CHRISTMAS IN APRIL * ST. MARY'S COUNTY - P.O. BOX 705 - HOLLYWOOD, MD 20636	56-1722094	501(C)(3)	7,500.	0.			HEROES AT HOME
CHRISTMAS IN OCTOBER * KANSAS CITY 3261 ROANOKE KANSAS CITY, MO 64111	43-1431964	501(C)(3)	15,182.	0.			HEROES AT HOME
REBUILDING TOGETHER ACADIANA PO BOX 80153 LAFETTE, LA 70598	72-1407473	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER ALBANY BERKELEY/EMERY - 3318 ADELINE STREET - BERKELEY, CA 94703	94-3238591	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER ALBUQUERQUE P.O. BOX 27684 ALBUQUERQUE, NM 87125	85-0464472	501(C)(3)	18,105.	0.			HEROES AT HOME (\$16K), GENERAL MISSION REHAB (\$2.1K)
<b>2</b> Enter total number of section 501(c)(3) and government organizations							105.
<b>3</b> Enter total number of other organizations							0.

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) 2009**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE GRANT PROCESS IS SUPERVISED BY PROGRAM

DIRECTORS AND GRANT MANAGERS FOR THE VARIOUS GRANTS. GENERALLY, THERE IS

AN APPLICATION PROCESS FOR THE GRANTS. AFFILIATES ARE PROVIDED AN

OPPORTUNITY TO APPLY FOR GRANT FUNDS THROUGH RT'S WEBSITE. ALL AFFILIATES

MUST BE IN GOOD STANDING WITH REBUILDING TOGETHER. IF THE AFFILIATE IS IN

GOOD STANDING THEY MAY APPLY FOR THE GRANTS UPON MEETING THE ADDITIONAL

CRITERIA FOR THE SPECIFIC GRANT. THE APPLICATIONS ARE REVIEWED BY THE RT

STAFF, AND UPON APPROVAL, THE AFFILIATES MUST SUBMIT A STATEMENT OF

ACCEPTANCE THAT THEY WILL MEET THE GRANT REQUIREMENTS FOR THE PROJECT.

**Part IV** Supplemental Information

ONCE RT RECEIVES THAT FORM, A PORTION OF THE GRANT FUNDS ARE DISTRIBUTED TO THE AFFILIATE. WITHIN 45 DAYS OF THE PROJECT'S COMPLETION A FINAL REPORT IS DUE. AT THAT TIME THE BALANCE OF THE FUNDS ARE DISTRIBUTED TO THE AFFILIATE. IF A REPORT IS NOT RECEIVED, THE AFFILIATE FORFEITS THE FINAL BALANCE.

**SCHEDULE I-1**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**► Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

 OMB No. 1545-0047  
**2009**  
**Open to Public**  
**Inspection**

Name of the organization

**REBUILDING TOGETHER, INC.**

Employer identification number

**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ALEXANDRIA 2210 MT. VERNON AVENUE ALEXANDRIA, VA 22301	54-1389286	501(C)(3)	16,440.	0.			HEROES AT HOME
REBUILDING TOGETHER ATLANTA 1429 FAIRMONT AVE, NW STE. A ATLANTA, GA 30318	58-1983743	501(C)(3)	30,000.	0.			GENERAL MISSION REHAB (\$20K); HEROES AT HOME (\$10K)
REBUILDING TOGETHER AURORA 501 COLLEGE AVE AURORA, IL 60505	36-3866692	501(C)(3)	15,812.	0.			HEROES AT HOME
REBUILDING TOGETHER BALTIMORE 1014 W 36TH ST BALTIMORE, MD 21211	52-1636425	501(C)(3)	6,000.	0.			HEROES AT HOME
REBUILDING TOGETHER BATON ROUGE PO BOX 53501 BATON ROUGE, LA 70892	20-1459780	501(C)(3)	6,250.	0.			HEROES AT HOME
REBUILDING TOGETHER BERGEN COUNTY P.O. BOX 1389 RIDGEWOOD, NJ 07451	22-3614933	501(C)(3)	28,625.	0.			GREEN HOUSING (\$14.6K) HUD LEAD SAFETY PROGRAM, HEROES AT HOME (\$14K)
REBUILDING TOGETHER BOSTON 3313 WASHINGTON STREET JAMAICA PLAIN, MA 02130	04-3142781	501(C)(3)	60,000.	0.			HEROES AT HOME (\$40K); GENERAL MISSION REHABILITATION (\$20K)
REBUILDING TOGETHER BROWARD COUNTY 4824 NE 12TH AVE OAKLAND PARK, FL 33334	86-1065925	501(C)(3)	50,000.	0.			GENERAL MISSION REHAB, HEROES AT HOME

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2009**

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**52-1585880**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER CALCASIEU 2100 W. PRIEN LAKE RD LAKE CHARLES, LA 70605	72-1323334	501(C)(3)	10,600.	0.			HEROES AT HOME (\$10K); GREEN HOUSING (\$600)
REBUILDING TOGETHER CENTRAL OHIO PO BOX 1347 GROVE CITY, OH 43123	31-1317239	501(C)(3)	19,913.	0.			GREEN HOUSING (\$9.9K), HEROES AT HOME (\$10K)
REBUILDING TOGETHER CHARLESTON P.O. BOX 2691 CHARLESTON, WV 25330	55-0753728	501(C)(3)	14,605.	0.			HEROES AT HOME (\$10K); GREEN HOUSING (\$4.6K)
REBUILDING TOGETHER COLORADO SPRINGS - 1975 RESEARCH PARKWAY - COLORADO SPRINGS, CO 80920	84-1326001	501(C)(3)	241,220.	0.			HEROES AT HOME/VETERANS HOUSING (\$239K); GENERAL MISSION REHABILITATION (\$2.1K)
REBUILDING TOGETHER DAYTON 1056 BROWN STREET DAYTON, OH 45409	31-1457626	501(C)(3)	19,150.	0.			HEROES AT HOME (\$14.2K), GREEN HOUSING (\$5K)
REBUILDING TOGETHER DES MOINES 1111 NINTH STEET DES MOINES, IA 50314	42-1439898	501(C)(3)	10,300.	0.			HEROES AT HOME (\$10K); GREEN HOUSING (\$300)
REBUILDING TOGETHER DETROIT 19800 GRAND RIVER DETROIT, MI 48223	76-0821735	501(C)(3)	6,200.	0.			HEROES AT HOME
REBUILDING TOGETHER DUTCHESS COUNTY - 824 MAIN STREET - POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	22,986.	0.			HEROES AT HOME (\$14.4K), GREEN HOUSING (\$8.6K)

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**Schedule I-1 (Form 990) 2009**



**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER GENESEO P. O. BOX 254 GENESEO, IL 61254	36-3988294	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER GRAYS HARBOR 117 E. THIRD STREET ABERDEEN, WA 98520	91-1827427	501(C)(3)	11,565.	0.			HEROES AT HOME
REBUILDING TOGETHER GREATER BURLINGTON - PO BOX 9426 - SOUTH BURLINGTON, VT 05407	04-3349762	501(C)(3)	50,000.	0.			HEROES AT HOME
REBUILDING TOGETHER GREATER PO BOX 560061 DALLAS, TX 75356	04-3613194	501(C)(3)	25,658.	0.			VETERANS HOUSING STWS (\$25.4K); GREEN HOUSING (\$250)
REBUILDING TOGETHER GREATER PORTLAND - P.O. BOX 18212 - PORTLAND, ME 04112	01-0480604	501(C)(3)	9,931.	0.			HEROES AT HOME (\$7.5K); GENERAL MISSION REHAB (\$2.1K), GREEN HOUSING(\$300)
REBUILDING TOGETHER GREEN BAY 1820 RADISSON STREET GREEN BAY, WI 54302	39-1783561	501(C)(3)	49,450.	0.			GENERAL MISSION REHAB (\$44.5K), HEROES AT HOME (\$5K)
REBUILDING TOGETHER HAVERHILL P.O. BOX 5161 HAVERHILL, MA 01835	22-3137806	501(C)(3)	10,800.	0.			HEROES AT HOME (\$9.5K); GREEN HOUSING (\$1.3K)
REBUILDING TOGETHER HEBRON 423 S. MAIN HEBRON, IN 46341	37-1420165	501(C)(3)	6,000.	0.			HEROES AT HOME

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REBUILDING TOGETHER HOUSTON 811 RUSK HOUSTON, TX 77002	76-0027902	501(C)(3)	8,602.	0.			GREEN HOUSING, HEROES AT HOME		
REBUILDING TOGETHER INDIANAPOLIS 1625 W THOMPSON ROAD INDIANAPOLIS, IN 46206	35-2099908	501(C)(3)	14,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER INGHAM COUNTY P.O. BOX 1111 OKEMOS, MI 48805	38-2938009	501(C)(3)	5,100.	0.			HEROES AT HOME		
REBUILDING TOGETHER LAKE COUNTY, INC - 28855 EUCLID AVENUE - WICKLIFFE, OH 44092	34-1670155	501(C)(3)	9,900.	0.			HEROES AT HOME		
REBUILDING TOGETHER LIBERTY 2050 PLUMBER'S WAY #150 LIBERTY, MO 64068	75-3041389	501(C)(3)	7,000.	0.			HEROES AT HOME AND SAFE AT HOME		
REBUILDING TOGETHER LIMA 1100 W. MARKET STREET LIMA, OH 45805	14-1875048	501(C)(3)	8,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER LINCOLN 3901 N 27TH ST LINCOLN, NE 68521	47-0820861	501(C)(3)	8,450.	0.			HEROES AT HOME		
REBUILDING TOGETHER LITCHFIELD COUNTY - 122 STILSON HILL ROAD - NEW MILFORD, CT 06776	38-3693059	501(C)(3)	12,650.	0.			HEROES AT HOME		

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER LONG ISLAND PO BOX 1554 MASSAPEQUA, NY 11758	11-3115730	501(C)(3)	22,446.	0.			HEROES AT HOME
REBUILDING TOGETHER LOS ANGELES P.O. BOX 72216 LOS ANGELES, CA 90002	26-1109351	501(C)(3)	8,500.	0.			HEROES AT HOME
REBUILDING TOGETHER LOWELL P.O. BOX 13 LOWELL, MA 01853	04-3409380	501(C)(3)	7,500.	0.			HEROES AT HOME
REBUILDING TOGETHER LYNCHBURG 926 COMMERCE STREET LYNCHBURG, VA 24504	54-1976958	501(C)(3)	15,767.	0.			HEROES AT HOME (\$10K), GREEN HOUSING (\$5.8K)
REBUILDING TOGETHER MANCHESTER 39 LODGE DRIVE MANCHESTER, CT 60400	06-1356443	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER MARSHALL COUNTY - 1022 ANGEL STREET - PLYMOUTH, IN 46563	35-1972290	501(C)(3)	7,105.	0.			HEROES AT HOME (\$5K); GENERAL MISSION REHAB (\$2.1K)
REBUILDING TOGETHER METRO CHICAGO P.O. BOX 641250 CHICAGO, IL 60664	36-3803312	501(C)(3)	156,217.	0.			HEROES AT HOME
REBUILDING TOGETHER METRO DENVER 2422 S. TRENTON WAY DENVER, CO 80231	84-1514642	501(C)(3)	20,771.	0.			HEROES AT HOME (\$18.7K); GENERAL MISSION REHAB (\$2.1K)

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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**REBUILDING TOGETHER, INC.**

Employer identification number  
**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REBUILDING TOGETHER MIAMI DADE 1533 SUNSET DR MIAMI, FL 33143	65-0424304	501(C)(3)	11,277.	0.			HEROES AT HOME		
REBUILDING TOGETHER MOHAWK VALLEY 500 AVERY LANE ROME, NY 13441	16-1527385	501(C)(3)	7,205.	0.			HEROES AT HOME (\$5K); GENERAL MISSION REHAB (\$2.2K)		
REBUILDING TOGETHER MONTEREY/SALINAS - 820 GREYSTONE COURT - MONTEREY, CA 95020	77-0411718	501(C)(3)	5,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MILL RD - KENSINGTON, MD 20895	52-1667026	501(C)(3)	20,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER MORGAN COUNTY PO BOX 697 DECATUR, AL 35602	63-1159300	501(C)(3)	8,263.	0.			HEROES AT HOME (\$6.2K), GENERAL MISSION REHAB (\$2.1K)		
REBUILDING TOGETHER N CENTRAL FLORIDA - 4550 SW 41ST ST., BLVD, SUITE 2 - GAINESVILLE, FL 32608	20-3022563	501(C)(3)	11,451.	0.			HEROES AT HOME		
REBUILDING TOGETHER N SUBURBAN CHICAGO - P.O. BOX 626 - GLENVIEW, IL 60025	36-4111206	501(C)(3)	51,370.	0.			HEROES AT HOME		
REBUILDING TOGETHER NASHVILLE 209 10TH AVE SOUTH NASHVILLE, TN 37203	62-1593990	501(C)(3)	30,000.	0.			GENERAL MISSION REHAB (\$25K), HEROES AT HOME (\$5K)		

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Schedule I-1 (Form 990) 2009

Name of the organization

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Employer identification number  
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER NEW BRITAIN 200 MYRTLE STREET NEW BRITAIN, CT 06053	06-1466916	501(C)(3)	19,770.	0.			GREEN HOUSING (\$10.4K), HEROES AT HOME (\$9.4K)
REBUILDING TOGETHER NEW ORLEANS 923 TCHOUPITOUHAS STREET NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	112,375.	0.			HEROES AT HOME (\$73.7K); GENERAL MISSION REHAB (\$38.7K)
REBUILDING TOGETHER NEW YORK CITY 164 STERLING PLACE, 1D BROOKLYN, NY 12603	13-3997769	501(C)(3)	41,326.	0.			HEROES AT HOME
REBUILDING TOGETHER NW ARKANSAS 614 E. EMMA, SUITE 203 SPRINGDALE, AR 72764	14-1855395	501(C)(3)	9,605.	0.			GENERAL MISSION REHAB, HEROES AT HOME
REBUILDING TOGETHER OAKLAND 1111 PINE STREET, SUITE A OAKLAND, CA 94607	94-3213325	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER OAKLAND COUNTY PO BOX 365 HIGHLAND, MI 48357	38-3156047	501(C)(3)	10,860.	0.			HEROES AT HOME (\$9.7K); AFFILIATE DEVELOPMENT FUND (\$1.2K)
REBUILDING TOGETHER OF THE TRIANGLE - 324 S. WILMINGTON ST., #118 - RALEIGH, NC 27601	56-1955629	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER OKLAHOMA CITY 730 WEST WILSHIRE BLVD OKLAHOMA CITY, OK 73116	73-1450790	501(C)(3)	23,900.	0.			HEROES AT HOME

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Schedule I-1 (Form 990) 2009

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REBUILDING TOGETHER OMAHA P.O. BOX 540436 OMAHA, NE 68154	47-0793980	501(C)(3)	21,627.	0.			HEROES AT HOME		
REBUILDING TOGETHER ORANGE COUNTY 625 S. CYPRESS AVENUE SANTA ANA, CA 92701	33-0587571	501(C)(3)	15,800.	0.			HEROES AT HOME		
REBUILDING TOGETHER OWEN/PUTNAM P. O. BOX 521 GREENCASTLE, IN 46135	20-8401934	501(C)(3)	17,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER PALM BEACHES 7501 NORTH JOG ROAD WEST PALM BEACH, FL 33412	65-0691732	501(C)(3)	18,550.	0.			HEROES AT HOME		
REBUILDING TOGETHER PENINSULA 841 KAYNYNE STREET REDWOOD CITY, CA 94063	94-3105209	501(C)(3)	10,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER PETALUMA P. O. BOX 100 PETALUMA, CA 94953	91-1762902	501(C)(3)	10,126.	0.			HEROES AT HOME		
REBUILDING TOGETHER PETERSBURG P.O. BOX 1005 PETERSBURG, VA 23804	54-1748332	501(C)(3)	7,926.	0.			HEROES AT HOME		
REBUILDING TOGETHER PHILADELPHIA P.O. BOX 42752 PHILADELPHIA, PA 19101	23-2549594	501(C)(3)	5,300.	0.			HEROES AT HOME		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

 Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

 Open to Public  
 Inspection

Name of the organization

**REBUILDING TOGETHER, INC.**

 Employer identification number  
**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REBUILDING TOGETHER PITT COUNTY PO BOX 20574 GREENVILLE, NC 27858	26-0757622	501(C)(3)	10,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER PITTSBURGH 631 IRON CITY BLVD PITTSBURGH, PA 15205	25-1696634	501(C)(3)	5,246.	0.			HEROES AT HOME		
REBUILDING TOGETHER POLK COUNTY 652 STATE ROAD 60 WEST LAKE WALES, FL 33853	20-2367388	501(C)(3)	5,300.	0.			HEROES AT HOME		
REBUILDING TOGETHER PORTLAND 5000 N. WILLAMETTE BLVD. PORTLAND, OR 97203	01-0480604	501(C)(3)	21,105.	0.			HEROES AT HOME (\$19K); GENERAL MISSION/REHAB (\$2.1K)		
REBUILDING TOGETHER QUAD CITIES 2435 KIMBERLY ROAD, SUITE 80, NORTH BETTENDORF, IA 52722	42-1351743	501(C)(3)	11,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER ROANOKE P.O. BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	10,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER ROHNERT PARK 245 SOUTHWEST BOULEVARD ROHNERT PARK, CA 94928	68-0440924	501(C)(3)	10,000.	0.			HEROES AT HOME		
REBUILDING TOGETHER SACRAMENTO P.O. BOX 255584 SACRAMENTO, CA 95825	68-0246355	501(C)(3)	10,300.	0.			HEROES AT HOME		

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

**REBUILDING TOGETHER, INC.**

Employer identification number

**52-1585880**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SAN ANGELO P.O. BOX 3223 SAN ANGELO, TX 76902	75-2285070	501(C)(3)	10,384.	0.			HEROES AT HOME
REBUILDING TOGETHER SAN DIEGO 2013 FRANKLIN AVE. SAN DIEGO, CA 92113	33-0676518	501(C)(3)	16,000.	0.			HEROES AT HOME
REBUILDING TOGETHER SAN FRANCISCO PIER 28, THE EMBARCADERO SAN FRANCISCO, CA 94105	94-3107808	501(C)(3)	10,620.	0.			HEROES AT HOME
REBUILDING TOGETHER SARATOGA CO P.O. BOX 95 SCHULERVILLE, NY 12871	20-0530683	501(C)(3)	18,911.	0.			GREEN HOUSING (\$8.9K), SAFE AT HOME (\$6.5K), HEROES AT HOME (\$3.5K)
REBUILDING TOGETHER SILICON VALLEY 2827 AIELLO DRIVE SAN JOSE, CA 95111	77-0289381	501(C)(3)	10,710.	0.			HEROES AT HOME (\$10.1K); GREEN HOUSING (\$600)
REBUILDING TOGETHER SO CALIF COORDINATING COUNCIL - P.O. BOX 51088 - IRVINE, CA 92619	73-1685917	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER SOUTH SOUND 2025 MILDRED STREET W FIRCREST, WA 98466	91-2147601	501(C)(3)	9,526.	0.			HEROES AT HOME
REBUILDING TOGETHER SOUTHERN NEVADA - 611 SOUTH NINTH STREET - LAS VEGAS, NV 89101	88-0328770	501(C)(3)	15,000.	0.			HEROES AT HOME (\$10K), GENERAL MISSION REHAB (\$5K)

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

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
Open to Public  
Inspection

Name of the organization

**REBUILDING TOGETHER, INC.**

Employer identification number  
**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SPOKANE 2908 E BUCK BRUSH AVE CHATTAROY, WA 99003	91-2113477	501(C)(3)	11,800.	0.			HEROES AT HOME (\$11.3K); GREEN HOUSING (\$500)
REBUILDING TOGETHER SPRINGFIELD 1 FEDERAL ST. BLDG. 101 SPRINGFIELD, MA 11050	04-3172737	501(C)(3)	9,400.	0.			HEROES AT HOME
REBUILDING TOGETHER ST. JOSEPH CO. 1200 COUNTY-CITY BUILDING SOUTH BEND, IN 46601	35-1939069	501(C)(3)	24,736.	0.			HEROES AT HOME
REBUILDING TOGETHER ST. LOUIS 357 MARSHALL AVENUE, SUITE 2 ST. LOUIS, MO 63199	43-1626999	501(C)(3)	22,598.	0.			HEROES AT HOME
REBUILDING TOGETHER STAMFORD/GREENWICH - 945 SUMMER STREET, 3RD FLOOR - STAMFORD, CT 06905	06-1613415	501(C)(3)	14,830.	0.			GENERAL MISSION REHAB (\$10K), HEROES AT HOME (\$4.8K)
REBUILDING TOGETHER SUMMIT COUNTY 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	10,926.	0.			HEROES AT HOME
REBUILDING TOGETHER TAMPA BAY 104 WEST SENECA AVENUE, SUITE 8 TAMPA, FL 33612	59-3664580	501(C)(3)	39,994.	0.			GENERAL MISSION REHAB (\$20K), HEROES AT HOME (\$15K); PROJECT HERO (\$5K)
REBUILDING TOGETHER THURSTON COUNTY - P.O. BOX 5816 - LACEY, WA 98509	77-0613860	501(C)(3)	10,000.	0.			HEROES AT HOME

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047  
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Name of the organization

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**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER TULSA P.O. BOX 52201 TULSA, OK 74152	73-1528164	501(C)(3)	8,705.	0.			GENERAL MISSION REHAB, GREEN HOUSING, HEROES AT HOME, SAFE AT HOME
REBUILDING TOGETHER TWIN CITIES 2633 FOURTH ST SE MINNEAPOLIS, MN 55414	41-1893180	501(C)(3)	61,000.	0.			HEROES AT HOME (\$50K), SAFE AT HOME (\$11K)
REBUILDING TOGETHER VALLEY OF THE SUN - 2123 SOUTH PRIEST DR - TEMPE, AZ 85282	86-0680607	501(C)(3)	15,300.	0.			HEROES AT HOME
REBUILDING TOGETHER VALPARAISO 166 LINCOLNWAY VALPARAISO, IN 46383	35-1818636	501(C)(3)	25,000.	0.			HEROES AT HOME
REBUILDING TOGETHER VENTURA COUNTY 509 DAILY DRIVE CAMARILLO, CA 93010	52-2449043	501(C)(3)	10,000.	0.			HEROES AT HOME
REBUILDING TOGETHER WARNER ROBINS P.O. BOX 8664 WARNER ROBINS, GA 31095	58-2282663	501(C)(3)	9,764.	0.			HEROES AT HOME
REBUILDING TOGETHER WASHINGTON CO (OR) - 12370 SW 13TH ST. - BEAVERTON, OR 97005	93-1120908	501(C)(3)	12,513.	0.			HEROES AT HOME (\$10.4K); GENERAL MISSION REHAB(\$2.1K)
REBUILDING TOGETHER WASHINGTON, DC P.O. BOX 40026 WASHINGTON, DC 20016	52-1299048	501(C)(3)	101,955.	0.			HEROES AT HOME/VETERANS HOUSING (\$87.9K); GENERAL MISSION REHAB (\$14.1K)

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Schedule I-1 (Form 990) 2009

Name of the organization

**REBUILDING TOGETHER, INC.**

Employer identification number  
**52-1585880**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER WAYCROSS P.O. BOX 287 WAYCROSS, GA 31502	58-2442310	501(C)(3)	7,815.	0.			GREEN HOUSING, HEROES AT HOME
REBUILDING TOGETHER WORCESTER C/O MARTHA GACH, 16 ROCKWELL DRIVE SHREWSBURY, MA 01545	04-3545530	501(C)(3)	9,890.	0.			HEROES AT HOME
REBUILDING TOGETHER YELLOWSTONE COUNTY - 241 ANNANDALE ROAD - BILLINGS, MT 59105	45-0499564	501(C)(3)	10,385.	0.			GENERAL MISSION REHAB, GREEN HOUSING, HEROES AT HOME

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: THE PLAN IS A 457 F TYPE PLAN PER THE PLAN DOCUMENT, REVISED AS OF JANUARY 1, 2008. IT IS AN UNFUNDED DEFERRED COMPENSATION PLAN TO CREATE A SIGNIFICANT PENSION BENEFIT FOR CERTAIN EMPLOYEES. EDYTHE M. WHIDDEN, VP, FIN & ADMINISTRATION AND JOHN WHITE, VP, BUS DEV/ADV ARE THE ONLY TWO INDIVIDUALS LISTED IN PART VII OF THE 990 CURRENTLY PARTICIPATING. EDYTHE M. WHIDDEN RECEIVED A DEFERRED COMPENSATION PAYMENT IN THE AMOUNT OF \$155,125 ON JULY 24, 2009. JOHN WHITE DID NOT RECEIVE ANY PAYMENTS AS OF DECEMBER 31, 2009.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

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Employer identification number

52-1585880

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOME MODIFICATION AND CRITICAL REPAIRS TO APPROXIMATELY 10,000

LOW-INCOME AMERICAN HOMES ON AN ANNUAL BASIS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL CONFERENCE PROVIDED OVER 150 EDUCATIONAL OPPORTUNITIES TO

AFFILIATES IN 2009. THE AFFILIATE RESOURCE CENTER WAS LAUNCHED IN

2009, WHICH IS A ROBUST, INTERACTIVE TRAINING AND TECHNICAL ASSISTANCE

LIBRARY AVAILABLE TO THE AFFILIATE NETWORK VIA THE REBUILDING TOGETHER

WEBSITE. THE NATIONAL AFFILIATE COUNCIL, WHICH IS FUNDED BY THE

NATIONAL OFFICE, IS THE REPRESENTATIVE BODY OF THE NETWORK TO THE

NATIONAL BOARD AND THE NATIONAL OFFICE. EACH OF THE 12 REGIONAL

REPRESENTATIVES HOLD BI-ANNUAL MEETINGS DESIGNED TO ADDRESS THE

SOLUTIONS FOR SOME OF THE MOST PRESSING ISSUES FACING EACH REGION AND

HOW THEY CAN BEST DEAL WITH THE CHALLENGES IN SERVICING LOW-INCOME

HOMEOWNERS IN THE MOST NEED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR AFFILIATE NETWORK COMPLETED 35 REBUILD PROJECTS FOR LOW-INCOME

HOMEOWNERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CAPACITYCORPS (AMERICORPS)

EXPENSES \$ 971709. INCLUDING GRANTS OF \$ 0. REVENUE \$ 364477.

**SCHEDULE O**

†(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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**SPECIAL EVENTS AND OTHER**

EXPENSES \$ 331710. INCLUDING GRANTS OF \$ 15000. REVENUE \$ 0.

**GREEN HOUSING**

EXPENSES \$ 246755. INCLUDING GRANTS OF \$ 76089. REVENUE \$ 0.

**ADVOCACY**

EXPENSES \$ 92419. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**SAFE AT HOME**

EXPENSES \$ 89966. INCLUDING GRANTS OF \$ 30000. REVENUE \$ 0.

**GULF COAST/HURRICANE RELIEF**

EXPENSES \$ 64173. INCLUDING GRANTS OF \$ 46086. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE VICE PRESIDENT, FINANCE &  
ADMINISTRATION (VP) COMPILES THAT DATA WITH ASSISTANCE FROM FINANCE,  
DEVELOPMENT AND AFFILIATE RELATIONS STAFF. INFORMATION IS PROVIDED TO THE  
OUTSIDE AUDITOR. DRAFTS OF THE 990 ARE PREPARED BY THE OUTSIDE AUDITOR.  
UPON RECEIPT OF THE DRAFTS, THE VP REVIEWS IT THEN SHARES IT WITH THE AUDIT  
COMMITTEE COMPRISED OF BOARD MEMBERS FOR REVIEW. UPON THE AUDIT  
COMMITTEE'S APPROVAL, THE OUTSIDE AUDITOR IS NOTIFIED OF ANY ADDITIONAL  
CHANGES AND A FINAL REVIEW IS DONE BY THE VP BEFORE IT IS SIGNED. IN  
ADDITION, A COPY OF THE 990 IS EMAILED TO THE FULL BOARD BEFORE IT IS  
SUBMITTED TO THE IRS.



**SCHEDULE O**

• (Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICT OF INTEREST ON THE  
PART OF ANY MEMBER OF THE BOARD OF DIRECTORS, OR ANY MEMBER OF THE  
IMMEDIATE FAMILY OF A BOARD MEMBER OCCUPYING THE SAME HOUSEHOLD, SHALL BE  
DISCLOSED BY THE BOARD MEMBER TO THE BOARD OF DIRECTORS AT LEAST ANNUALLY  
AND MADE A MATTER OF RECORD. WHEN ANY SUCH INTEREST BECOMES RELEVANT TO  
ANY SUBJECT REQUIRING ACTION OF THE BOARD OF DIRECTORS, THE DIRECTOR HAVING  
A CONFLICT SHALL CALL IT TO THE ATTENTION OF THE PRESIDENT AND THE CHAIRMAN  
AND, IF THE MATTER IS BEING CONSIDERED BY A COMMITTEE OF THE BOARD, TO THE  
ATTENTION ALSO OF THE CHAIR OF SUCH COMMITTEE.

THE DIRECTOR HAVING SUCH CONFLICT SHALL NOT PARTICIPATE OR USE ANY PERSONAL  
INFLUENCE IN THE DISCUSSION OF THE SUBJECT OR MAKE ANY RECOMMENDATIONS  
REGARDING THE SUBJECT. HOWEVER, THE DIRECTOR WILL BRIEFLY STATE THE NATURE  
OF THE CONFLICT AND WILL BE EXPECTED TO ANSWER PERTINENT QUESTIONS FROM THE  
OTHER DIRECTORS WHEN THE DIRECTOR'S KNOWLEDGE OF THE SUBJECT WILL ASSIST  
THE BOARD. THE MINUTES OF ANY MEETING ATTENDED BY THE DIRECTOR AT WHICH  
THE SUBJECT INVOLVING THE CONFLICT IS DISCUSSED SHALL REFLECT THAT A  
DISCLOSURE WAS MADE AND THAT THE DIRECTOR REFRAINED FROM DISCUSSION, EXCEPT  
TO THE EXTENT PROVIDED ABOVE, AND DID NOT VOTE ON THE SUBJECT.

THE SECRETARY ANNUALLY, AND AT OTHER TIMES ON REQUEST FROM ANY MEMBER OF  
THE BOARD, SHALL MAKE AVAILABLE TO THE MEMBERS OF THE BOARD COPIES OF THIS  
POLICY AND FORMS FOR DISCLOSING CONFLICTS.

ANY BOARD MEMBER MAY REQUEST A DETERMINATION FROM THE BOARD AS TO THE  
EXISTENCE OF A CONFLICT OF INTEREST. THE BOARD'S DECISION, BY MAJORITY  
VOTE, SHALL BIND THE BOARD MEMBER AND THE BOARD.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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FORM 990, PART VI, SECTION B, LINE 15: THERE WAS AN INDEPENDENT STUDY PERFORMED DURING THE TAX YEAR THAT THE BOARD REVIEWED; DISCUSSIONS ABOUT IT WERE HELD IN CLOSED SESSIONS. THE BOARD DETERMINES THE PRESIDENT AND CEO'S SALARY, AND THE PRESIDENT AND CEO DECIDES UPON THE SALARY FOR THE KEY EMPLOYEES WITHIN THE BUDGET CONSTRAINTS OF THE APPROVED BUDGET. THE SECRETARY OF THE BOARD MAINTAINS NOTES OF THE DISCUSSIONS OF THE EXECUTIVE SESSIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE ORGANIZATIONS MEMBERS ONLY WEBSITE. THE FORM 990 IS PROVIDED TO GUIDESTAR AS WELL FOR POSTING IN THEIR DATABASE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART I, LINE 6: IN 2009 REBUILDING TOGETHER HAD A TOTAL OF 3 VOLUNTEERS WHO ASSISTED IN FURTHERING ITS MISSION. HOWEVER, THROUGH REBULIDING TOGETHER'S AFFILIATES AN ADDITIONAL 200,000 VOLUNTEERS HELPED REPAIR AND MODIFY NEARLY 10,000 HOMES WHICH SERVED OVER 800,000 PEOPLE IN NEED. REBUILDING TOGETHER'S VOLUNTEER DATA IS OBTAINED BY THE AFFILIATE RELATIONS DEPARTMENT FROM THE ANNUAL STATISTICAL REPORT.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ X

• Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	REBUILDING TOGETHER, INC.		52-1585880
	Number, street, and room or suite no. If a P.O. box, see instructions. 1899 L ST, NW, NO. 1000		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036		

Check type of return to be filed (File a separate application for each return):

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

### THE ORGANIZATION

• The books are in the care of ☒ 1899 L ST, NW, #1000 - WASHINGTON, DC 20036

Telephone No ☒ 1-800-473-4229

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning                     , and ending                     .

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ R. H. A.

Title ☒ CPA

Date ☒ 7/19/10

Form 8868 (Rev. 4-2009)