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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

July 1, 2009, and ending

June 30, 2010

B Check if applicable

- Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

Rebuilding Together-Lincoln County

D Employer identification number

02-0634626

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P.O. Box 22

E Telephone number  
(207) 633-2094

City or town, state or country, and ZIP + 4

Boothbay Harbor, ME 04538-0022

F Group Exemption  
Number ► N/A

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method:  Cash  Accrual  
Other (specify) ►I Website: ► [www.rebuildingtogether-lc.org](http://www.rebuildingtogether-lc.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) —  501(c) (3) □ (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 25,419

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	20,454
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	687
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	3,554
	a Gross revenue (not including \$ <u>-0-</u> of contributions reported on line 1)	6a	4,288
	b Less: direct expenses other than fundraising expenses	6b	734
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe) ►	9	24,695
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	160
	14 Occupancy, rent, utilities, and maintenance	14	2,097
	15 Printing, publications, postage, and shipping	15	1,165
	16 Other expenses (describe) ► DUES + CONFERENCES (\$4,235), SUPPLIES (\$17,497)	16	21,732
Net Assets	17 Total expenses. Add lines 10 through 16	17	25,154
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(459)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,406
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	46,947

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47,406	22 46,947
23 Land and buildings		23
24 Other assets (describe) ►		24
25 Total assets	47,406	25 46,947
26 Total liabilities (describe) ►		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,406	27 46,947

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? Rehabilitate homes for needy people  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 During 2009, the organization through an extensive volunteer effort completed rehabilitation projects on 37 homes of low-income, elderly or disabled persons and 2 non-profit organizations.

28a 32957

29

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1. *What is the relationship between the two variables?* (e.g., positive, negative, no relationship)

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29a

30 [View Details](#) [Edit](#) [Delete](#)

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11. *Leucosia* (Leucosia) *leucostoma* (Fabricius)

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If this amount includes foreign grants, check here ▶

30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here □

**31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ►

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for the definition of key employee.)

#### Instructions for Part IV.

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert Krehling Box 22, Boothbay Harbor, ME 04538	President .5 hours	-0-	-0-	-0-
Clayton Pottle Box 22, Boothbay Harbor, ME 04538	Vice President .5 hours	-0-	-0-	-0-
Shannon Noah Box 22, Boothbay Harbor, ME 04538	Rec. Secretary .5 hours	-0-	-0-	-0-
Sarah Giles Box 22, Boothbay Harbor, ME 04538	Cor. Secretary .5 hours	-0-	-0-	-0-
Chris Higgins Box 22, Boothbay Harbor, ME 04538	Treasurer .5 hours	-0-	-0-	-0-
Lisa Castonguay Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Joyce Armendaris Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Sally Barter Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Vic Taylor Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Norm Payson Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Lee Hammond Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Tiger Dalton Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Steve Berger Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-
Steve Phillips Box 22, Boothbay Harbor, ME 04538	Director .5 hours	-0-	-0-	-0-

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33		X
34		X
35		
a		
b		
36		
37a	37a	-0-
b		
38a		
b	38b	N/A
39		
a	39a	N/A
b	39b	N/A
40a		
b		
c		
d		
e		
41		
42a	Telephone no	4207-633-4663
Located at	ZIP + 4	04538-0022
b		
If "Yes," enter the name of the foreign country:	N/A	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c		
43		
44		
45		

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |     | Yes | No  |
|-----|-----|-----|
| 46  | 46  | X   |
| 47  | 47  | X   |
| 48  | 48  | X   |
| 49a | 49a | X   |
| 49b | 49b | N/A |
- 46 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 . . . . .
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

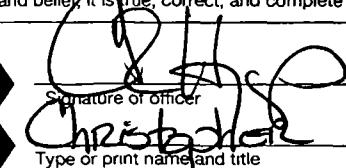
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

f Total number of other employees paid over \$100,000 ► *N/A*

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<i>None</i>		

d Total number of other independent contractors each receiving over \$100,000 ► *N/A*

<b>Sign Here</b>	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		
		<i>Christopher Higgins</i>	<i>7/15/10</i>
	Signature of officer	Type or print name and title	Date

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <i>7/12/10</i>	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <i>P00967116</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Henry J. Hurford, Jr., CPA</i>		EIN ►	
			Phone no ►	<i>(207) 633-4040</i>

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

►  Yes  No

Form 990-EZ (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

REBUILDING TOGETHER-LINCOLN COUNTY

Employer identification number

02 0634626

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
<b>Total</b>							

**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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	15,436	27,203	70,885	31,135	20,454	165,113
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	15,436	27,203	70,885	31,135	20,454	165,113
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						58,893
6 <b>Public support.</b> Subtract line 5 from line 4.						106,220

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	15,436	27,203	70,885	31,135	20,454	165,113
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83	55	96	2,419	687	3,340
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						168,453
12 Gross receipts from related activities, etc (see instructions)					12	19,201
13 <b>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 stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.06	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	63.49	%
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a <b>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 stop here. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 <b>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"/>

REBUILDING TOGETHER - LINCOLN COUNTY  
02-0634626  
FORM 990-EZ  
6/30/10

List of Attachments

Reason For Not Reporting Income on Form 990-T  
Schedule A (2 Pages)

REBUILDING TOGETHER - LINCOLN COUNTY  
02-0634626  
FORM 990-EZ  
6/30/10

Reason for Not Reporting Income on Form 990-T  
Part V, line 35

The fund raising income from special events and similar activities is not reportable on Form 990-T because it is an activity that is not regularly carried on (IRC Section 512(a)(1)) and an activity in which labor is a material income-producing factor and substantially all (100%) is performed with unpaid labor (IRC Section 513(a)(1)).