

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REBUILDING TOGETHER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1899 L STREET, NW 1000 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	D Employer identification number 52-1585880
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		E Telephone number (800) 473-4229
J Website: ▶ WWW.REBUILDINGTOGETHER.ORG		G Gross receipts \$ 12,341,165.
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
L Year of formation: 1988		H(c) Group exemption number ▶
M State of legal domicile: DC		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: BRING VOLUNTEERS & COMMUNITIES TOGETHER TO IMPROVE THE HOMES & LIVES OF HOMEOWNERS IN NEED.		
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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	159
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total 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 9,772,822.	Current Year 8,383,842.
	9 Program service revenue (Part VIII, line 2g)	1,762,180.	2,510,521.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	894,060.	173,852.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,363.	82,697.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,486,425.	11,150,912.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,811,803.	2,746,054.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,286,567.	3,240,540.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 882,585.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,985,711.	4,343,028.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,084,081.	10,329,622.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,597,656.	821,290.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,629,982.	End of Year 8,542,905.
	21 Total liabilities (Part X, line 26)	3,183,469.	2,358,400.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,446,513.	6,184,505.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SANDRA B. HENRIQUEZ, INTERIM PRESIDENT & COO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>
	Firm's name ▶ RAFFA, P.C.	Date 11/06/15
	Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	Check if self-employed <input type="checkbox"/> PTIN P00639053
		Firm's EIN ▶ 52-1511275
		Phone no. (202) 822-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: REBUILDING TOGETHER (THE ORGANIZATION) 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 160 AFFILIATES PROVIDES

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,973,873. including grants of \$ 1,850,485.) (Revenue \$ 2,495,921.) SAFE AND HEALTHY HOUSING/AFFILIATE RELATIONS - REBUILDING TOGETHER BRINGS VOLUNTEERS AND COMMUNITIES TOGETHER TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME HOMEOWNERS IN NEED. WE PROVIDE CRITICAL REPAIRS, ACCESSIBILITY MODIFICATIONS AND ENERGY EFFICIENT UPGRADES TO LOW-INCOME HOMES AND COMMUNITY CENTERS ACROSS THE COUNTRY. THE AFFILIATE SERVICES TEAM SERVES AFFILIATES BY PROVIDING TECHNICAL TRAINING, GOVERNANCE SUPPORT, STRATEGIC PLANNING, COACHING, AND THE TOOLS TO IMPROVE AFFILIATE LEADERSHIP AND OPERATIONS. MANAGEMENT OF THE FOLLOWING PROGRAMS AND INITIATIVES FALL UNDER THE AFFILIATE SERVICES PROGRAM: 1) THE ORGANIZATIONAL DEVELOPMENT INSTITUTE, PROVIDING 70 TRAININGS PER YEAR AND CONVENING OUR NATIONAL CONFERENCE FOR AFFILIATES; 2) LIAISON TO THE NATIONAL AFFILIATE COUNCIL, LINKING NATIONAL OFFICE POLICIES

4b (Code:) (Expenses \$ 1,802,814. including grants of \$ 0.) (Revenue \$) CAPACITY CORPS - REBUILDING TOGETHER AMERICORPS MEMBERS SERVED ESSENTIAL ROLES IN BUILDING THE CAPACITY OF THEIR HOST SITE ORGANIZATIONS IN IMPORTANT PROGRAM AREAS SUCH AS: RECRUITING AND MANAGING VOLUNTEERS, PERFORMING DIRECT HOME REPAIR, DOING OUTREACH TO FIND HOMEOWNERS TO SERVE, BUILDING COMMUNITY PARTNERSHIPS AND CREATING NEW PROGRAMS.

IN 2014, REBUILDING TOGETHER AMERICORPS PLACED 65 FULL-TIME AMERICORPS MEMBERS AT 31 AFFILIATES. THE AMERICORPS MEMBERS, WITH THE ASSISTANCE OF 14,177 VOLUNTEERS, SERVED 2,761 LOW INCOME AND VETERAN HOMEOWNERS.

4c (Code:) (Expenses \$ 1,116,804. including grants of \$ 435,739.) (Revenue \$) DISASTER RELIEF - THE HURRICANE SANDY DISASTER RECOVERY OPERATIONS CONSISTED OF SUPPORTING OUR AFFILIATES IN THE REGION AND REBUILDING THE HOMES OF LOW-INCOME HOMEOWNERS IMPACTED BY THE STORM IN THE NEW YORK/NEW JERSEY METROPOLITAN AREA FOLLOWING THE DEVASTATION OF THE 2012 HURRICANE SEASON. AS OF THE END OF 2014 REBUILDING TOGETHER AFFILIATES HAVE REBUILT 330 HOMES AND 15 COMMUNITY CENTERS THAT SERVE OVER 20,000 INDIVIDUALS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 883,351. including grants of \$ 459,830.) (Revenue \$)

4e Total program service expenses 8,776,842.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No, and numerical values (46, 0, 159). Includes questions about backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHARLEY SHIMANSKI - (800) 473-4229 1899 L STREET, NW, NO. 1000, WASHINGTON, DC 20036

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) BRAD SEGAL CHAIRMAN	2.00	X		X				0.	0.	0.
(2) MELL MEREDITH-FRAZIER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) SHERRY CHRIS VICE CHAIR	2.00	X		X				0.	0.	0.
(4) DEBBIE LAWRENCE TREASURER	2.00	X		X				0.	0.	0.
(5) REESE FAYDE SECRETARY	2.00	X		X				0.	0.	0.
(6) DAVID N. BROWN DIRECTOR	1.00	X						0.	0.	0.
(7) JANE ESKEKUND DIRECTOR	1.00	X						0.	0.	0.
(8) ALEXIS GLICK DIRECTOR	1.00	X						0.	0.	0.
(9) KATHRYN GREINER DIRECTOR	1.00	X						0.	0.	0.
(10) MEREDITH A. ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
(11) DAN SARGENT DIRECTOR	1.00	X						0.	0.	0.
(12) CARRIE TEFFNER DIRECTOR	1.00	X						0.	0.	0.
(13) ROBERT J. WELLS DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN C. WHITAKER DIRECTOR	1.00	X						0.	0.	0.
(15) CHARLEY SHIMANSKI PRESIDENT & CEO	40.00			X				245,581.	0.	37,005.
(16) ROBERT KEYES CFO (AS OF 04/2014)	40.00			X				106,615.	0.	5,927.
(17) GORDON LAVIGNE VP, DEVELOPMENT	40.00				X			155,705.	0.	17,803.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JOHN WHITE VP, BUS. DEVELOPMENT/ADVOCACY	40.00					X		134,000.	0.	40,072.
(19) SUSAN HAWFIELD VP, AFFILIATE RELATIONS	40.00					X		109,039.	0.	19,321.
(20) GAIL FULLER VP, COMMUNICATIONS & MARKETING	40.00					X		100,508.	0.	11,186.
1b Sub-total								851,448.	0.	131,314.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								851,448.	0.	131,314.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RUBINO & COMPANY, 6903 ROCKLEDGE DRIVE, #1200, BETHESDA, MD 20817-1818	ACCOUNTING SERVICES	315,857.
JLL MGMT C/O CARTER'S KIDS, 12301 WILSHIRE BLVD, #303, LOS ANGELES, CA 90025	REHAB CONSULTANT	240,000.
MPG ADVISORS/MYRA P. GOSSENS 6620 BARNABY ST., NW, WASHINGTON, DC 20015	CONSULTING	162,991.
CENTERPLATE 201 FIFTH AVENUE SOUTH, NASHVILLE, TN 37203	CATERING AND HOSPITALITY SERVICES	151,767.
RAFFA, P.C., 1899 L STREET, NW, SUITE 900, WASHINGTON, DC 20036	ACCOUNTING SERVICES	146,618.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		7



Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 5,802.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 713,178.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,664,862.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		8,383,842.			
	Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	885,251.	885,251.	
b NATIONAL CONFERENCE		900099	651,765.	637,165.	14,600.	
c CHAPTER FEES		900099	617,338.	617,338.		
d CHAPTER INSURANCE		900099	315,538.	315,538.		
e ADMIN. PROCESSING FEES		900099	33,998.	33,998.		
f All other program service revenue		900099	6,631.	6,631.		
g Total. Add lines 2a-2f			2,510,521.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		114,660.		114,660.
	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)		59,192.		59,192.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	82,697.		82,697.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		82,697.			
12 Total revenue. See instructions.		11150912.	2,495,921.	0.	271,149.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,746,054.	2,746,054.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	395,128.	59,343.	335,785.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,871,964.	1,294,860.	189,215.	387,889.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,387.	107,882.	7,792.	18,713.
9 Other employee benefits	595,009.	445,171.	73,575.	76,263.
10 Payroll taxes	244,052.	177,218.	36,822.	30,012.
11 Fees for services (non-employees):				
a Management				
b Legal	8,336.			8,336.
c Accounting	459,470.		459,470.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,645.		28,645.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	529,948.	91,903.	434,670.	3,375.
12 Advertising and promotion	185,872.	143,031.	730.	42,111.
13 Office expenses	158,076.	44,603.	103,432.	10,041.
14 Information technology	56,721.	39,729.	12,618.	4,374.
15 Royalties				
16 Occupancy	508,758.	450.	508,308.	
17 Travel	400,691.	291,589.	82,140.	26,962.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	643,265.	613,181.	2,551.	27,533.
20 Interest	1,694.		1,694.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,484.		70,484.	
23 Insurance	39,543.		39,543.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER LIVING ALLOWANCE	832,645.	832,645.		
b AFFILIATE INSURANCE	315,538.	315,538.		
c REPAIR AND MAINTENANCE	30,068.	1,925.	19,741.	8,402.
d				
e All other expenses	73,274.	1,571,720.	-1,737,020.	238,574.
25 Total functional expenses. Add lines 1 through 24e	10,329,622.	8,776,842.	670,195.	882,585.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	271,643.	1	957,019.
	2 Savings and temporary cash investments	625,459.	2	910,063.
	3 Pledges and grants receivable, net	2,792,129.	3	2,620,856.
	4 Accounts receivable, net	424,817.	4	391,468.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	205,025.	9	229,779.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 922,264.		
	b Less: accumulated depreciation	10b 570,810.		
	11 Investments - publicly traded securities	3,928,373.	11	3,020,422.
	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	0.	15	61,844.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,629,982.	16	8,542,905.	
Liabilities	17 Accounts payable and accrued expenses	506,820.	17	357,268.
	18 Grants payable	1,133,416.	18	286,298.
	19 Deferred revenue	9,086.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,534,147.	25	1,714,834.
	26 Total liabilities. Add lines 17 through 25	3,183,469.	26	2,358,400.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	322,759.	27	-120,487.
	28 Temporarily restricted net assets	4,222,040.	28	5,403,278.
	29 Permanently restricted net assets	901,714.	29	901,714.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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	5,446,513.	33	6,184,505.	
34 Total liabilities and net assets/fund balances	8,629,982.	34	8,542,905.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,150,912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,329,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	821,290.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,446,513.
5	Net unrealized gains (losses) on investments	5	-83,298.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,184,505.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **REBUILDING TOGETHER, INC.** Employer identification number **52-1585880**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7469071.	9136762.	9955689.	9772822.	8383842.	44718186.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7469071.	9136762.	9955689.	9772822.	8383842.	44718186.
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)						11805601.
6 Public support. Subtract line 5 from line 4.						32912585.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7469071.	9136762.	9955689.	9772822.	8383842.	44718186.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,541.	69,577.	64,690.	95,745.	114,660.	417,213.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,622.	28,906.	21,054.	52,678.	82,697.	230,957.
11 Total support. Add lines 7 through 10						45366356.
12 Gross receipts from related activities, etc. (see instructions)					12	9,336,073.
13 First five years. 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 2014 (line 6, column (f) divided by line 11, column (f))	14	72.55 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	68.19 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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"/>	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2010 AMOUNT: \$ 45,622.

2011 AMOUNT: \$ 28,906.

2012 AMOUNT: \$ 21,054.

2013 AMOUNT: \$ 52,678.

2014 AMOUNT: \$ 82,697.

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>848,234.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>713,178.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>258,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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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 the filing organization made payments. 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	45,157.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	19,787.													
c	Total lobbying expenditures (add lines 1a and 1b)	64,944.													
d	Other exempt purpose expenditures	10,264,678.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,329,622.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	666,481.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	166,620.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2a	Lobbying nontaxable amount	739,706.	743,137.	904,204.	666,481.	3,053,528.
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,580,292.
c	Total lobbying expenditures	169,609.	118,222.	169,951.	64,944.	522,726.
d	Grassroots nontaxable amount	184,927.	185,784.	226,051.	166,620.	763,382.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,145,073.
f	Grassroots lobbying expenditures	43,415.	26,596.	57,375.	45,157.	172,543.

Schedule C (Form 990 or 990-EZ) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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).
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.
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?
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)?
9 In Part XIII, 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.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included 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 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

COPY

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 exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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 the 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	1,433,124.	1,339,011.	1,304,431.	1,358,975.	1,315,848.
b Contributions					
c Net investment earnings, gains, and losses	30,239.	145,651.	81,238.	-4,211.	66,935.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,368.	51,538.	46,658.	50,333.	23,808.
f Administrative expenses					
g End of year balance	1,447,995.	1,433,124.	1,339,011.	1,304,431.	1,358,975.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 25.62 %
- b Permanent endowment 62.27 %
- c Temporarily restricted endowment 12.11 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	200,000.			200,000.
b Buildings				
c Leasehold improvements		79,913.	47,882.	32,031.
d Equipment		401,984.	379,839.	22,145.
e Other		240,367.	143,089.	97,278.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				351,454.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CHAPTERS	871,035.
(3) DEFERRED COMPENSATION OBLIGATION	357,328.
(4) CAPITAL LEASE OBLIGATIONS	22,004.
(5) DEFERRED INSURANCE LIABILITY	288,114.
(6) DEFERRED RENT	176,353.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,714,834.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,639,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-83,298.	
b	Donated services and use of facilities	2b	6,571,989.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	6,488,691.
3	Subtract line 2e from line 1		3	11,150,912.
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 XIII.)	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	11,150,912.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,901,611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,571,989.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	6,571,989.
3	Subtract line 2e from line 1		3	10,329,622.
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 XIII.)	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	10,329,622.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, 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 OF DIRECTORS 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, LINE 2:

THE ORGANIZATION EVALUATED TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION.

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
REBUILDING TOGETHER NEW YORK CITY P.O. BOX 3726 NEW YORK, NY 10163	13-3997769	501(C)(3)	188,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BERGEN COUNTY P.O. BOX 1389 RIDGEWOOD, NJ 07451	22-3614933	501(C)(3)	185,439.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER VALLEY OF THE SUN - 2123 SOUTH PRIEST DRIVE - TEMPE, AZ 85282	86-0680607	501(C)(3)	132,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NEW ORLEANS 923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	123,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OKLAHOMA CITY 730 WEST WILSHIRE BOULEVARD OKLAHOMA CITY, OK 73116	73-1450790	501(C)(3)	117,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TAMPA BAY 2918 W. KENNEDY BOULEVARD TAMPA, FL 33609	59-3664580	501(C)(3)	102,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

Part II 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 OF THE TRIANGLE - 324 S. WILMINGTON STREET - RALEIGH, NC 27601	56-1955629	501(C)(3)	90,200.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SACRAMENTO P.O. BOX 255584 SACRAMENTO, CA 95825	68-0246355	501(C)(3)	74,200.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER FAIRFAX 10723 MAIN STREET, SUITE 135 FAIRFAX, VA 22030	27-4158090	501(C)(3)	65,200.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SOUTHERN NEVADA - 611 SOUTH 9TH ST. - LAS VEGAS, NV 89101	88-0323877	501(C)(3)	64,467.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PENINSULA P.O. BOX 4031 MENLO PARK, CA 94026	94-3106209	501(C)(3)	62,200.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
CARTER'S KIDS, INC. 16255 VENTURA BLVD., SUITE 625 ENCINO, CA 91436	20-5848484	501(C)(3)	60,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER CUYAHOGA VALLEY - 788 DONALD AVENUE - AKRON, OH 44306	34-1814515	501(C)(3)	60,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MILL ROAD - KENSINGTON, MD 20895	52-1667026	501(C)(3)	57,100.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PITTSBURGH 631 IRON CITY DRIVE PITTSBURGH, PA 15205	25-1696634	501(C)(3)	52,038.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 GREATER DALLAS P.O. BOX 560061 DALLAS, TX 75356	04-3613194	501(C)(3)	50,750.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER WASHINGTON DC P.O. BOX 40026 WASHINGTON, DC 20016	52-1299048	501(C)(3)	49,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER METRO CHICAGO P.O. BOX 641250 CHICAGO, IL 60664	36-3803312	501(C)(3)	47,900.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER LONG ISLAND P.O. BOX 1554 MASSAPEQUA, NY 11758	11-3115730	501(C)(3)	47,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BOSTON P.O. BOX 301209 JAMAICA PLAIN, MA 02130	04-3142781	501(C)(3)	45,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NASHVILLE 209 10TH AVE. SOUTH NASHVILLE, TN 37203	62-1593990	501(C)(3)	35,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SEATTLE 811 HARRISON STREET SEATTLE, WA 98109	91-1606330	501(C)(3)	32,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER JERSEY CITY P.O. BOX 472 JERSEY CITY, NJ 07303	13-3799819	501(C)(3)	30,733.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER LONG BEACH P.O. BOX 3823 LONG BEACH, CA 90803	95-4315712	501(C)(3)	27,750.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 SAN DIEGO 2013 FRANKLIN AVENUE SAN DIEGO, CA 92113	33-0676518	501(C)(3)	25,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS STREET ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	21,530.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CENTRAL OHIO P.O. BOX 1347 GROVE CITY, OH 43123	31-1317239	501(C)(3)	19,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER COLORADO SPRINGS - 1975 RESEARCH PARKWAY - COLORADO SPRINGS, CO 80920	84-1326001	501(C)(3)	19,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OF GREATER CHARLOTTE - P.O. BOX 34037 - CHARLOTTE, NC 28234	27-3101212	501(C)(3)	19,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER DAYTON 1056 BROWN STREET DAYTON, OH 45409	31-1457626	501(C)(3)	18,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER DETROIT 19800 GRAND RIVER DETROIT, MI 48223	76-0821735	501(C)(3)	17,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PORTLAND 5000 N. WILLAMETTE BOULEVARD PORTLAND, OR 97203	01-0480604	501(C)(3)	17,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ST. LOUIS 357 MARSHALL AVENUE WEBSTER GROVES, MO 63119	43-1626999	501(C)(3)	17,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 PHILADELPHIA P.O. BOX 42752 PHILADELPHIA, PA 19101	23-2549594	501(C)(3)	16,400.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER HAVERHILL - P.O. BOX 5161 - HAVERHILL, MA 01835	22-3137806	501(C)(3)	15,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CLAY COUNTY 2050 PLUMBERS WAY LIBERTY, MO 64068	75-3041389	501(C)(3)	14,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BROWARD COUNTY 4824 NE 12TH AVENUE OAKLAND PARK, FL 33334	86-1065925	501(C)(3)	10,750.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CENTRAL SAN GABRIEL VALLEY - P.O. BOX 2059 - SAN GABRIEL, CA 91778	77-0625933	501(C)(3)	10,750.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ORLANDO P.O. BOX 2779 APOPKA, FL 32704	35-2180064	501(C)(3)	10,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER METRO DENVER 2422 S. TRENTON WAY DENVER, CO 80231	84-1514642	501(C)(3)	10,450.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ATLANTA P.O. BOX 44884 ATLANTA, GA 30336	58-1983743	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER AURORA 501 COLLEGE AVENUE AURORA, IL 60505	36-3866692	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 CHARLESTON P.O. BOX 2691 CHARLESTON, WV 25330	55-0753728	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER FOX VALLEY 605 EAST HANCOCK APPLETON, WI 54911	39-2013200	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GLYNN COUNTY GEORGIA, INC. - 777 GLOUCESTER STREET, SUITE 200 - BRUNSWICK, GA 31520	46-3666060	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER INDIANAPOLIS P.O. BOX 1507 INDIANAPOLIS, IN 46206	35-2099908	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER KNOXVILLE 1006 ASHBY RD. KNOXVILLE, TN 37923	45-2704829	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SARATOGA COUNTY - P.O. BOX 95 - SCHUYLERVILLE, NY 12871	20-0530683	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER THURSTON COUNTY - P.O. BOX 4416 - TUMWATER, WA 98501	77-0613860	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TUCSON P.O. BOX 27143 TUCSON, AZ 85726	86-0759111	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TULSA P.O. BOX 52201 TULSA, OK 74152	73-1528164	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 SILICON VALLEY 2827 AIELLO DRIVE SAN JOSE, CA 95111	77-0289381	501(C)(3)	9,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER HARRISBURG - 251 VERBEKE ST. - HARRISBURG, PA 17102	23-2811100	501(C)(3)	9,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER DES MOINES - 1111 NINTH STREET - DES MOINES, IA 50314	42-1439898	501(C)(3)	8,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SANTA ROSA P.O. BOX 1787 SANTA ROSA, CA 95402	68-0460129	501(C)(3)	8,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER AUSTIN P.O. BOX 6939 AUSTIN, TX 78762	46-2632455	501(C)(3)	8,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER DUTCHESS COUNTY - 47 SOUTH HAMILTON STREET - POUGHKEEPSIE, NY 12601	22-3153808	501(C)(3)	8,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PITT COUNTY P.O. BOX 20574 GREENVILLE, NC 27858	26-0757622	501(C)(3)	8,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER EL PASO 5823 N. MESA, SUITE 535 EL PASO, TX 79912	74-2718788	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER KIAMICHI COUNTRY - P.O. BOX 300 - HARTSHORNE, OK 74547	45-4724709	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II 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 MIAMI-DADE, INC. - 1533 SUNSET DRIVE - MIAMI, FL 33143	65-0424304	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NORTH CENTRAL FLORIDA - 4550 SOUTHWEST 41ST BOULEVARD - GAINESVILLE, FL 32608	20-3022563	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PETALUMA P.O. BOX 100 PETALUMA, CA 94953	91-1762902	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ST. JOSEPH COUNTY - 227 W. JEFFERSON BOULEVARD - SOUTH BEND, IN 46601	35-1939069	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BATON ROUGE P.O. BOX 53501 BATON ROUGE, LA 70892	20-1459780	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER KENT COUNTY P.O. BOX 180 CHESTERTOWN, MD 21620	75-3163984	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE GRANT AWARD PROCESS IS SUPERVISED BY PROGRAM DIRECTORS AND GRANTS MANAGERS FOR THE VARIOUS GRANTS. GENERALLY, THERE IS AN APPLICATION PROCESS BY WHICH AFFILIATES APPLY FOR FUNDING. AFFILIATES ARE NOTIFIED OF GRANT OPPORTUNITIES IN WRITING PROVIDED AN OPPORTUNITY TO AND APPLY FOR THOSE GRANT FUNDS THROUGH THE ORGANIZATION'S WEBSITE. ALL AFFILIATES MUST BE IN GOOD STANDING WITH THE ORGANIZATION IN ORDER TO APPLY FOR GRANT FUNDING. THE APPLICATIONS ARE REVIEWED BY THE ORGANIZATION'S STAFF AND ARE EVALUATED AGAINST A PRE-DETERMINED PUBLISHED SET OF CRITERIA. UPON APPROVAL OF THE

Part IV Supplemental Information

GRANT REQUEST, THE AFFILIATE MUST SUBMIT A STATEMENT OF ACCEPTANCE THAT STATES THEY WILL MEET THE GRANT REQUIREMENTS FOR THE PROJECT. ONCE THE ORGANIZATION RECEIVES THAT FORM, A PORTION OF THE GRANT FUNDS ARE DISTRIBUTED TO THE AFFILIATE. WITHIN 45 DAYS OF THE REBUILD 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

(This area contains horizontal lines for supplemental information.)

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <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), 501(c)(4), and 501(c)(29) 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 Regulations 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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLEY SHIMANSKI PRESIDENT & CEO	(i)	245,581.	0.	0.	12,451.	24,554.	282,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GORDON LAVIGNE VP, DEVELOPMENT	(i)	155,705.	0.	0.	7,965.	9,838.	173,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN WHITE VP, BUS. DEVELOPMENT/ADVOCACY	(i)	134,000.	0.	0.	39,277.	795.	174,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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. JOHN WHITE, VICE
 PRESIDENT OF BUSINESS DEVELOPMENT & ADVOCACY IS THE ONLY INDIVIDUAL LISTED
 IN PART VII OF THE FEDERAL FORM 990 CURRENTLY PARTICIPATING. JOHN WHITE
 RECEIVED A TOTAL CONTRIBUTION TOWARDS THE PLAN OF \$32,576 FOR THE YEAR
 ENDED DECEMBER 31, 2014.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

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

HOME REPAIRS, HOME MODIFICATION AND CRITICAL REPAIRS TO OVER 10,000

HOMES OF LOW-INCOME AMERICANS ON AN ANNUAL BASIS.

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

WITH THE ADVOCACY VOICE FOR AFFILIATES; 3) COMPLIANCE PROGRAM, INSURING

THAT ALL AFFILIATES MEET THE ORGANIZATION'S MINIMUM STANDARDS AND

COMPLY WITH BASIC NON-PROFIT MANDATES; AND, 4) GENERAL SUPPORT, IN THE

FORM OF ADVICE, COACHING, AND SUPPORT TO AFFILIATES AS NEEDED

THROUGHOUT THE YEAR.

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

VETERANS HOUSING

EXPENSES \$ 442,083. INCLUDING GRANTS OF \$ 291,262. REVENUE \$ 0.

SAFE AT HOME

EXPENSES \$ 236,791. INCLUDING GRANTS OF \$ 97,800. REVENUE \$ 0.

GREEN HOUSING

EXPENSES \$ 204,477. INCLUDING GRANTS OF \$ 70,768. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

THE ACCOUNTING SERVICES PROVIDER (RAFFA) COMPILES THE DATA WITH ASSISTANCE

FROM FINANCE, RESOURCE DEVELOPMENT, BUSINESS DEVELOPMENT, AND AFFILIATE

RELATIONS STAFF. INFORMATION IS PROVIDED TO THE OUTSIDE TAX PREPARERS.

DRAFTS OF THE FEDERAL FORM 990 ARE PREPARED BY THE OUTSIDE TAX PREPARERS.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

UPON RECEIPT OF THE DRAFTS, THE CONTROLLER REVIEWS IT THEN SHARES IT WITH THE AUDIT COMMITTEE, COMPRISED OF BOARD MEMBERS, FOR REVIEW. UPON THE AUDIT COMMITTEE'S APPROVAL, THE OUTSIDE TAX PREPARER IS NOTIFIED OF ANY ADDITIONAL CHANGES AND A FINAL REVIEW IS DONE BY THE CONTROLLER BEFORE IT IS SIGNED. A COPY OF THE FEDERAL FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS AND POSTED ON THE ORGANIZATION'S WEBSITE BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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 OF DIRECTORS, TO THE ATTENTION ALSO OF THE CHAIR OF SUCH COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE PRESIDENT AND CEO AND ANY ANNUAL BONUS BASED UPON PERFORMANCE FOR THE YEAR, CONSULTING PERIODIC STUDIES AND WITH HUMAN RESOURCES PROFESSIONALS TO VERIFY THE COMPARABILITY OF THE COMPENSATION BEING AWARDED WITH THAT OF OTHER ORGANIZATIONS. THE DELIBERATIONS ARE HELD IN CLOSED SESSIONS AND THE RESULTS ARE CONVEYED IN WRITING. THE SECRETARY OF THE BOARD OF DIRECTORS MAINTAINS NOTES OF THE DISCUSSIONS OF THE EXECUTIVE SESSIONS.

Name of the organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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THE PRESIDENT AND CEO DETERMINES THE SALARY FOR THE KEY EMPLOYEES WITHIN THE CONSTRAINTS OF THE APPROVED BUDGET AND BASED UPON THE ANNUAL PERFORMANCE EVALUATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NH, NJ, NM, NC, MD, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

FORM 990, PART I, LINE 6
IN 2014, THE ORGANIZATION HAD NO ADDITIONAL VOLUNTEERS (NOT INCLUDING MEMBERS OF THE BOARD OF DIRECTORS) WHO ASSISTED IN FURTHERING ITS MISSION. HOWEVER, THROUGH THE ORGANIZATION'S AFFILIATES, AN ADDITIONAL 75,318 VOLUNTEERS HELPED REPAIR AND MODIFY 8,186 HOMES WHICH SERVED APPROXIMATELY 617,979 PEOPLE IN NEED. THE ORGANIZATION'S VOLUNTEER DATA IS OBTAINED BY THE COMMUNICATIONS AND MARKETING DEPARTMENT THROUGH THE ANNUAL AFFILIATE SURVEY.

COPY

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

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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Rebuilding Together, Inc.	Employer identification number (EIN) or 52-1585880
	Number, street, and room or suite no. If a P.O. box, see instructions. 1899 L Street, NW, No. 1000	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 Street, NW, No. 1000 - Washington, DC 20036**
Telephone No. **(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, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 **RH** Title **CPA** Date **7/22/15**