Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150 2008

Open to Public

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section

512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements 6/30/09 7/01/08 , and ending

Inspection For the 2008 calendar year, or tax year beginning Please Name of organization Employer identification number Check if applicable use IRS Address change label or 62-1593904 REBUILDING TOGETHER * NASHVILLE Name change print or E Telephone number Number and street (or P O. box, if mail is not delivered to street address) Room/suite Initial return type. See 615-259-9664 209 10TH AVENUE SOUTH, SUITE 415 Termination Specific **Group Exemption** Amended return City or town, state or country, and ZIP + 4 Instruc-TN 37203 NASHVILLE Number Application pending tions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) WWW.REBUILDINGTOGETHER.ORG Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one)— X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 115,048 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 115,048 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Investment income . 4 Gross amount from sale of assets other than inventory 4 **5**1 3 Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ reported on line 1) 6Ь Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 115,048 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 10 11 11 Benefits paid to or for members RFCEIVED 12 Salanes, other compensation, and employee benefits 12 4,643 13 13 Professional fees and other payments to independent contractors တို 6,547 14 14 Occupancy, rent, utilities, and maintenance NOV 2 3 2009 က် 15 Printing, publications, postage, and shipping 15 Other expenses (describe > SEE STATEMENT 1 92,886 16 16 OGDEN 104,076 17 17 Total expenses. Add lines 10 through 16 10,972 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 11,077 19 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 22,049 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (A) Beginning of year (See the instructions for Part II.) 22,049 11,077 22 22 Cash, savings, and investments Land and buildings 23 Other assets (describe 24 22,049 077 25 25 Total assets 26 26 Total liabilities (describe 077 22,049 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form 990-EZ (2008)

Form 990-EZ (2008) REBUILDING TOGET				2-1593904					Page 2			
Part III Statement of Program Service	Accomp	lishments (Se	e the instruction	ons for Part III.			•	penses				
What is the organization's primary exempt purpose?								for 501(c)				
SEE STATEMENT		<u> </u>	less and consists mi	annor .				ganization:				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title								and 4947(a)(1) trusts, optional for others)				
28 SEE STATEMENT	nemed, or c	Strict relevant mile	mation to obot pro	- Jan III		ΙŤ	paonan	or ouriors)				
20 SEE STATEMENT												
(Grants \$) If this amount	includes fo	oreign grants, che	ck here	<u> </u>		28a		102	,02€			
29												
) If the second			-l- b		\Box	29a						
	includes id	oreign grants, che	ck nere			234						
30												
(Grants \$) If this amount	includes fo	oreign grants, che	ck here	<u> </u>		30a						
31 Other program services (attach schedule)					 -							
		oreign grants, che	ck here	<u> </u>	Щ	31a		100				
32 Total program service expenses (add lines 28a thro					<u> </u>	32		102	, 026			
Part IV List of Officers, Directors, Trustees, ar	nd Key Em	ployees. List eac	(b) Title and average	(c) Compensation	ne in (d)	Contribu	utions to	e) Expe	ense			
(a) Name and address			hours per week devoted to position	(If not paid, enter -0)			efit plans & pensation	account other allow				
DALLAS CAUDLE NA	SHVILLE		TREASURER						,			
209 10TH AVENUE SO, STE 412 TN	37203		12	1,800	<u> </u>		0					
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				0	-		0					
SEE LISTING ATTACHED			1				0		,			
WITH THE EXCEPTION OF ABOVE				· · · · · ·	├─							
ALL OFFICERS & DIRECTORS DEVOTE												
APPROX 1 HOUR PER WEEK TO												
THEIR POSITIONS					<u> </u>							
NO COMPENSATION IS PAID			·									
NO BENEFITS ARE PAID					-							
NO EXPENSE ACCOUNTS OR ALLOWANCES												
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"Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ	(2008) REBUILDING TOGETHER * NASHVIL	LE 6	2-1593904			Page 4		
Part VI	Section 501(c)(3) organizations only. All section 501 and complete the tables for lines 50 and 51.	(c)(3) organiza	tions must ans	wer questions	46-49			
16 Did the	e organization engage in direct or indirect political campaign activities on b	ehalf of or in oppos	sition to		Ye	s No		
candid	candidates for public office? If "Yes," complete Schedule C, Part I							
Is the organization engage in loadying activities in 1705, complete outled to 7 air in								
9a Did the organization make any transfers to an exempt non-charitable related organization?								
b If "Yes," was the related organization(s) a section 527 organization?								
50 Compl	lete this table for the five highest compensated employees (other than officeevived more than \$100,000 of compensation from the organization. If the			yees) who	[49b]			
	(a) Name and address of each employee paid more hours per week than \$100,000 (d) Contributions to employee benefit plans & deferred compensation							
иои́в .								
Total number	r of other employees paid over \$100,000			•				
<u> </u>	ensation from the organization. If there is none, enter "None." Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) (Compensation	n		
	· · · · · · · · · · · · · · · · · · ·							
fotal number	r of other independent contractors each receiving over \$100,000	▶						
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete beclaration of preparer (other than of Signature of officer Type or print name and title		nformation of which pre					
	Proposed 7/10/-	Date	Check if	Preparer's Iden	tifying Number	(See instr.)		
Paid	Preparer's signature MIFE Mun, CoA	//.3.3	-009 self-	Ponna	Q521	·		
- alu Preparer's			employed			1042		
Jse Only					5-049	1042		
Jae Olliy		UITE 430		Phone	-272	2771		
May 45 - 150	address, and ZIP + 4 BRENTWOOD, TN 37027-	3U3Z			373-			
way the IRS	discuss this return with the preparer shown above? See instructions				Yes	No No		
				E/	nn 33U-C	# (JULO)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

REBUILDING TOGETHER * NASHVILLE

Employer identification number 62-1593904

SP	irt	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	ee ins	tructio	ns)		
The	orga	nization is not	a private foundation becaus	e it is (Please check only one or	ganization	.)							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)											
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	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	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	\Box	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	П			1) more than 33 1/3 % of its supp		ontribution	s, memb	ership f	ees, and	d gross			
		•	• ,	npt functions—subject to certain e				•		_			
		support from	gross investment income ar	nd unrelated business taxable inc	ome (less	section 5	11 tax) fr	om busi	nesses				
		acquired by the	- he organization after June 3	0, 1975 See section 509(a)(2).	(Complete	Part III)	•						
10		An organizati	on organized and operated	exclusively to test for public safet	y See se	ction 509	(a)(4). (s	ee instru	ctions)				
11		An organizati	on organized and operated	exclusively for the benefit of, to p	erform the	functions	of, or to	carry or	ıt the				
		purposes of c	one or more publicly support	ted organizations described in sec	ction 509(a	a)(1) or se	ction 509	9(a)(2).	See sec	tion			
		509(a)(3). Ch	eck the box that describes t	the type of supporting organizatio	n and com	plete line:	s 11e thr	ough 11	h.				
		a Type	l b Type II	c Type III-Function	ally Integra	ated	d	🗌 Тур	e III-Ot	her			
0		By checking t	this box, I certify that the org	ganization is not controlled directly	y or indired	tly by one	or more	disqual	ified				
		persons other	r than foundation managers	and other than one or more publi	icly suppoi	rted organ	izations	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organization	ation received a written dete	ermination from the IRS that it is a	Type I, T	ype II, or 1	Гуре III s	upportir	ng				_
		organization,	check this box		•								\sqcup
g		Since August	17, 2006, has the organiza	tion accepted any gift or contribut	tion from a	ny of the							
		following per											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together w	ith person	s descnbe	ed in (11)				· · · · ·	Yes	No
		and (iii) l	below, the governing body o	of the supported organization?							11g(i)	 	<u> </u>
			member of a person descri	•							11g(ii)	ļ	—
			•	descnbed in (i) or (ii) above?							11g(iii)		<u> </u>
_h		Provide the f	ollowing information about t	he organizations the organization	supports								
(i)	Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section		isted in your		nization in	organizat		supp	ort	
				(see instructions))	governing	document?		of your part?		S ?	d in the		
					Yes	No	Yes	No	Yes	No			
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REBUILDING TOGETHER * NASHVILLE 62-1593904 Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 12,125 17,700 27,935 73,981 115,048 246,789 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 17,700 73,981 115,048 246,789 12,125 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) 66,275 · C. . . Public support. Subtract line 5 from line 4 180,514 Section B. Total Support (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2004 Amounts from line 4 12,125 17,700 27,935 73,981 115,048 246,789 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 27 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) "ta" 177" 120 246,816 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 73.1371 15 55.3047 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test-2008. 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 33 1/3 % support test-2007. 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 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990-EZ) 2008 REBUILDING TOGETHER * NASHVILLE 62-1593904 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (d) 2007 (a) 2004 (b) 2005 (c) 2006(e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from 7.5 line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on ... 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 14 and 12.) - 1 , 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3 % support tests—2008. 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 33 1/3 % support tests—2007. 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

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

Schedule A (Fo	rm 990 or 990-EZ) 2008	REBUILD	ING TOGET	HER * N	ASHVILLE	62-1	593904	Page
Part IV	Supplemental Inf Part II, line 17a o							
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REBUTOG Rebuilding Together * Nashville

62-1593904

Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CONVENTION	2,077
CONTRACT LABOR	1,800
DUES	559
INSURANCE	1,598
OFFICE SUPPLIES	337
STATE FILING FEES	70
STORAGE	1,579
EQUIPMENT RENTAL	1,228
PHOTOS	492
SIGNAGE	167
MEALS	2,795
SUPPLIES	4,367
LABOR & BLDG MATERIALS	70,829
T-SHIRTS	2,627
WASTE MANAGEMENT	2,361
TOTAL	\$ 92,886

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

REBUILDING TOGETHER'S MISSION IS TO PRESERVE AND REVITALIZE HOUSES AND COMMUNITIES, ASSURING THAT LOW-INCOME HOMEOWNERS, FROM THE ELDERLY AND DISABLED TO FAMILIES WITH CHILDREN, LIVE IN WARMTH, SAFETY, AND INDEPENDENCE.

Statement 3 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

REPAIR & MAINTENANCE OF HOMES FOR ELDERLY, DISABLED OR LOW-INCOME HOMEOWNERS IN THE METRO NASHVILLE TN AREA. DURING THE CURRENT FISCAL YEAR, THERE WERE 12 REBUILD PROJECTS COMPLETED AND OVER 4,116 VOLUNTEER HOURS PROVIDED. THE TOTAL MARKET VALUE OF THE REBUILDING SERVICES RENDERED WAS \$225,904.