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#### INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors of Rebuilding Together Dutchess County, Inc.

We have reviewed the accompanying financial statements of Rebuilding Together Dutchess County, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

#### Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

#### Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

KIRSHON AND COMPANY, P.C.

Mishor + Company PC.

Poughkeepsie, NY

Report Date: November 9, 2020

#### REBUILDING TOGETHER DUTCHESS COUNTY, INC. STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2019 AND 2018

	2019		2019 201	
ASSETS				
Cash and cash equivalents	\$	189,088	\$	138,393
Certificates of deposit		23,288		23,264
Unconditional promises to give, net of unamortized discount		54,124		22,949
Grants receivable		89,403		73,511
Prepaid expenses		1,440		1,305
Property and equipment, net of accumulated depreciation		1,668		556
Security deposit		450		450
TOTAL ASSETS	\$	359,461	\$	260,428
LIABILITIES				
Accounts payable	\$	14,012	\$	4,987
Accrued expenses		8,723		4,159
TOTAL LIABILITIES		22,735		9,146
NET ASSETS				
Without donor restrictions		290,064		190,115
With donor restrictions (note 11)		46,662		61,167
TOTAL NET ASSETS		336,726		251,282
TOTAL LIABILITIES AND NET ASSETS	\$	359,461	\$	260,428

# REBUILDING TOGETHER DUTCHESS COUNTY, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

		2019		2018		
	Without Donor	With Donor		Without Donor	With Donor	
·	Restrictions	Restrictions	Total	Restrictions	Restrictions	Total
REVENUE AND OTHER SUPPORT						
Donations	\$ 100,900	\$ -	\$ 100,900	\$ 26,055	\$ -	\$ 26,055
Grants	253,877	46,662	300,539	212,510	61,167	273,677
Sponsorships	45,250	-	45,250	48,650	-	48,650
Special events - net	42,067	-	42,067	32,861	-	32,861
Interest income	109	-	109	77	-	77
Non-cash donations	68,788	-	68,788	52,610	-	52,610
Other Income	-	-	-	1,877	-	1,877
Net assets released from restrictions:						
Restrictions satisfied by payments	61,167	(61,167)	-	37,918	(37,918)	
)TAL REVENUE AND OTHER SUPPORT	572,158	(14,505)	557,653	412,558	23,249	435,807
EXPENSES						
Program expenses	444,741	-	444,741	335,701	-	335,701
Management and general	13,438	-	13,438	11,146	-	11,146
Fundraising	14,030_		14,030	11,316		11,316
TOTAL EXPENSES	472,209	-	472,209	358,163	-	358,163
CHANGE IN NET ASSETS	99,949	(14,505)	85,444	54,395	23,249	77,644
NET ASSETS AT BEGINNING OF YEAR	190,115	61,167	251,282	135,720	37,918	173,638
NET ASSETS AT END OF YEAR	\$ 290,064	\$ 46,662	\$ 336,726	\$ 190,115	\$ 61,167	\$ 251,282

#### REBUILDING TOGETHER DUTCHESS COUNTY, INC. STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

2018 2019 Management Management Fundraising Total Program and General Fundraising Total Program and General \$ 134,843 7.491 \$ 149.825 \$ 102,147 5,675 5,675 \$ 113,497 Salaries and wages 7,491 454 590 11,805 8,162 454 9,070 Payroll taxes 10.625 590 1.100 1,100 21,997 21,809 1,212 1,212 24,233 19,797 Professional fees 3,063 245 4,891 2,910 153 Advertising 4,646 21,649 1.082 1,082 576 19.485 Office expenses 10.361 576 11,513 563 563 11,250 9.360 520 520 10.400 Rent 10,124 Travel 223 4,465 2,848 150 2.998 4,242 3,980 210 4,190 2,342 Conferences 2,225 117 398 398 7.968 5,124 285 285 5,694 Insurance 7,172 200,527 133,331 133,331 Building materials and supplies 200,527 44 873 Training 3,961 209 4,170 829 32 632 Volunteer recognition 942 50 992 600 1.523 21,975 1,157 23,132 Dues and membership fees 28.930 30,453 Filing fees 142 8 150 1,320 70 1.390 Bank charges 2,967 2,967 1,986 1,986 160 3,202 2,456 137 137 2,730 Telephone 2,882 160 Postage 953 53 53 1,059 1,168 65 65 1,298 Depreciation 357 20 20 397 209 12 12 233 **TOTAL FUNCTIONAL EXPENSES** \$ 444,741 \$ 13,438 14,030 \$ 472,209 \$ 335,701 \$ 11,146 \$ 11,316 \$ 358,163 \$

#### REBUILDING TOGETHER DUTCHESS COUNTY, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	 2019	2018	
CASH FLOWS FROM OPERATING ACTIVITIES Change in net assets Adjustments to reconcile change in net assets	\$ 85,444	\$ 77,644	
to net cash provided by (used in) operating activities:  Depreciation Interest on certificates of deposit CHANGE IN OPERATING ASSETS AND LIABILITIES (Increase) Decrease in:	397 (24)	233 (23)	
Promises to give Grants receivable Prepaid items and other assets Increase (Decrease) in:	(31,175) (15,892) (135)	(19,499) (17,799) 713	
Accounts payable and accrued liabilities  NET CASH PROVIDED BY OPERATING ACTIVITIES	 13,589 52,204	 3,883 45,152	
CASH FLOWS FROM INVESTING ACTIVITIES Purchases of fixed assets Proceeds from sale of asset NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	(1,509) - (1,509)	17,000 17,000	
NET INCREASE IN CASH AND CASH EQUIVALENTS	 50,695	 62,152	
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	138,393	76,241	
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 189,088	\$ 138,393	

#### NOTE 1 NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Activities

Rebuilding Together Dutchess County, Inc. (the Organization) is organized under the Not-For-Profit Corporation Laws of the State of New York. The Organization provides repairs and renovations to the residences of low-income, elderly or disabled homeowners in Dutchess County, New York. The Organization derives the majority of its revenues through donations, grants, sponsorships and fundraising events.

#### Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables and payables. Revenues are recognized when earned, and expenses are recognized when incurred.

#### Basis of Presentation

The Organization follows the guidance of the *Not-for-profit Entities* topic of the FASB Codification. Under this topic, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net Assets Without Donor Restrictions – Net assets that are not subject to donor-imposed restrictions or restricted gifts whose restrictions were met during the year.

Net Assets With Donor Restrictions - Net assets that are subject to donor-imposed restrictions expected to be met either by the Organization's actions or passage of time. Certain restrictions may need to be maintained in perpetuity.

#### Use of Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect reported assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

#### Reclassifications

Certain amounts reported in 2018 have been reclassified to conform to the 2019 presentation.

#### Cash and Cash Equivalents

The Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

#### Certificates of Deposit

Certificates of deposit are carried at cost plus accrued interest and are not required to be classified in accordance with the fair value hierarchy.

#### Promises to Give and Grants Receivable

Pledges are recorded as contributions when a donor makes a promise, whether oral or written, to give cash or other assets to the Organization that are, in substance, unconditional. All donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of restrictions. When a restriction expires, these assets are reclassified to net assets without donor restrictions. Grants are recorded as support in the period specified by the granting agency.

The Organization provides for bad debts using the reserve method. The allowance for doubtful accounts is based on certain percentages of aged receivables, which are based on historical experience and management's assessment of the general collectability. The balance is stated at the amount management expects to collect. Management determined that no allowance was necessary as of December 31, 2019 and 2018.

Amortization of discounts on pledges receivable are included in contribution income.

#### Fixed Assets

All acquisitions of fixed assets and all expenditures for repairs, maintenance and replacements costing in excess of \$500 that materially prolong the useful lives of assets are capitalized. Fixed assets are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is computed using the straight-line method.

#### Accrued compensated absences

The normal vacation policy allows employees to carry a maximum of 5 vacation days into the subsequent year. Amounts are accrued based on the respective salaries in effect for the calendar year.

#### Income Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

#### NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTD.)

#### Revenue Recognition

Contributions received are recorded as unrestricted or restricted support when received, depending on the existence and/or nature of any donor restrictions. Restricted contributions whose restrictions are met in the same reporting period as the contribution was received are reported as an increase in net assets without donor restrictions. Donor-restricted support, whose restrictions are not met within the same reporting period, is reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions.

#### Deferred Revenue

Contributions are recorded in the year received. Contributions which are allocable to a project in a subsequent calendar year are recognized as contribution income, but classified as net assets with donor restrictions.

#### Functional expenses

Directly-identifiable costs are charged to program expenses. Other expenses are allocated based on the basis of estimates of time and effort or purpose and function.

#### Advertising Costs

Advertising costs are expensed as incurred.

#### NOTE 2 ADOPTION OF ACCOUNTING PRONOUNCEMENT

The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. ASU 2016-14 requires changes to the financial reporting model of organizations who follow the non-for-profit reporting model. The changes include reducing the classes of net assets from three classes to two – net assets with donor restrictions and net assets without donor restrictions. The ASU also requires changes in the way certain information is reported and aggregated, including required disclosures about liquidity and availability of resources. The new standard is effective for the Organization's fiscal year ended December 31, 2018 and thereafter and must be applied on a retrospective basis. The Organization adopted the ASU effective January 1, 2018. Adoption of the ASU did not result in any reclassifications or restatements to net assets or changes to net assets.

#### NOTE 3 FIXED ASSETS

Fixed assets represent acquisitions by the Organization with its own funds and consist of the following:

	<u>2019</u>	<u>2018</u>
Equipment Less: accumulated depreciation	\$ 2,673 (1,005) \$ 1,668	\$ 4,660 <u>(4,104)</u> \$ 556

Depreciation expense for the years ended December 31, 2019 and 2018 were \$397 and \$233, respectively.

#### NOTE 4 LAND - HELD FOR SALE

A vacant parcel of land was donated to the Organization in November 2017. The land was recorded at fair market value on the date of donation which was \$17,000. In January 2018, the Organization entered into a contract of sale for the property for \$17,000. No gain or loss was recognized on the transaction.

#### NOTE 5 SPECIAL EVENTS

Sales and special events represent net proceeds. Gross revenues and costs were as follows:

	<u>2019</u>	<u>2018</u>
Revenues	\$ 74,273	\$ 55,353
Costs	<u>(32,206)</u>	(22,492)
Net	<b>\$ 42,067</b>	<u>\$ 32,861</u>

#### NOTE 6 NON-CASH DONATIONS

Non-cash donations represent the fair market value of building materials, related professional services and other supplies received by the Organization and are recorded as support revenues. Offsetting amounts are also included in expenses. The values of non-cash donations used to support projects completed in accordance with the mission of the Organization, and included in the financial statements for 2019 and 2018, are \$68,788 and \$52,610, respectively. The amount for the year ended December 31, 2019 consists of materials of \$49,231 and services of \$19,557. The amount for the year ended December 31, 2018 consisted of materials of \$47,280 and services of \$5,330.

In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization in accomplishing its objectives; however, these are not recognized in the financial statements because they did not meet the criteria for recognition under generally accepted accounting principles.

#### NOTE 7 PROMISES TO GIVE

Unconditional promises to give are comprised of the following:

	<u>2019</u>	<u>2018</u>
Receivable in less than one year	\$ 21,533	\$ 20,117
Receivable in one to five years	<u>34,240</u>	3,447
	\$ 55,773	\$ 23,564
Unamortized discount	<u>(1,649)</u>	<u>(615)</u>
Total	<u>\$ 54,124</u>	<u>\$ 22,949</u>

The Organization reports multi-year pledges receivable at the end of each year at their present values. The present values are computed using a 3% discount rate. No allowances for uncollectible pledges were required as of December 31, 2019 and 2018.

#### NOTE 8 OBLIGATIONS UNDER OPERATING LEASES

The Organization leases equipment under a non-cancellable operating lease agreement expiring in December 2021. Minimum payments, on an annual basis, are as follows:

Year ending <u>December 31</u>	Amount
2020	2,366
2021	<u>2,366</u>
Total	<u>\$ 4,732</u>

Equipment rental expenses for 2019 and 2018 of \$2,366 and \$1,972, respectively, are included in office expenses.

#### NOTE 9 LINE OF CREDIT

The Organization has a \$30,000 line of credit agreement with T.D. Bank, N.A. There were no borrowings against the line at December 31, 2019 and 2018. The interest rate is based on the Wall Street Journal Prime Rate (4.75% at December 31, 2019) plus 1%, but in no circumstances will the interest rate be lower than 4.25%. The credit line is payable on demand and is renewable annually.

#### NOTE 10 CONCENTRATIONS OF REVENUE

In 2019, the Organization received approximately 30% of its total revenue and support through two governmental agencies. In 2018, the Organization received approximately 12% of its total revenue and support through one governmental agency and another 12% of its total revenue and support through one private foundation. A significant reduction in revenue and support from these grants could have an adverse effect on the programs and services offered by the Organization.

#### NOTE 11 LIQUIDITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	<u>2019</u>		<u>2018</u>
Financial assets at year-end  Less those unavailable for general expenditures within one year due to:	\$ 323,612	\$	255,285
Donor-imposed purpose restrictions:	(46,662)		(61,167)
Board-designated operating reserve: Financial assets available to meet cash needs	(38,600)		(38,569)
for general expenditures within one year	\$ 238,350	<u>\$</u>	155,549

The Organization's goal is generally to maintain financial assets to meet 15% of prior year's operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposit. The Organization has a \$30,000 line of credit available to meet cash flow needs.

#### NOTE 12 RESTRICTIONS ON NET ASSETS

A portion of the Organization's net assets consist of grants with donor-imposed, purpose and timebased restrictions, as follows:

	<u>2019</u>	<u>2018</u>
Purpose restrictions – specific program-related grants	<b>\$ 46,662</b>	\$ 61,167
Time-based restrictions –	<b>V</b> 10,002	Ψ σ ι, ι σ ι
promises to give	\$ 54,124	\$ 22,949

A portion of the Organization's unrestricted net assets consists of a board-designated operating reserve. The amount held in reserve is at least 15% of the previous year's operating expenses, excluding program-specific expenses, and is intended to cover basic operating expenses in the event of a decline in program-related support. These funds are held in cash and certificates of deposit and are insured according to FDIC limits.

Board-designated net assets activity during the years 2018 and 2019:

Board-designated unrestricted net assets, January 1, 2018	\$ 38,538
Net appreciation	31
Board-designated unrestricted net assets, December 31, 2018	\$ 38,569
Net appreciation	<u>31</u>
Board-designated unrestricted net assets, December 31, 2019	<u>\$ 38,600</u>

#### NOTE 13 SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 9, 2020, the date the financial statements were available to be issued.

In April 2020, the Organization received a loan under the Paycheck Protection Program of the U.S. Small Business Administration (SBA). The principal amount of the loan was approximately \$31,000. The Organization anticipates the loan will be fully forgiven.

In July 2020, the Organization received an SBA Economic Injury Disaster Loan in the amount of \$100,000. The Organization anticipates repaying the loan in full before payments are set to begin in July 2021.

In October 2020, the Organization modified its Line of Credit Agreement with T.D. Bank, N.A. to increase the amount available for borrowing to \$70,000. Under the terms of the modification agreement, interest will be charged at the Wall Street Journal Prime Rate plus 0.74%, but not less than 3.25%.

In November 2020, the Organization was notified that it will receive a bequest of approximately \$375,000 by the end of 2020.

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning , and ending				
	Check if app					
	Address cha	ange INC.				
	Name chan	Doing business as <b>22-3153808</b>				
=	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 845-454-7310		
-	Final return			013	131-7310	
	terminated	POUGHKEEPSIE NY 12603		<b>G</b> Gross red	eipts\$ 570,302	
Ш	Amended re	etum F Name and address of principal officer:		G GIUSS IEC	<u> </u>	
	Application	pending CHRISTINA BORYK	H(a) Is this a g	roup return for	subordinates Yes X No	
_		47 SOUTH HAMILTON ST., STE B	H(b) Are all su	bordinates inc	luded? Yes No	
		POUGHKEEPSIE NY 12603	If "No	," attach a list.	(see instructions)	
$\overline{}$	Tax-exemp		7			
	Website: 1		H(c) Group ex	emption numb	er <b>U</b>	
	Form of or		Year of formation: 1		M State of legal domicile: NY	
	art I	Summary				
		riefly describe the organization's mission or most significant activities:				
S		REPAIRING HOMES, REVITALIZING COMMUNITIES, REBUILDIN	G LIVES.			
Jan						
Governance						
ő	2 Ch	heck this box u if the organization discontinued its operations or disposed of more tha	n 25% of its ne	t assets.		
∘ర	3 No	umber of voting members of the governing body (Part VI, line 1a)		3	15	
es	4 No	umber of independent voting members of the governing body (Part VI, line 1b)			15	
Activities	<b>5</b> To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5	5	
Act		otal number of volunteers (estimate if necessary)			188	
-	<b>7a</b> To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0	
	b Ne	et unrelated business taxable income fron Form 990 - Ine 39			0	
			Prior Ye		Current Year	
ne		ontributions and grants (Part VIII, line 1h)	414	4,587	537,595	
Revenue	1	rogram service revenue (Part VIII, line 2g)		77	100	
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1	77	109	
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13.	5,813	392	
_		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 2	0,477 3,331	538,096 200,527	
		rants and similar amounts paid (Part IX, column (A), lines 1–3)	13.	3,33 <u>1</u>	200,327	
	1	enefits paid to or for members (Part IX, column (A), line 4)	12	2,567	161,630	
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) rofessional fundraising fees (Part IX, column (A), line 11e)	124	2,307	101,030	
)en		otes fundraising tees (Part IX, column (A), line 11e) ${\bf u}$ 14,030			<u> </u>	
Ä	1	ther expanses (Part IV, column (A), lines 11a, 11d, 11f, 24a)	10	2,265	110,052	
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		B,163	472,209	
	1	evenue less expenses. Subtract line 18 from line 12		2,314	65,887	
<u> </u>	3 10	5.55 .555 Organison Gustian into 10 from into 12	Beginning of Cu		End of Year	
Net Assets or	<b>20</b> To	otal assets (Part X, line 16)	260	0,428	359,461	
t As	<b>21</b> To	otal liabilities (Part X, line 26)		9,146	22,735	
<u>8</u>	22 N	et assets or fund balances. Subtract line 21 from line 20	253	1,282	336,726	
P	Part II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s			f my knowledge and belief, it is	
tr	ue, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any kr	nowledge.		
Sig	- 1	Signature of officer		Date		
He	re	CHRISTINA BORYK EXECU	TIVE DI	RECTO	<u>R</u>	
		Type or print name and title				
D		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Pai	<u>_</u>			self-em	ployed	
		Firm's name } THIS TAX RETURN		Firm's EIN }		
US	Only	PREPARED BY A				
		Firm's address } NON-PAID PREPARER.	ı	Phone no.		
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)			Yes X No	

Form	orm 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-315380	<u> 8                                    </u>	Page 2					
Pa	Part III Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part I	i <u>II</u> .	<u></u>					
	1 Briefly describe the organization's mission:							
R	REPAIRING HOMES, REVITALIZING COMMUNITIES, REBUILD	ING LIVES.						
2	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								
services?								
If "Yes," describe these changes on Schedule O.								
4	4 Describe the organization's program service accomplishments for each of its three largest program s	services as measured by						
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants							
	the total expenses, and revenue, if any, for each program service reported.	and anocations to others	,					
	the total expenses, and revenue, if any, for each program service reported.							
40	42 (Code: ) (Evnances © 444 741 including grants of ©	\ (Poyonuo ¢						
4a	4a (Code: ) (Expenses \$ 444,741 including grants of \$	) (Revenue \$	)					
г	REPAIRING HOMES, REVITALIZING COMMUNITIES, REBUILD	TING TIAED.						
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4b	4b (Code: ) (Expenses \$ including grants of\$	) (Revenue \$	)					
	N/A							
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	4c (Code: ) (Expenses \$ including grants of\$	) (Revenue \$	)					
N	N/A							
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	• • • • • • • • • • • • • • • • • • • •							
4d	4d Other program services (Describe on Schedule O.)							
	(Expenses \$ including grants of\$ ) (Revenue \$	\$	)					
4e	4e Total program service expenses u 444,741							
	. J							

### Form 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
5	election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
h	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
Ü	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		<u> </u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Form **990** (2019)

_Pa	art IV Checklist of Required Schedules (continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		05.		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		x
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34		X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		<b>.</b>
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_^
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30	_ 43	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	x	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes." enter the name of the foreign country **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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 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: The governing body? 8a X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** 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 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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 List the states with which a copy of this Form 990 is required to be filed **uNY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records  ${f u}$ CHRISTINA BORYK 47 SOUTH HAMILTON ST., STE B

NY 12603

POUGHKEEPSIE

Form 990 (	2019) REBUTIDING	TOGETHER	DUTCHESS	COUNTY22-3153808
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### 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Reportable compensation Name and title Average Position Reportable Estimated amount (do not check more than one hours compensation of other from related per week box, unless person is both an from the compensation officer and a director/trustee) organization organizations from the (list any hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related Highest related organizations stitutional organizations vidual employee below trustee dotted line) trustee (1) CHRISTOPHER PELS 1.00 PRESIDENT 0.00 X X 0 0 0 (2) SCOTT FALABELLA 1.00 VICE PRESIDENT 0.00 X X 0 0 0 (3) SAMANTHA CHASE 1.00 SECRETARY X 0 0.00 X 0 0 (4) ROSS TRAPANI 1.00 TREASURER X X 0 0 0 0.00 (5) TIM BARRY 1.00 0.00 BOARD MEMBER X 0 0 0 (6) TOM BAUER 1.00 X 0 BOARD MEMBER 0.00 0 0 (7) JACOB BRETT 1.00 BOARD MEMBER 0.00 X 0 0 0 (8) KEVIN BRUCKNER 1.00 BOARD MEMBER 0.00 X 0 0 0 (9) JEFFERY COHEN 1.00 BOARD MEMBER 0.00 X 0 0 0 (10) THOMAS GLEASON, IV 1.00 BOARD MEMBER 0.00 X 0 0 0 (11) MELISSA PECK 1.00 BOARD MEMBER 0.00 X 0 0 0

Form 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153808

Part VII Section A. Officers	s, Directors, T	ruste	ees,	Key	/ En	nploy	yees	, and Highest Compens	ated Employees (continu	ıed)			
(A) Name and title	(B) Average hours per week (list any	box	x, unle	Pos check ess pe	more rson	is both	than one to both an r/trustee)  (D)  Reportable  compensation  from the  organization  (E)  Reportable  compensation  compensation  from related  organizations		Reportable compensation from related		(F) imated a of other compensation the	er ation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed orgai	n and nizations	
(12) JOHN PLACE	1.00												
BOARD MEMBER	0.00	x						0	0				0
(13) KATHY QUEENA													
BOARD MEMBER	1.00	x						0	o				0
(14) RACHEL RONK	0.00												
	1.00								_				_
BOARD MEMBER	0.00	X						0	0				0
(15) RYAN WISNIEW	1.00												
BOARD MEMBER	0.00	x						0	0				0
(16) CHRISTINA BO	RYK												
	35.00							60.000					_
EXECUTIVE DIRECTOR	0.00			X				62,000	0				0
1b Subtotal							u	62,000					
c Total from continuation she								62,000					
d Total (add lines 1b and 1c)  Total number of individuals (i							<u>u</u> d at		l than \$100.000 of				
reportable compensation from												V I	
3 Did the organization list any f	<b>former</b> officer (	direc	tor :	trust	<b>66</b>	kev (	≥mn	lovee or highest compen-	sated	ſ		Yes	No
employee on line 1a? If "Yes	," complete Sch	edui	le J	for s	uch	indiv	/idua	al			3		X
4 For any individual listed on lin organization and related organization and related organization.	anizations great	er th	nan S	\$150	,000	)? If	"Yes	s," complete Schedule J fo	or such		4		x
<ul><li>individual</li><li>5 Did any person listed on line</li></ul>	1a receive or a	iccru	ie co	ompe	ensa	tion	trom	n any unrelated organization	on or individual				
for services rendered to the		"Ye	s," c	ompi	lete	Sche	edule	e J for such person			5		X
<ul><li>Section B. Independent Contract</li><li>1 Complete this table for your</li></ul>		npen	sate	d in	depe	ende	nt co	ontractors that received m	ore than \$100,000 of				
compensation from the organ		com	pens	satio	n fo	r the	cal			tax year		(C)	
Name and	(A) d business address							Descrip	(B) tion of services		Cor	(C) npensatio	n
2 Total number of independent received more than \$100,000									0				

#### Form 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153808

Pa	irt V	III Statement of Revenue Check if Schedule O cor	ntains	a resp	onse or no	ote to anv line in	this Part VIII		
				а гоор		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
<del>울 \$</del>	4.		<u> </u>						330.00.00
irar our	1a	Federated campaigns	1a						
s, C Am	b	Membership dues	1b 1c		41,675				
ar,	4	Fundraising events	1d		11,075				
s, ini	u A	Government grants (contributions)	1e		196,677				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,							
buti	·	and similar amounts not included above	1f		299,243				
ĘÒ	a	Noncash contributions included in lines 1a-1f	1g		49,231				
aug	h	Total. Add lines 1a–1f				537,595			
					Business Code				
ce	2a								
ervi e	b								
n S enu	С								
gran	d								
Program Service Revenue	е								
_	f	All other program service revenue							
		Total. Add lines 2a–2f							
	3	Investment income (including divider							
	_	other similar amounts)			u	109			109
	4	Income from investment of tax-exem							
	5	Royalties							
	٥-	(i) Real		(11)	Personal				
		Gross rents 6a							
		Less: rental expenses 6b							
		Rental inc. or (loss) <b>6c</b> Net rental income or (loss)							
		Gross amount from (i) Securities			<b>u</b> ) Other				
		sales of assets other than inventory <b>7a</b>		(",	, с.п.				
ne	b	Less: cost or other							
Revenue		basis and sales exps. <b>7b</b>							
Re/	С	Gain or (loss) 7c							
		Net gain or (loss)			u				
Other		Gross income from fundraising events							
_		(not including \$ 41,675							
		of contributions reported on line 1c).							
		See Part IV, line 18	8a		32,598				
		Less: direct expenses	8b		32,206				
		Net income or (loss) from fundraising	g even	ts	u	392			392
	9a	Gross income from gaming activities.							
		See Part IV, line 19	9a						
		Less: direct expenses	9b						
		Net income or (loss) from gaming ac	ctivities		u				
	10a	Gross sales of inventory, less	40-						
		returns and allowances	10a						
		Less: cost of goods sold	10b	<u> </u>					
	<u> </u>	Net income or (loss) from sales of in	iverilor	y	Business Code				
Miscellaneous Revenue	11a				Dusinoss Code				
ane	b								
	C								
Λisc R	_	All other revenue							
_		<b>Total.</b> Add lines 11a–11d							
		Total revenue. See instructions				538,096	0	0	501

### Form 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153808

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must d		other organizations must	complete column (A)	
0001	Check if Schedule O contains a response				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	200,527	200,527		
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	62,000	55,800	3,100	3,100
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	87,825	79,043	4,391	4,391
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,805	10,625	590	590
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,931	6,237	347	347
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f					
g	, ,				
	(A) amount, list line 11g expenses on Schedule O.)	17,302	15,572	865	865
12	Advertising and promotion	4,891	4,646	245	
13	Office expenses	18,741	14,196	789	3,756
14	Information technology				
15	Royalties	11 050	70 704	5.63	
16	Occupancy	11,250	10,124	563	563
17	Travel	4,465	4,242	223	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 242	2 225	110	
19	Conferences, conventions, and meetings	2,342	2,225	117	
20	Interest	20 452	20 020	1 500	
21	Payments to affiliates	30,453	28,930 357	1,523	20
22	Depreciation, depletion, and amortization		7,172	20 398	20 398
23	Other evenesce Hamize evenesce not covered	7,968	1,112	398	398
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•	TRAINING	4,170	3,961	209	
a	VOLUNTEER RECOGNITION	992	942	50	
b	FILING FEES	150	142	8	
q C		130	112	0	
d	All other expenses				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	472,209	444,741	13,438	14,030
26	Joint costs. Complete this line only if the	1,2,209	111/11L	13,430	11,030
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>u</b> if following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2019)

		Check if Schedule O contains a response or not	e to any line	in this Part X	(A)		(B)
					Beginning of year		End of year
Т	1	Cash—non-interest-bearing			138,393	1	189,088
	2	Savings and temporary cash investments			23,264	2	23,288
	3	Pledges and grants receivable, net		96,460	3	143,527	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these per				5	
	6	Loans and other receivables from other disqualified p					
छ		under section 4958(f)(1)), and persons described in s		6			
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,305	9	1,440
-	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	2,673			
	b	Less: accumulated depreciation	10b	1,005	556	10c	1,668
-	11	Investments—publicly traded securities				11	
-	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			450	15	450
<u> </u>	16	Total assets. Add lines 1 through 15 (must equal line	33)		260,428	16	359,461
	17	Accounts payable and accrued expenses			9,146	17	22,735
•	18	Grants payable		18			
•	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part IV		21			
se 2	22	Loans and other payables to any current or former of					
≣		trustee, key employee, creator or founder, substantial					
Liabilities		controlled entity or family member of any of these per	sons			22	
<b>-</b>   :	23	Secured mortgages and notes payable to unrelated the	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third				24	
2	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	4). Complete	Part X			
		of Schedule D			0 146	25	00 00
+	26	Total liabilities. Add lines 17 through 25			9,146	26	22,735
es		Organizations that follow FASB ASC 958, check h	ere 🔼				
<u>ا</u> ۾		and complete lines 27, 28, 32, and 33.			100 115		200 064
39	27				190,115	27	290,064
ᅙᆝ'	28	Net assets with donor restrictions	61,167	28	46,662		
∄		Organizations that do not follow FASB ASC 958, o	neck nere q	_			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
st   2	29 20	Capital stock or trust principal, or current funds	ont fund			29	
SSI	30 31	Paid-in or capital surplus, or land, building, or equipm Retained earnings, endowment, accumulated income,	or other fun			30	
<b>₹</b>  ;	31 32				251,282	32	336,726
<b>ヺ</b> Ӏ`	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			260,428	33	359,461

Form **990** (2019)

Forn	n 990 (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153808			Pag	ge <b>12</b>			
Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				ot			
1	Total revenue (must equal Part VIII, column (A), line 12)				96			
2	Total expenses (must equal Part IX, column (A), line 25)				209 387			
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities 6		1	9,5	<u> 557</u>			
7	Investment expenses 7							
8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B)) 10		33	6,7	<u>726</u>			
Pa	art XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>					
		_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?	🚅	2a	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	L <i>i</i>	2b		X			
	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	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?	🚅	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
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?	<u>L</u> i	3a		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 on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2019)			

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

OMB No. 1545-0047 **2019** 

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

REBUILDING TOGETHER DUTCHESS COUNTY

Employer identification number 22-3153808

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	248,497	318,397	425,741	414,587	537,595	1,944,817
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	248,497	318,397	425,741	414,587	537,595	1,944,817
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)						77,320
6	Public support. Subtract line 5 from line 4						1,867,497
	tion B. Total Support	(-) 2015	(b) 2040	(a) 2047	(4) 2040	(a) 2010	(f) T-4-1
_	ndar year (or fiscal year beginning in) u	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	248,497	318,397	425,741	414,587	537,595	1,944,817
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60	45	37	77	109	328
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,972	11,066		14,813		30,851
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1,975,996
12	Gross receipts from related activities, et-	c. (see instructions	 s)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	ere					▶
Sec	tion C. Computation of Public						
14	Public support percentage for 2019 (line	6, column (f) divid	led by line 11, co	lumn (f))		14	94.51%
15	Public support percentage from 2018 Sc	hedule A, Part II,	line 14			15	92.83%
16a	33 1/3% support test—2019. If the orga	anization did not cl	neck the box on li	ne 13, and line 14	1 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qu						▶ <u>X</u>
b	33 1/3% support test—2018. If the orga	anization did not cl	neck a box on line	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check	
	this box and <b>stop here.</b> The organization						▶ ∟
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the organization						▶ □
b	10%-facts-and-circumstances test—2	018. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	meets the "facts-a	nd-circumstances	test. The organiz	zation qualifies as	a publicly	. —
							▶ ∟
18	<b>Private foundation.</b> If the organization of instructions						▶ [

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) $ {f u}    $	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) $ {f u}  $	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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	3					
С	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		first, second, third	, fourth, or fifth ta	x year as a section	on 501(c)(3)	. $\square$
<u>C - </u>	organization, check this box and stop he						▶ ∐
	tion C. Computation of Public S					1 1	
15 10	Public support percentage for 2019 (line						%
<u>16</u> Soc	Public support percentage from 2018 Sci					16	%_
	tion D. Computation of Investm			o 12 ook (f\)		17	0/
17 18	Investment income percentage for 2019 Investment income percentage from 201						<u>%</u> %
18 19a	33 1/3% support tests—2019. If the org			line 14 and line	15 is more than 3		/0
·Ja	17 is not more than 33 1/3%, check this						▶ □
b	33 1/3% support tests—2018. If the org						
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization of	-	_	-		_	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? 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,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	٥.		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	Ju		
	5b		
	5с		
	6		
	U		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
(For	m 990	or 990-	EZ) 2019
-			-

	ule A (Form 990 or 990-EZ) 2019 REBUILDING TOGETHER DUTCHESS COUNTYZZ-315560	0		Page 5
ra	rt IV Supporting Organizations (continued)	1	1,,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
Sect	ion 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.	1		
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.	2		
Sect	ion 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).	1		
Sect	ion D. All Type III Supporting Organizations			
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		
Sect	ion 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 instruc	tions)		
·	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		netructi	one)	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	เอเเนติโ	uioj.	
•	Activities Test Anguar (a) and (b) below	1	Vac	NI-
	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
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			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	32		
L-		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- OI-		
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  Schedule A (Fo	3b rm 990	or gan-	FZ) 2010
· · · · · · · · · · · · · · · · · · ·	Schedule A (Fo	330	J1 330-1	,,

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 (explain in Part VI). 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 (optional)	⁄ear
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	⁄ear
Section A - Adjusted Net Income (A) Prior Year (B) Current Y	/ear
Section A - Adjusted Net income	/ear
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.	
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)	
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 You (optional)	⁄ear
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)	
e Discount claimed for blockage or other	
factors (explain in detail in <b>Part VI</b> ):	
2 Acquisition indebtedness applicable to non-exempt-use assets 2	
3 Subtract line 2 from line 1d.	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	
see instructions).	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by .035.	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount  Current Ye	ar
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.	
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).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

	le A (Form 990 or 990-EZ) 2019 REBUILDING TOGETE			
Part	V Type III Non-Functionally Integrated 509(a)(3	<ul><li>Supporting Organ</li></ul>	<b>izations</b> (continued)	)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of si	upported 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 orga	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	and a united by mile o amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2019			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	••			
_:	Carryover from 2014 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
4				
	Section D, line 7: \$			
	Applied to underdistributions of prior years  Applied to 2019 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
^	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (For Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section III.
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
• • • • • • • • • • • • • • • • • • • •	
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• • • • • • • • • • • • • • • • • • • •	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements u Complete if the organization answered "Yes" on Form 990,

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Employer identification number Name of the organization REBUILDING TOGETHER DUTCHESS COUNTY 22-3153808 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$ Assets included in Form 990, Part X

Sche	dule D (Form 990) 2019 REBUILDI							Page 2
Pa	rt III Organizations Maintaini						(con	tinued
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and other reco	ords, check any of the	e following that ma	ke significant use	of its		
а	Public exhibition	d 🗌	Loan or exchange p	rogram				
b	Scholarly research	е	Other	_				
С	Preservation for future generations	_						
4	Provide a description of the organization'	s collections and exp	lain how they further	the organization's	exempt purpose i	in Part		
	XIII.							
5	During the year, did the organization soli	cit or receive donation	ns of art, historical tro	easures, or other s	imilar			
	assets to be sold to raise funds rather the		as part of the organiz	cation's collection?			Yes	No
Pa	rt IV Escrow and Custodial	•			_		_	
	Complete if the organizat 990, Part X, line 21.				· 	n amount	on F	orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other intern	-				Yes	No
b	If "Yes," explain the arrangement in Part							
						Amo	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance							
	Did the organization include an amount of					· · · · · · · · · —	Yes	No No
	If "Yes," explain the arrangement in Part <b>V Endowment Funds.</b>	XIII. Check here if the	e explanation has be	en provided on Pa	rt XIII	<u> </u>		
Pa	rt V Endowment Funds.  Complete if the organizat	ion answered "V	es" on Form 990	Part IV/ line 1	0			
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two years back		s hack (a)	Four yea	ire hack
19	Beginning of year balance	(a) Current year	(b) I nor year	(c) Two years back	(a) Thice year	3 back (c)	Tour yes	ii 3 Dack
	Contributions			1				
	Net investment earnings, gains, and							
Ū	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses						-	
	End of year balance							
	Provide the estimated percentage of the	current year end bala	ince (line 1g, column	(a)) held as:				
	Board designated or quasi-endowment u							
b	Permanent endowment <b>u</b> %	<b>)</b>						
	Term endowment <b>u</b> %							
	The percentages on lines 2a, 2b, and 2c	should equal 100%.						
3a	Are there endowment funds not in the po	ssession of the organ	nization that are held	and administered	for the		_	
	organization by:					_	Ye	s No
	(i) Unrelated organizations					3a	<u>(i)</u>	
	(ii) Related organizations					3a		
b	If "Yes" on line 3a(ii), are the related orga			R?		<u>3</u>	b	
4	Describe in Part XIII the intended uses o		ndowment funds.					
Pa	rt VI Land, Buildings, and E	• •	oo" on Form 000	Dort IV line 1	10 Coo Form	000 Dort	V Iin	~ 10
	Complete if the organizat							
	Description of property	(a) Cost or other (investment)	basis (b) Cost or (oth		(c) Accumulated depreciation	(a) B	ook valu	е
12	Land	``	(6.1	- /				
	Land							
	Buildings Leasehold improvements					+		
	Equipment			2,673	1,005	5	1	,668
	Other			2,0/5	<b>1,00</b>			, 000
	I. Add lines 1a through 1e. (Column (d) m		Part X, column (B), li	ne 10c.)	ι	1	1	,668

Schedule D (Form 990) 2019 REBUILDING TOGETHER DUTCHESS COUNTY22-3153808

	Complete if the organization answered "Yes" o  (a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book value	Cost or end-of-ye	
(1) Financial	derivatives		•	
(2) Closely h	eld equity interests			
(3) Other				
(A)				
(C)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
i dit ix	Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11d See Form 9	90 Part X line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11e or 11f. See I	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0.4	(I) (F) (O) (F) (Y) (F) (F) (F)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		u	tt. th
-	uncertain tax positions. In Part XIII, provide the text of the	=		_
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	neck nere it the text of the	: loothote has been provide	u in Paπ XIII I II

sche	edule D (Form 990) 2019 REBUILDING TOGETHER DUTCHESS	COOMITE 2-313360	) <b>8</b> Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)	2d	-
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		-
	Other (Describe in Part XIII.)		40
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		4c 5
	art XII Reconciliation of Expenses per Audited Financial State		
ГС	Complete if the organization answered "Yes" on Form 990,	· ·	per Neturn.
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·
	Donated services and use of facilities	2a	
	Prior year adjustments		1
	Other losses		1
d		2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
С			4c
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		4c 5
Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.		5
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  The supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and A;	IV, lines 1b and 2b; Part V, lin	5
Pa Prov	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	IV, lines 1b and 2b; Part V, lin	5
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  The supplemental Information.  Indicate the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and A;	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
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Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line
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Pa Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, lines 1b and 2b; Part V, lin de any additional information.	e 4; Part X, line

Schedule D (F	orm 990) 2019	REBUILD	ING TOGETHE	R DUTCHESS	COUNTY22-3153808	Page <b>5</b>
Part XIII	Supplemer	ntal Informat	tion (continued)		COUNTY22-3153808	
•						
*					• • • • • • • • • • • • • • • • • • • •	

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or Form 990-EZ. u Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

REBUILDING TOGETHER DUTCHESS COUNTY Employer identification number Name of the organization 22-3153808 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. iii) Did fund (vi) Amount paid to (v) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) Yes No 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 REBUILDING TOGETHER DUTCHESS COUNTY22-3153808 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF BREWERS EVENT NONE (add col. (a) through (total number) col. (c)) (event type) (event type) Revenue 44,432 28,841 73,273 1 Gross receipts ...... 20,175 21,500 41,675 2 Less: Contributions 3 Gross income (line 1 minus 7,341 24,257 31,598 line 2). 4 Cash prizes ..... 5 Noncash prizes ...... Direct Expenses 6 Rent/facility costs .... 7 Food and beverages 8 Entertainment 17,619 13,792 31,411 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 31,411 11 Net income summary. Subtract line 10 from line 3, column (d) ..... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... Expenses 3 Noncash prizes ...... 4 Rent/facility costs 5 Other direct expenses Yes ..... % Yes ..... Yes ..... % 6 Volunteer labor ...... 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2019 REBUILDING TOGETHER DUTCHESS COUNTY22-31		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name <b>u</b>		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	I	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization u\$ and the		
	amount of gaming revenue retained by the third party u\$		
С	If "Yes," enter name and address of the third party:		
	Name <b>u</b>		
	Address u		
16	Gaming manager information:		
	Name <b>u</b>		
	Gaming manager compensation <b>u</b> \$		
	Description of services provided <b>u</b>		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year us	(···)	177
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	il iniorm	iation.
	See instructions.		

# SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

REBUILDING TOGETHER DUTCHESS COUNTY Name of the organization Employer identification number INC. 22-3153808 Part I **General Information on Grants and Assistance** 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? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash (e) Amount of non-(h) Purpose of grant 1 (g) Description of cash assistance or assistance or government grant noncash assistance (1) (2) (3)(4) (5) (6) (7) (8) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

### Schedule I (Form 990) (2019) REBUILDING TOGETHER DUTCHESS COUNTY22-3153808

Part III Grants and Other Assistance		luals. Complete if the	he organization ansv	vered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if addi	<u> </u>			1	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BLDG MATERIALS & SUPPLIES	119		200,527	FMV	HOME REPAIR
2					
3					
4					
5					
6					
7	side the information	and the second s	in a Or Don't III. a along		Was a Linda was at an
Part IV Supplemental Information. Pro	vide the information	required in Part I, I	ine 2; Part III, colum	nn (b); and any other add	itional information.
SEE SCHEDULE I SUPPLEMENTA	L INFORMATION	N WORKSHEET			

SCHEDULE I		Sup	plemental I	nformatio	n		2019
(Form 990)	For calendar year	2019, or tax year	beginning		, and ending		2013
				~~		Employer iden	tification number
Name of the organization	REBUILDING INC.	TOGETHER	DUTCHESS	COUNTY		22-315	3808

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
QUALIFIED APPLICANTS MUST COMPLETE AN APPLICATION AND MEET OUR ELIGIBILITY
CRITERIA FOR THIS PROGRAM. THE PROGRAM MANAGER COMPILES A SUMMARY FOR EACH
APPLICANT THAT OUTLINES THE FINDINGS AND RECOMMENDATIONS OF THE HOME
PREVIEW, ASSESSMENT, AND INSPECTION. THIS INFORMATION IS SHARED WITH OUR
HOUSE SELECTION COMMITTEE, WHICH IS COMPRISED OF CURRENT AND PAST BOARD
MEMBERS AND OTHER KEY LONG-TIME VOLUNTEERS WITH EXTENSIVE EXPERIENCE IN
CONSTRUCTION, HOME INSPECTION, AND WORKING WITH HOMEOWNERS IN NEED. THEY
MEET REGULARLY TO REVIEW HOMEOWNER INFORMATION WITH THE GOAL OF SELECTING
THOSE APPLICANTS WITH THE GREATEST NEED WITHIN OUR MISSION GUIDELINES.
THE HOUSE SELECTION COMMITTEE THEN ADDOUGS A DOOL OF ADDITIONED THAT STAFF
THE HOUSE SELECTION COMMITTEE THEN APPROVES A POOL OF APPLICANTS THAT STAFF
CAN ASSESS AND MATCH WITH AVAILABLE VOLUNTEERS AND FUNDING. OUR GOAL IS TO
CAN ASSESS AND MATCH WITH AVAILABLE VOLUNTEERS AND FUNDING. OUR GOAL IS TO
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CAN ASSESS AND MATCH WITH AVAILABLE VOLUNTEERS AND FUNDING. OUR GOAL IS TO COMPLETE ALL PROJECTS THAT RECEIVE A QUALIFYING RANKING; HOWEVER, OUR ABILITY TO DO THIS IS LIMITED BY AVAILABLE FUNDING.
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#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

#### **Noncash Contributions**

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

11 Attach to Form 990

REBUILDING TOGETHER DUTCHESS COUNTY

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open To Public Inspection

Employer identification number

22-3153808 INC. Part I Types of Property (b) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ...... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes ..... Intellectual property ..... 8 Securities — Publicly traded .... 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous ..... 12 Qualified conservation contribution — Historic structures ..... 14 Qualified conservation contribution — Other ..... Real estate — Residential ...... 15 Real estate — Commercial ..... 16 Real estate — Other ..... 17 Collectibles ..... 18 Food inventory ..... 19 20 Drugs and medical supplies Taxidermy ..... 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 49,231 FMV Other u( BUILDING MATER! X 88 25 Other **u**( 26 27 Other **u**(\_\_\_\_\_\_\_ Other **u**( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.					
SCHEDULE M - SUPPLEMENTAL INFORMATION					
PART I, COLUMN (B):					
THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.					

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service

INDEPENDENT

FORM 990, PART I, LINE 6

**ENVIRONMENT.** 

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization REBUILDING TOGETHER DUTCHESS COUNTY
INC. Employer identification number 22-3153808

WE ENGAGE APPROXIMATELY 350 VOLUNTEERS ANNUALLY THROUGH OUR REBUILDING DAY PROGRAM TO ASSIST RTDC IN PERFORMING REPAIRS AND MODIFICATIONS ON SELECTED OWNER-OCCUPIED HOMES IN ORDER TO BRING THE HOME TO A WARM, SAFE, DRY AND

AND INSPECTION PROCESS AS WELL AS ON PROGRAM AND EVENT PLANNING COMMITTEES.

VOLUNTEERS ALSO ASSIST RTDC IN THE HOME PREVIEW

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 WILL BE SENT TO ALL BOARD MEMBERS VIA E-MAIL. ALL BOARD
MEMBERS ARE REQUIRED TO REVIEW THE FORM 990 AND SUBMIT ANY QUESTIONS TO THE
ORGANIZATION'S EXECUTIVE DIRECTOR. ALL QUESTIONS WILL THEN BE E-MAILED TO
THE BOARD PRESIDENT FOR ANSWER. ONCE ALL QUESTIONS HAVE BEEN ADDRESSED TO
THE SATISFACTION OF THE BOARD ALL BOARD MEMBERS ARE REQUIRED TO APPROVE THE
FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CONFLICT OF INTEREST STATEMENT IS CIRCULATED TO ALL THE BOARD MEMBERS OF

THE GOVERNING BODY. ALL BOARD MEMBERS ARE REQUIRED TO LIST ALL CONFLICT

(S), SIGN AND DATE THE CONFLICT OF INTEREST STATEMENT AND RETURN IT TO THE

EXECUTIVE COMMITTEE FOR REVIEW ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A RECOMMENDATION

FROM THE RTDC EXECUTIVE COMMITTEE SUBJECT TO THE APPROVAL OF THE BOARD OF

DIRECTORS AND IS REVIEWED ON AN ANNUAL BASIS USING COMPARABLE EXECUTIVE