

Check if Schedule O applies to responses or note to any line in this Part III **X**

- 1 Briefly describe the organization's mission:
REBUILDING TOGETHER LONG ISLAND SERVES OUR STRUGGLING NEIGHBORS AND COMMUNITIES IN NASSAU AND SUFFOLK COUNTIES THROUGH ITS MISSION OF REPAIRING HOMES, REVITALIZING COMMUNITIES AND REBUILDING LIVES. BY UTILIZING THE TALENTS AND RESOURCES OF OUR VOLUNTEERS, AS WELL AS
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EIT? Yes No
- 3 If 'Yes,' describe these new services on Schedule O.
- 4 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
- 5 If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenues, if any, for each program service reported.

4a **Year** 2021 **Program 1** 203,793. **ending year of 1** 6,779.
TO REPAIR AND REHABILITATE THE HOMES OF POOR, ELDERLY & DISABLED BOMBERS WHO ARE NOT FINANCIALLY OR PHYSICALLY ABLE TO REPAIR THEIR HOMES THEMSELVES. THE WORK IS DONE AT NO COST TO THE HOMEOWNER.

DURING 2021, 89 RESIDENTIAL PROJECTS WERE COMPLETED WHICH POSITIVELY IMPACTED THE LIVES OF 149 HOUSEHOLD MEMBERS INCLUDING SENIORS AND VETERANS. OUR VOLUNTEERS ALSO COMPLETED THREE COMMUNITY PROJECTS THAT POSITIVELY AFFECTED THE LIVES OF AN ADDITIONAL 164 MEN, WOMEN AND CHILDREN FOR A TOTAL OF 107 PEOPLE WHO WERE BENEFICIARIES OF OUR SERVICE AND WHOSE LIVES WERE IMPROVED. WE CONSTRUCTED 17 WHEELCHAIR RAMPS PROVIDING SAFE ACCESS TO HOMES FOR THOSE WITH PHYSICAL LIMITATIONS. UTILIZING THE SERVICES OF OUR DEDICATED CORE OF

4b **Year** 2021 **Program 1** 203,793. **ending year of 1** 6,779.

4c **Year** 2021 **Program 1** 203,793. **ending year of 1** 6,779.

4d **Other program services** (Describe on Schedule O.)

None

4e **Total program service expenses** 203,793. **Program 1** 6,779.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or also 501(c)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(29), or 501(c)(28) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for excise 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in trust endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments (other securities in Part X, line 12, that is 95% or more of its total assets reported in Part X, line 10)? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments (program related in Part X, line 13, that is 95% or more of its total assets reported in Part X, line 10)? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 95% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 20? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Reg. 48 (401-740)? If "Yes," complete Schedule D, Part XI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 complete Schedule D, Parts XII and XIII as optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11a? If "Yes," complete Schedule G, Part I. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 11 and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 8a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Part I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? <i>If "Yes," complete Schedule L, Parts I and II.</i>	X	
23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule L.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule A. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defuse any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24a Section 501(c)(29), 501(c)(30), and 501(c)(32) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>	X	
25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 20% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selector committee member, or to a 20% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> c A 20% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I.</i>	X	
33 Did the organization meet 100% of an entity's expenses as specified in the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part A, B, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(29) organizations. Did the organization make any variables to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37 Did the organization conduct more than 25% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part IV.</i>	X	
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11a and 12?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1099. Enter -0- if not applicable.	0
b Enter the number of Forms W-9G included on line 1a. Enter -0- if not applicable.	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (including sports) to prize winners?	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
5a 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		1
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 7a and 2a is greater than 200, you may be required to e-file. See instructions.</i>		X
5a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "Yes" to line 2a, provide an explanation on Schedule O		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: _____		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8868-T?		X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization submit any contributions that were not tax deductible or charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(e):		
a Did the organization receive a payment in excess of \$75 made partly in a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8287?		X
d If "Yes," indicate the number of Forms 8287 filed during the year	7d	
a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8879 as required?		
h If the organization received a contribution of cash, loans, expenses, or other resources, did the organization file a Form 1099-C? <i>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?</i>		
g Sponsoring organizations maintaining donor advised funds:		
a Did the sponsoring organization make any taxable distributions under section 40807?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(29) organizations. Enter:		
a Initial fees and capital contributions included on Part VII, line 12	10a	
b Gross receipts, included on Form 990, Part VII, line 12, for public use of such facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(28) qualified nonprofit health insurance issuers:		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
b 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	13a	
c Enter the amount of reserves on hand	13b	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "Yes," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payments of more than \$1,000,000 in remuneration or excess parachute payments during the year?	15	X
a "Yes," see the instructions and file Form 4720, Schedule H		
b Is the organization an educational institution subject to the section 4965 excise tax on net investment income?	16	X
c "Yes," complete Form 4720, Schedule O		
17 Section 501(c)(3) organizations. Did the trust, any disqualified person, or non-operator engage in any activities that would result in the imposition of an excise tax under section 4961, 4962 or 4963?	17	
a "Yes," complete Form 990		

Part VII 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 information that is not true in this Part VII
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 if there are material differences in voting rights among members of the governing body, or if the governing body delegated (or had authority to) an executive committee or similar committee. Explain on Schedule O.	10	
1b Enter the number of voting members included on line 1a, above, who are independent officers, directors, trustees, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Each committee with authority to act on behalf of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the correct and addresses on Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 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 essential purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization have a written conflict of interest policy? If "Yes," go to line 13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Were officers, directors, or trustees, and key employees, required to disclose annually interests that could give rise to conflicts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization have a written whistleblower policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization have a written document retention and destruction policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18a Did the organization invest in, continue assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 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 assets with respect to such arrangements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 5104 requires an organization to make its Forms 1023 (2024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(29)(a) only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **STELLA HENRICKSON - 631-777-7894**
208 ROUTE 109, FANNINGDALE, NY 11735

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

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

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 the instructions for definition of "key employee."
 - List the organization's five least highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Part 5 of Form 990-B, Form 990-BSS, and/or for 1 of Form 990-BEC) if more than \$10,000 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below and)	(C) Position <small>In row check more than one box, unless person is both an officer and a director/trustee</small>					(D) Reportable compensation from the organization (990-B/990-BSS/1099-BEC)	(E) Reportable compensation from related organizations (990-B/990-BSS/1099-BEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee			
(1) STELLA N BENEDEKOWICZ PRESIDENT	32.00	X	X				0.	0.	0.
(2) JOE BORTIS DIRECTOR	2.00	X					0.	0.	0.
(3) DOMENIC FRANCO SECRETARY	2.00	X	X				0.	0.	0.
(4) STEVEN WELSH VICE PRESIDENT	18.00	X	X				0.	0.	0.
(5) ROBERT WISLAJKA TREASURER	2.00	X	X				0.	0.	0.
(6) STEVEN WIEBER DIRECTOR	2.00	X					0.	0.	0.
(7) LAWRENCE BELVEDERE DIRECTOR	2.00	X					0.	0.	0.
(8) NATALIE LAPP DIRECTOR	2.00	X					0.	0.	0.
(9) STEVEN AMBROSINI DIRECTOR	2.00	X					0.	0.	0.
(10) MARIAN GOURBER DIRECTOR	2.00	X					0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(29) and 501(c)(30) organizations must complete all columns. All other organizations must complete columns (A) through (E). Check if Schedule O contains a material amount to add to this line in this Part IX.

Do not include amounts reported on lines 6a, 7b, 8b, 26, and 30c of Part VII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and foreign governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	51,130.	30,678.	15,339.	5,113.
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,540.	1,524.	762.	254.
11 Fees for services (non-employment):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services. See Part IV, line 17				
12 Investment management fees				
13 Other (if line 13 amount exceeds 5% of line 25, column (A), amount, list the 1% expense on Sub O.)	7,825.		7,825.	
Advertising and promotion				
Office expenses	4,002.	2,401.	1,301.	400.
Information technology				
Royalties				
Occupancy				
Travel	17,695.	10,617.	5,389.	1,769.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	3,090.	1,854.	927.	309.
Other expenses (amounts not covered above, 5% of miscellaneous expenses on line 24a, if the 5% amount exceeds 5% of line 25, column (A), amount, list the 2% expense on Schedule O.)				
a. DONATED MATERIALS	65,815.	65,815.		
b. BUILDING EXPENSE	51,986.	51,986.		
c. OUTSIDE CONTRACTORS	36,293.	36,293.		
d. DUES, SUBSCRIPTIONS, AND	10,947.		10,947.	
All other expenses	2,325.	2,625.	396.	6,104.
25 Total functional expenses. Add lines 1 through 24c.	260,449.	203,793.	42,786.	13,949.
26 Joint fees. Complete this line only if the percentage reported in column (E) plus costs from a combined educational campaign and fundraising solicitation.				

Check box if following line is a public charity.

Form 990 (2021)

Part X Balance Sheet

Check if Schedule D contains a response to note 18: Any line is less than Part X

	(A) Beginning of year	(B) End of year
Assets		
1 Cash - non-volunteer-designated		
2 Savings and temporary cash investments	230,613.	279,452.
3 Pledges and grants receivable, net		0.
4 Accounts receivable, net	8,400.	
5 Loans and other receivables from 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		
6 Loans and other receivables from other disqualified persons (as defined under section 4943(b)(1)), and persons described in section 4943(b)(2)(B)		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges		
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D		
10b Less: accumulated depreciation	15,176.	15,176.
11 Investments - publicly traded securities	0.	0.
12 Investments - other securities. See Part IV, line 11	27,211.	15,185.
13 Investments - programmed. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 26)	27,211.	15,185.
17 Accounts payable and accrued expenses		
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Errors or custodial account liability. Complete Part IV of Schedule D		
22 Loans and other 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	1,245.	1,245.
23 Secured mortgages and notes payable to unrelated third parties	276,811.	325,819.
24 Unsecured notes and loans payable to unrelated third parties	7,625.	6,225.
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26 Total liabilities. Add lines 17 through 25	7,625.	6,225.
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
and complete lines 27, 28, 29, and 30.		
28 Net assets without donor restrictions	269,186.	319,594.
29 Net assets with donor restrictions		
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
and complete lines 29 through 30.		
30 Capital stock or trust principal, or current funds		
31 Paid-in or capital surplus, or land, building, or equipment fund		
32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	269,186.	319,594.
34 Total liabilities and net assets/fund balances	276,811.	325,819.

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	307,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,448.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269,186.
5	Net unrealized gains (losses) on investments	5	2,343.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	319,594.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990:	Yes	No
a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	X
d	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or completion of its financial statements and selection of an independent accountant?	2d	X
2e	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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?	2e	X
f	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 address such audits	2f	

Form 990 (2021)

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 504(c)(1) nonprofit charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/form990 for instructions and the latest information.

Name of the organization

Employer identification number
11-3115730

REBUILDING TOGETHER LONG ISLAND INC

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 1708(b)(1)(A)(i).
- 2 A school described in section 1708(b)(1)(A)(ii), (Part II, Schedule E (Form 990)).
- 3 A hospital or a cooperative hospital service organization described in section 1708(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 1708(b)(1)(A)(iv), (Enter the hospital's name, city, and state: _____)
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1708(b)(1)(A)(v), (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 1708(b)(1)(A)(vi).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public, described in section 1708(b)(1)(A)(vii), (Complete Part II)
- 8 A community trust described in section 1708(b)(1)(A)(viii), (Complete Part II)
- 9 An agricultural research organization described in section 1708(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: _____)
- 10 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 (see 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).
- 12 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 sections 509(a)(1) or section 509(a)(2). (See section 509(a)(3). Check the box on lines 13a through 13d that describes the type of supporting organization and complete lines 13e, 13f, and 13g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attendance requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

1 Enter the number of supported organizations

Part II Provide the following information about the supported organization(s).

Name of supported organization	EIN	Non-exempt assets (as defined on lines 11-12) above the contributions		Amount of nonexempt support (see instructions)	Amount of other support (see instructions)
		Yes	No		
Total					

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

Complete only if you checked the box on line 3, 7, or 8 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 III.

Section A. Public Support

Calendar year (or fiscal year beginning in)	06/2017	06/2018	06/2019	06/2020	06/2021	06/2022
1 Gifts, grants, contributions, and membership fees received. (Do not include any "strategic grants.")	442,359.	601,175.	247,096.	338,372.	301,068.	1930070.
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	442,359.	601,175.	247,096.	338,372.	301,068.	1930070.
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 B						

158,985.
1771045.

Section B. Total Support

Calendar year (or fiscal year beginning in)	06/2017	06/2018	06/2019	06/2020	06/2021	06/2022
7 Amounts from line 4	442,359.	601,175.	247,096.	338,372.	301,068.	1930070.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					64.	64.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10					64.	
12 Gross receipts from related activities, etc. (See instructions)						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
14 Public support percentage for 2021 (line 6, column B, divided by line 11, column B)						
15 Public support percentage from 2020 (Schedule A, Part II, line 14)						
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
17b 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

1930134.
6,779.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column B, divided by line 11, column B)		34	91.76
15 Public support percentage from 2020 (Schedule A, Part II, line 14)		35	97.75
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17b 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(c)(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 this part, check below, check complete Part 4.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	Jul 2017	Jul 2018	Jul 2019	Jul 2020	Jul 2021	Jul 2022
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 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 1 and 2 received from other tax-exempt persons that exceed the greater of \$5,000 or 1% of the amount on line 6 for the year						
8 Add lines 7a and 7b						

Section B. Total Support

Calendar year (or fiscal year beginning in)	Jul 2017	Jul 2018	Jul 2019	Jul 2020	Jul 2021	Jul 2022
9 Amounts from line 8						
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 reported after Jan 25, 2015						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 (Report in Part IV)						
13 Total support. (Part III, line 11, and 12)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (b), divided by line 13, column (b))		15	
16 Public support percentage from 2020 Schedule A, Part III, line 13		16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (b), divided by line 11, column (b))		17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17		18	

19a 20 10% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 20 10%, and line 17 is not more than 20 10%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 20 10% support tests - 2020. If the organization did not check a box on line 14 of line 18a, and line 16 is more than 20 10%, and line 18 is not more than 20 10%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 15a, or 18a, check this box and see instructions.

Part IV Supporting Organizations

Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, C, and E. If you checked box 12d, Part I, complete Sections A and C, and complete Part V.

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "Yes," 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).	1	
3a Did the organization have a supported organization described in section 501(c)(29), (3), or (31)? If "Yes," answer lines 3b and 3c below.	2	
b Did the organization confirm that each supported organization qualified under section 501(c)(29), (3), or (31) 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.	3a	
4 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.	3b	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12b or 12d in Part I, answer lines 4b and 4c below.	3c	
b 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.	4a	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(29) 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) purposes.	4b	
4a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5a and 5c 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 each action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b	
6 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.	5c	
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).	6	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	7	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4958 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	8	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a	
c Did a disqualified person (as defined on 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.	9b	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(b)(5) (regarding certain Type II supporting organizations, and all Type II non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	9c	
b Did the organization have any excess business holdings in the tax year? (See Schedule C, Form 4720, in determining whether the organization had excess business holdings.)	10a	

11. Has the organization accepted a gift or contribution from any of the following persons?

- a. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b. A family member of a person described on line 11a above?
- c. A 50% controlled entity of a person described on line 11a or 11b above? If "yes" to line 11a, 11b, or 11c, provide details in Part VI.

	Yes	No
a.	11a	
b.	11b	
c.	11c	

Section B. Type I Supporting Organizations

1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1.		1
2.		2

Section C. Type II Supporting Organizations

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).

	Yes	No
1.		1

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described on line 2, above, do 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.

	Yes	No
1.	1	
2.	2	
3.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the integral Part Year during the year (see instructions).

- a. The organization satisfied the Activities Test. Complete line 3 below.
- b. The organization is the parent of each of its supported organizations. Complete line 3 below.
- c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2. Activities Test. Answer lines 2a and 2b below.

a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "yes," then in Part VI identify those supported organizations and explain how their 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.

b. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3. Parent of Supported Organizations. Answer lines 3a and 3b below.

- a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organization(s)? If "yes" or "no," provide details in Part VI.
- b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organization(s)? If "yes," describe in Part VI the role played by the organization in the board

	Yes	No
a.	2a	
b.	2b	
3.	3a	
	3b	

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 30, 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	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Residence of prior year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Appropriate fair market value of all non-exemptable assets (see instructions for stock, life insurance assets held for part of year)		
2	Average monthly value of securities	2a	
3	Average monthly cash balance	3a	
4	Fair market value of other non-exemptable assets	4a	
5	Total (add lines 2a, 3a, and 4a)	5a	
6	Discount claimed for blockage or other factors (explain in detail in Part VI)		
7	Acquisition indebtedness applicable to non-exemptable assets	7	
8	Subtract line 6 from line 5a	8	
9	Cash deemed held for exempt use (line 6) is of line 7 (for greater amount, see instructions)	9	
10	Net value of non-exemptable assets (subtract line 4 from line 8)	10	
11	Multiple (line 9 by 0.55)	11	
12	Residence of prior year distributions	12	
13	Minimum Asset Amount (add line 7 to line 11)	13	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year from Section A, line 8, column (A)	1	
2	Enter 0.15 of line 1	2	
3	Minimum asset amount for prior year from Section B, line 8, column (A)	3	
4	Enter greater of line 2 or line 3	4	
5	Excess (or 0) (subtract line 4 from line 1)	5	
6	Distributable Amount. Subtract line 4 from line 4, unless subject to expenses (see instructions) (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section D - Distributions		Current Year	
		1	2
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrated expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire tangible assets		
5	Qualified net-lease amounts (see IRC section 179) - amounts shown in Part VI		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to alternative supported organizations to which the organization is responsive (describe details in Part VI). See instructions		
9	Distributions amount for 2021 from Section C, line 8		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(f) Excess Distributions	(g) Underdistributions Pre-2021	(h) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 8			
2	Underdistributions, if any, for years prior to 2021 (reason-able cause required - explain in Part VI). See instructions			
3	Excess distributions amounts, if any, for 2021			
4	From 2019			
5	From 2017			
6	From 2018			
7	From 2019			
8	From 2020			
9	Total of lines 3a through 3e			
10	Applied to underdistributions of prior years			
11	Applied to 2021 distributable amount			
12	Carryover from 2019 not applied (see instructions)			
13	Remainder. Subtract lines 3a, 3b, and 3c from line 9			
14	Distributions for 2021 from Section D, line 7			
15	Applied to underdistributions of prior years			
16	Applied to 2021 distributable amount			
17	Remainder. Subtract lines 14 and 15 from line 13			
18	Remaining underdistributions for years prior to 2021, if any. Subtract lines 15 and 16 from line 17. For result greater than zero, explain in Part VI. See instructions			
19	Remaining underdistributions for 2021. Subtract lines 15 and 16 from line 17. For result greater than zero, explain in Part VI. See instructions			
20	Excess distributions carryover to 2022. Add lines 17 and 18			
21	Distribution of line 7			
22	Excess from 2017			
23	Excess from 2018			
24	Excess from 2019			
25	Excess from 2020			
26	Excess from 2021			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990 or Form 990-EF.
- ▶ Go to www.irs.gov/form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

REBUILDING TOGETHER LONG ISLAND INC

Employer identification number

11-3115730

Organization type (check one)

- | Form 990 or 990-EF | Section |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EF | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| <input type="checkbox"/> | <input type="checkbox"/> 4947(a)(1) non-exempt charitable trust not treated as a private foundation |
| <input type="checkbox"/> | <input type="checkbox"/> 527 political organization |
| <input type="checkbox"/> | <input type="checkbox"/> 501(c)(29) exempt private foundation |
| <input type="checkbox"/> | <input type="checkbox"/> 4947(a)(2) non-exempt charitable trust treated as a private foundation |
| <input type="checkbox"/> | <input type="checkbox"/> 501(c)(28) taxable private foundation |

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

Note: Only a section 501(c)(7), (8), or (13) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(27), (8), or (13) filing Form 990 or 990-EF that met the 33.33% support test of the regulations under sections 502(a)(1) and 170(b)(7)(A)(v), that checked Schedule A (Form 990), Part II, line 13, 14a, or 14b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VII, line 14, or (ii) Form 990-EF, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(27), (8), or (13) filing Form 990 or 990-EF that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Part I (entering "N/A" in column (b) instead of the contributor name and address), I, and II.
- For an organization described in section 501(c)(27), (8), or (13) filing Form 990 or 990-EF that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received consecutively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ 1
- Caution:** An organization that isn't covered by the General Rule under the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line 11 of its Form 990-EF or on its Form 990-EF, Part I, line 2, to certify that it doesn't need the filing requirements of Schedule B (Form 990).

Employer identification number

REBUILDING TOGETHER LONG ISLAND INC

11-3115710

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>BANK OF AMERICA CHARITABLE FOUNDATION</u> <u>N TRYLON STREET</u> <u>CHARLOTTE, NC 28225</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)
2	<u>RENNAL BY ANDERSON</u> <u>2029 MEN HIGHWAY</u> <u>FARMINGDALE, NY 11735</u>	\$ <u>21,377.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part III for noncash contributions.)
3	<u>HOWARD E STARK FOUNDATION</u> <u>466 WARREN WRIGHT RD</u> <u>BELCHERTOWN, MA 01007</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)
4	<u>ISLAND OUTREACH FOUNDATION</u> <u>PO BOX 175</u> <u>BLUEPOINT, NY 11715</u>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)
5	<u>THE SLOMO & CINDY SILVIAN FOUNDATION,</u> <u>INC.</u> <u>150 BROADBOLLOW, SUITE 304</u> <u>MELVILLE, NY 11747</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)
6	<u>THE SUNSHINE FOUNDATION</u> <u>CROSSWAYS PARK WEST</u> <u>WOODBURY, NY 11797</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III for noncash contributions.)

Name of organization

Employer identification number

REBUILDING TOGETHER LONG ISLAND INC

11-3115730

Part I Contributions (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HELEN MACHETT DEMARIO FOUNDATION WINDMILL MARK RT A1, 156 W 56 STREET, 23 FLOOR NEW YORK, NY 10019	\$ 7,000.	Pension <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(b) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SPARKENERGY 12140 WICKCHESTER LANE HOUSTON, TX 77079	\$ 12,000.	Pension <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(b) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MOEN INCORPORATED 25300 AL MOEN DRIVE NORTH CUMSTAD , OH 44070	\$ 19,738.	Pension <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(b) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	LOWES 1000 LOWES' S BLVD MORRISVILLE, NC 28117	\$ 8,000.	Pension <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(b) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	RENEVAL BY ANDERSEN 2019 NEW HIGHWAY FARMINGDALE, NY 11735	\$ 27,500.	Pension <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(b) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Pension <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Form 990-B

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

REBUILDING TOGETHER LONG ISLAND INC

11-3115730

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	COMMERCE MATERIALS _____ _____ _____	\$ <u>21,377.</u>	<u>12/31/21</u>
<u>8</u>	Description of noncash property given _____ _____ _____	\$ <u>12,000.</u>	<u>12/31/21</u>
<u>9</u>	PLUMBING SUPPLIES _____ _____ _____	\$ <u>19,738.</u>	<u>12/31/21</u>
<u>10</u>	Description of noncash property given _____ _____ _____	\$ <u>8,000.</u>	<u>12/31/21</u>
	Description of noncash property given _____ _____ _____		
	Description of noncash property given _____ _____ _____		

Name of organization

Employer identification number

REBUILDING TOGETHER LONG ISLAND INC

11-2115730

Part II Excessively religious, charitable, etc., contributions to organizations described in section 501(c)(29), (b), or (c)(3) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (d) and the following (e) only for the following (b) only for organizations completing Part II. Enter the total of religious, charitable, etc., contributions of \$1,000 or less in the year. (File on an annual basis.)

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

DMS No. 10410042

2021
Open to Public Inspection

Name of the organization

REBUILDING TOGETHER LONG ISLAND INC

Employer identification number
11-3115730

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose concerning irrevocable, private benefits? Yes No

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

- 1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the 180-year:

	2a	2b	2c	2d
3 Total number of conservation easements				
4 Total acreage restricted by conservation easements				
5 Number of conservation easements on a certified historic structure included in (a)				
6 Number of conservation easements included in (c) acquired after 7/25/20, and not on a historic structure listed in the National Register				

- 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 180-year period: 0 1 2 3 4 5 6 7 8 9
- 8 Number of states where property subject to conservation easement is located: 0 1 2 3 4 5 6 7 8 9
- 9 Does the organization have a written policy regarding the periodic monitoring, inspection, fencing of 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: 0 1 2 3 4 5 6 7 8 9
- 10 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year: 0 1 2 3 4 5 6 7 8 9
- 11 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(5)(B)(i) and section 170(e)(5)(B)(ii)? Yes No
- 12 In Part III, 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 III the text of the footnote to its financial statements that describes these items.
- 1b 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 VII, line 1 0 1 2 3 4 5 6 7 8 9
- (ii) Assets included in Form 990, Part I 0 1 2 3 4 5 6 7 8 9
- 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 958-608 relating to these items:
 a Revenue included on Form 990, Part VII, line 1 0 1 2 3 4 5 6 7 8 9
- b Assets included in Form 990, Part I 0 1 2 3 4 5 6 7 8 9

U-14. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-11-2021

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

3 Using the organization's acquisition, accession, and other records, and other records, check any of the following that make significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange program
- Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part III. During the year, did the organization select or receive donations of art, historical treasures, or other similar assets to be sold to raise funds after they are maintained as part of the organization's collection? Yes No

Part IV Encrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

5a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part 5? Yes No

5b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

5c If "Yes," explain the arrangement in Part XIII. Check here if the arrangement has been avoided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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

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

- (i) Unrelated organizations _____
 - (ii) Related organizations _____
- b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? _____

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment		15,176.	15,176.	0.
1e Other				

Total. See line 1a through 1e. Column 1c must equal Form 990, Part X, column (b), line 10c. Schedule O Form 990 2021

Part VII Investments - Other Securities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 19.

(a) Description of security or other asset	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

Part VIII Investments - Program Related.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

Part IX Other Assets.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

Part X Other Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 26.

(a) Description of liability	(b) Book value
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

Part XI Other Assets and Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11g or 11h. See Form 990, Part X, line 28.

(a) Description of asset or liability	(b) Book value
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	

1. Federal income tax

2. Liability for uncertain tax positions. In Part XII, provide the text of the board's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check part of the text of the boards has been provided in Part XII.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 13a.

1	Total revenue, gains, and other support per audited financial statements		1	459,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,945.	
b	Donated services and use of facilities	2b	148,746.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	151,691.	
3	Subtract line 2e from line 1	3	307,911.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total support. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	307,911.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 13a.

1	Total revenues and losses per audited financial statements		1	409,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 20:			
a	Donated services and use of facilities	2a	148,746.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	148,746.	
3	Subtract line 2e from line 1	3	260,448.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 31.)	5	260,448.	

Part XIII Supplemental information.

Provide the descriptions required for Part I, lines 1, 5, and 6; Part II, lines 1a and 4; Part IV, lines 10 and 20; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 20 and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

RTLI EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND HAS

DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED

DECEMBER 31, 2021 AND 2020.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/form990 for instructions and the latest information.

Name of the organization

Employer identification number

REBUILDING TOGETHER LONG ISLAND INC

11-3115730

Part I Types of Property

	(a) Check if checks or applications	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	<input checked="" type="checkbox"/>	1	5,029	FAIR VALUE
11 Securities - Partnerships, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Tangible				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ DONATED MATTER	<input checked="" type="checkbox"/>	13	65,815	
26 Other ▶				
27 Other ▶				
28 Other ▶				
29 Number of Forms 990 received by the organization during the tax year for contributions for which the organization completed Form 990, Part V, Donor Acknowledgment			29	

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?

b If "Yes," describe the arrangement in Part III.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization live or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part III.

32b 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 III.

	Yes	No
30a		<input checked="" type="checkbox"/>
31	<input checked="" type="checkbox"/>	
32a		<input checked="" type="checkbox"/>

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

Schedule M (Form 990) 2021

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Open to Public Inspection

▶ Go to <https://www.irs.gov/charities> for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number
11-3115730

REBUILDING TOGETHER LONG ISLAND INC

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

SUFFOLK COUNTIES THROUGH ITS MISSION OF REPAIRING HOMES, REVITALIZING COMMUNITIES AND REBUILDING LIVES. BY UTILIZING THE TALENTS AND RESOURCES OF OUR VOLUNTEERS, AS WELL AS TRADE PROFESSIONALS, OUR FREE REPAIR AND MODIFICATION PROGRAMS IMPROVE THE SAFETY, LIVING CONDITIONS AND QUALITY OF LIFE FOR SENIORS, VETERANS, FAMILIES AND PEOPLE WITH DISABILITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRADE PROFESSIONALS, OUR FREE REPAIR AND MODIFICATION PROGRAMS IMPROVE THE SAFETY, LIVING CONDITIONS AND QUALITY OF LIFE FOR SENIORS, VETERANS, FAMILIES AND PEOPLE WITH DISABILITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VOLUNTEERS, AS WELL AS EMBRACING VOLUNTEERS FROM OUR SURROUNDING COMMUNITIES, OUR CLIENTS WERE THE BENEFICIARIES OF 3,412 HOURS OF DONATED SERVICE AT A VALUE OF \$121,535 (BASED ON THE INDEPENDENT SECTOR'S 2021 VALUE OF VOLUNTEER LABOR IN MY OF \$35.62 PER HOUR). THIS IS IN ADDITION TO THE 4,176 HOURS OF DONATED CONSTRUCTION SERVICES WITH AN ESTIMATED VALUE OF \$145,846. TOGETHER WITH THE NATIONAL CENTER FOR HEALTHY HOUSING, THE REBUILDING TOGETHER NETWORK HAS IDENTIFIED 25 SAFE AND HEALTHY HOME PRIORITIES THAT CAN BE USED TO IDENTIFY SAFETY AND HEALTH-RELATED ISSUES AT EACH HOME AND ALSO TO MEASURE THE IMPROVEMENTS RELATED TO HEALTH AND SAFETY RESULTING FROM OUR WORK. OUR VOLUNTEERS IDENTIFIED AND CORRECTED 196 HAZARDS TO ENSURE THE SAFETY AND WELLBEING OF OUR CLIENTS.

Name of the organization

REBUILDING TOGETHER LONG ISLAND INC

Employer identification number

11-3115730FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BY-LAWS DURING OCTOBER 2021. THE MAJOR CHANGES ARE AS FOLLOWS:

1.) TO MODIFY ARTICLE IV, REGARDING ITS BOARD OF DIRECTORS, TO INCLUDE SECTIONS ON REMOTE MEETINGS, ACTION AT A MEETING, ACTION WITHOUT MEETING, AND ORGANIZATION OF MEETING.

2.) TO EXPAND OR ADD ARTICLE V, REGARDING COMMITTEES OF THE BOARD OF DIRECTORS; ARTICLE VI, REGARDING OFFICERS AND THEIR RESPONSIBILITIES; ARTICLE VII REGARDING FINANCIAL MATTERS AND RECORDS; ARTICLE X REGARDING ADVISORS; AND ARTICLE XI REGARDING DIRECTOR CONFLICTS OF INTEREST.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 WILL BE DISTRIBUTED TO THE BOARD PRIOR TO SUBMISSION. THE BOARD HAS A SET PERIOD OF TIME TO PROVIDE QUESTIONS OR COMMENTS TO THE TREASURER/PRESIDENT, WHO WILL OBTAIN THE INFORMATION AND REPORT BACK TO THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD MEMBERS AND KEY MEMBERS OF MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT STATING ALL CONFLICTS/POTENTIAL CONFLICTS OF INTEREST THEY HAVE.

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

THE SALARY OF THE ORGANIZATION'S STAFF IS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS BASED UPON COMPARABLE SALARIES FROM SIMILAR

ORGANIZATIONS

Schedule O Form 990 2011

Name of the organization

REBUILDING TOGETHER LONG ISLAND INC

Employer identification number

11-3115730

ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 10:

THE 990 IS POSTED ON THE ORGANIZATION'S WEBSITE, GUIDESTAR, AND THE NYS ATTORNEY GENERAL'S WEBSITE. IN ADDITION, THE 990 IS AVAILABLE AT REBUILDING TOGETHER LONG ISLAND'S SITE DURING NORMAL BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 12:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.