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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) Name and title	ization nor any related  (B)  Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEE MOODY	40.00									
EXECUTIVE DIRECTOR		X						60,000.	0.	0
(2) MIKE RANIERI	5.00									
PRESIDENT				X				0.	0.	0
(3) CRAIG BAAB	5.00									
SECRETARY	F 00			X				0.	0.	0
(4) ANN MCKIMMON SIKES	5.00									
BOARD MEMBER	F 00	X						0.	0.	0
(5) J. CRAIG BUSBY	5.00									
BOARD MEMBER	F 00	X			= 1			0.	0.	0
(6) HAROLD SYLVEST III	5.00	77								
BOARD MEMBER	F 00	X						0.	0.	0
(7) DR. BARRY WILSON	5.00	x								
BOARD MEMBER (8) CHARLES JAMES II	5.00	Λ				- 758		0.	0.	0
BOARD MEMBER	3.00	X						0.	0.	0
									0.	0

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(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus					n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	
	Subtotal  Total from continuation sheets to Part							<b>&gt;</b>	60,000.	0.		0
2 T	otal (add lines 1b and 1c) otal number of individuals (including but							no re	60,000.	0.000 of reportable		0
<b>3</b> [	Did the organization list any former office ne 1a? If "Yes," complete Schedule J for										3 Y	es No
4 F	or any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab 50,000? If "Yes,	le c	omp ompl	ensa ete S	atior Sch	n and edule	d oth	ner compensation from or such individual	the organization	4	X
r Section	Did any person listed on line 1a receive on endered to the organization? If "Yes," coon B. Independent Contractors	mplete Schedu	le J	for s	uch	pers	son .				5	Х
	Complete this table for your five highest on the organization. Report compensation for the organization for the or								the organization's tax			m
	(A) Name and busine:	ss address	N	ON	E				(B) Description of s	services (	(C) Compens	ation
									u u u u u u u u u u u u u u u u u u u			
	Fotal number of independent contractors \$100,000 of compensation from the orga		not l	imite	ed to		ose li O	sted	l above) who received r	nore than		

REBUILDING TOGETHER CENTRAL ALABAMA Form 990 (2020) 63-1108865 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Total revenue Unrelated function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 107,946. 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 107,946 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 11. Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18

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scellaneous

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11.

107,957.

b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

b Less: direct expenses

9a

9b

**Business Code** 

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

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	60,000.	51,000.	9,000.	
c	trustees, and key employees  Compensation not included above to disqualified	00,000.	31,000.	3,000.	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
٠	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,590.	3,901.	689.	
11	Fees for services (nonemployees):				
а					
b					
C					
d					
е	B ( ) 1 ( )				
f	Investment management fees				
g	0.1 (10) 44 1 1 1 400/ -(11 05				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	528.	449.	79.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 440	2 702	667.	
23	Insurance	4,449.	3,782.	007.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	BUILDING MATERIALS	12,447.	12,447.		
	CONTRACT LABOR	12,023.	12,023.		
	DUES & SUBSCRIPTIONS	4,657.	3,958.	699.	
	COMPUTER EXPENSES	2,903.	2,468.	435.	
	All other expenses	2,552.	1,668.	884.	
25	Total functional expenses. Add lines 1 through 24e	104,149.	91,696.	12,453.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

		Check if Schedule O contains a response or no			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			59,336.	1	76,491
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	313.	4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqua	lified person	s (as defined			
		under section 4958(f)(1)), and persons describe		6			
20	7	Notes and loans receivable, net				7	
Hassel S	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges	.,		6,135.	9	5,601
	10a	a Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation		24,944.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
1 2 5	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	65,784.	16	82,092		
	17	Accounts payable and accrued expenses			1,759.	17	1,759
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form			77.		
		trustee, key employee, creator or founder, subs					
	00	controlled entity or family member of any of the				22	
		Secured mortgages and notes payable to unrel				23	
		Unsecured notes and loans payable to unrelate				24	12,500
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D					
	26	Total liabilities. Add lines 17 through 25		1,759.	25	14 250	
		Organizations that follow FASB ASC 958, che	ok boro	Y	1,/39.	26	14,259
		and complete lines 27, 28, 32, and 33.	eck nere				
					64,025.	07	67 022
		Net assets with donor restrictions		<u> </u>	04,023.	27	67,833
		Organizations that do not follow FASB ASC 9			28		
		and complete lines 29 through 33.	iere P				
		Capital stock or trust principal, or current funds				20	
		Paid-in or capital surplus, or land, building, or ed				30	
		Retained earnings, endowment, accumulated in				31	
		Total net assets or fund balances			64,025.	32	67,833
	33	Total liabilities and net assets/fund balances	••••••		65,784.	33	82,092

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	n 990 (2020) REBUILDING TOGETHER CENTRAL ALABAMA	63-110	18865	Par	ge 12
Pa	Ift All Reconciliation of Net Assets			1 ac	90 12
	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	10	7,9	57.
2	l otal expenses (must equal Part IX, column (A), line 25)	2		4,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,0	A Contract of the last
5	Net unrealized gains (losses) on investments	5		_ / • ·	
6	Donated services and use of facilities	6	e koji v		
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	67	7,83	33.
Pa	Triancial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	and the desired and the statements addited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		32		Y

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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3b