Form	990)
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if applicat	e: C Name of organization		D Employer identified	cation number
	Addr	Rebuilding Together - Twin Cities			
	Name	Debuilding Magathan Minnaga	ta	41-18931	80
	_chan		Room/suite	E Telephone number	
F	returr Final	1050 33rd Ave GE	NUUII/Suite		
	⊥returr termi ated			G Gross receipts \$	1,525,701.
	Amer	Med Minnoanolia MN 55/11/		H(a) Is this a group re	
F	_lreturr _Appli			for subordinates	
	tion pend	same as C above		H(b) Are all subordinates in	
<u> </u>		rempt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)(1)$	or 527		list. See instructions
	Nebs	· · · · · · · · · · · · · · · · · · ·		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	I Vear		State of legal domicile: MN
	art I	Summary			otate of legal dofficite.
	1	Briefly describe the organization's mission or most significant activities: Repair	iring	homes, revit	alizing
S	·	communities, rebuilding lives.	J		
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ver	3	•		3	11
		Number of independent voting members of the governing body (Part VI, line 1b)			10
ა ა	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			12
Activities &	6	Total number of volunteers (estimate if necessary)			573
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		1,963,706.	1,385,401.
Revenue	9	Program service revenue (Part VIII, line 2g)		111,396.	126,002.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-29,478.	2,067.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-36,456.	-30,301.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,009,168.	1,483,169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		436,221.	592,019.
SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		55,005.	20,544.
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25) 103, 38		000 010	1 100 000
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		833,313.	1,109,686.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,324,539.	1,722,249.
		Revenue less expenses. Subtract line 18 from line 12		684,629.	-239,080.
S OL			ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,295,176.	1,496,189.
Net Assets or	21	Total liabilities (Part X, line 26)		109,188.	<u>422,085.</u> 1,074,104.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		1,185,988.	1,0/4,104.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of mu	knowledge and balliof it is
					KIIOWIEUYE AIIU DEIIEI, IL IS
<u>ue</u>	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	non preparer		
Sia	n	Signature of officer		Date	

Jigh			
Here	Greg Krenz, Treasurer		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	Steven D. Anseth, CPA Steven D. Anseth, CP	08/09/23 self-employed P	00552219
Preparer	Firm's name Abdo LLP	Firm's EIN $41-1$	397419
Use Only	Firm's address 5201 Eden Ave, Ste 250		
	Edina, MN 55436	Phone no. 952.83	35.9090
May the IF	RS discuss this return with the preparer shown above? See instructions		X Yes 🗌 No
232001 12-13	13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2022)

If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 expersise the organization's program service accomplishments for each of its three largest program services, as measured by expersise the organization's program service accomplishments for each of its three largest program services, as measured by expersise the organization's program service reported. 4a (Code:) (Expenses \$ 484,446. including grants of \$) (Revenue \$	es, and 33,354. tions hat trs, such se fome o-slip
Repairing homes, revitalizing communities, rebuilding lives. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 experse Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported. 4 (code:	Yes X No nses. es, and 33,354. tions hat trs, such e fome o-slip
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4c (Code:) (Expenses \$54,929. including grants of \$) (Revenue \$)	1,988.
Community Revitalization: We stabilize and revitalize neighborhood	$\frac{1}{1}$ by
providing safe and welcoming spaces for communities to gather, suc	
community centers, schools, supportive housing facilities and outd	
community spaces.	1001
community spaces.	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 2,247. including grants of \$) (Revenue \$ 33,019.)	
4e Total program service expenses 1,514,092.	
See Schedule O for Continuation(s)	orm 990 (202
3 0809 759492 47077 2022.04010 REBUILDING TOGETHER - TW	20 (20

Form	990	(2022)

Form 990 (2022) Rebuilding Together - Twin Cities
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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 III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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 selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	5			,

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2022.04010 REBUILDING TOGETHER - TWI 47077_1

Form	990 (2022) Rebuilding Together - Twin Cities 41-1893	180	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
с	Enter the amount of reserves on hand 13c			
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 "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2022)

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Form 99	0 (2022)
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Rebuilding Together - Twin Cities

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

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

l t	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	11		
t	in there are material unreferices in voting rights among members of the governing body, of it the governing				
	and u delegated broad authority to an augustive committee or similar committee, surfain on Schodule O				
DL	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46	10		
	Enter the number of voting members included on line 1a, above, who are independent	1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x
	officer, director, trustee, or key employee?		2		┼≏
	Did the organization delegate control over management duties customarily performed by or under the				x
	of officers, directors, trustees, or key employees to a management company or other person?				
	Did the organization make any significant changes to its governing documents since the prior Form 9		·····		
	Did the organization become aware during the year of a significant diversion of the organization's ass				
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> ^</u>
r	nore members of the governing body?		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or			
F	persons other than the governing body?		7b		X
8 [Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following:			
	The governing body?				\perp
b F	Each committee with authority to act on behalf of the governing body?		8b	Х	\perp
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	_
0 a [Did the organization have local chapters, branches, or affiliates?		10a		X
bΙ	f "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
â	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v before filing the form	11a 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a [Did the organization have a written conflict of interest policy? If "No," go to line 13		12 a		
b١	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
с [Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," describe			
(on Schedule O how this was done		120		
3 [Did the organization have a written whistleblower policy?		13	_	
4 [Did the organization have a written document retention and destruction policy?		14	Х	
5 [Did the process for determining compensation of the following persons include a review and approva	l by independent			
F	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a ī	The organization's CEO, Executive Director, or top management official		<u>15</u> a	Х	
b (Other officers or key employees of the organization		15b		X
I	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a [Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	axable entity during the year?		16a		X
bΙ	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
i	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16 b		
	on C. Disclosure				
7 L	List the states with which a copy of this Form 990 is required to be filed				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501	(c)(3)s only) availa	lble
f	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain)	on Schedule O)			
9 [Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		/, and fina	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
5	The Organization - 651-776-4273				
	1050 33rd Ave SE, Minneapolis, MN 55414		_	m 990	10-

Part VII	Compensation of Officers, Dir	rectors, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 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)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-1420)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Kathy Greiner	40.00		_							
Executive Director		x		х				107,600.	Ο.	2,400.
(2) Matthew Culver	2.00							-		
President		Х		х				0.	Ο.	0.
(3) Kelly Martin	1.00									
Director		Х						0.	0.	0.
(4) Jillian Botz	2.00									
Treasurer		Х		Х				0.	0.	0.
(5) Robb Altendorf	2.00									
Secretary		Х		Х				0.	0.	0.
(6) Donnie Brown	1.00									
Director		Х						0.	0.	0.
(7) Jane Marie Petty	1.00									
Director		Х						0.	0.	0.
(8) Jasbir Singh	1.00									
Director		Х						0.	0.	0.
(9) Beth Wiggins	1.00									
Director		Х						0.	0.	0.
(10) Tom Keljik	1.00									
Director		Х						0.	0.	0.
(11) Greg Krenz	1.00									
Director		Х						0.	0.	0.
(12) Austin Onwualu	1.00									_
Director		Х						0.	0.	0.
(13) Heather Soule	1.00									_
Director		Х						0.	0.	0.
(14) Greg McMoore	1.00									
Director		х						0.	0.	0.
						<u> </u>				
						-				
		-								
		1								600 (0000)

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232007 12-13-22

Form 990 (2022)

Form 9	<u>90 (2022)</u> Rebuildin	ng Toget	he	er	-	Τw	/in	C	Cities	41-1893	180	Pag	ge 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) (C) Average hours per week officer and a director/trus						n an	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	pensation rom the ganization d related anization	n d
1b	Subtotal								107,600.	0.		2,40	0.
С	fotal from continuation sheets to Part VI fotal (add lines 1b and 1c)	I, Section A							0. 107,600.	0.0.	02,400		0.
	otal number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	000 of reportable		Yes	<u>1</u> No
	Did the organization list any former officer ine 1a? If "Yes," complete Schedule J for s	uch individual	, 				, 				3		X
	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-	4		x
	endered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fe	or sı	ich į	oers	on .				5		Х
1	on B. Independent Contractors Complete this table for your five highest co	-	-								ition fro	om	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE								C) nsation				
	otal number of independent contractors (i 000,000 of compensation from the organi	-	ot lin	nitec	l to t	thos (ted	above) who received m	ore than			

Form **990** (2022)

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		(2022) Rebuilding Tog	ether -	Twin Citie	es	41-1893	180 Page 9
Ра	rt VI						
		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanetion revenue		sections 512 - 514
nts nts	1 a	a Federated campaigns 1a					
Grai	ł	b Membership dues 1b	01 510				
ts, An	(c Fundraising events <u>1c</u> d Related organizations 1d	91,512.				
iar Git		J	745,466.				
Sin	1	f All other contributions, gifts, grants, and	13,1000				
buti	-		548,423.				
Contributions, Gifts, Grants and Other Similar Amounts	ę	g Noncash contributions included in lines 1a-1f	17,767.				
<u>а С</u>	I	h Total. Add lines 1a-1f		1,385,401.			
	_		Business Code	71 402	71 402		
rice		a <u>Customer Contracts and</u> b Miscellaneous revenue	900099 900099	71,483. 33,019.	71,483. 33,019.		
Serv		c Developer Fee Income	900099	21,500.	21,500.		
s me		d		21/3001	21,3000		
Program Service Revenue		e [
Å	1	f All other program service revenue					
		g Total. Add lines 2a-2f		126,002.			
	3	Investment income (including dividends, interest		2,067.			2 067
	4	other similar amounts) Income from investment of tax-exempt bond pro		2,007.			2,067.
	5	Royalties	JCEEd3				
	-	(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ł	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Other				
	/ a	a gross amount from sales of assets other than inventory 7a					
	1	b Less: cost or other basis					
е		and sales expenses 7 b					
venue	(c Gain or (loss)					
, Be		d Net gain or (loss)					
Other Re	8 8	a Gross income from fundraising events (not					
0		including \$91,512. of contributions reported on line 1c). See					
		Part IV, line 18	3,710.				
	I	b Less: direct expenses 8b	42,532.				
	(c Net income or (loss) from fundraising events		-38,822.			-38,822.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses					
		A Result of the second se					
		and allowances 10a					
	ł	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
s			Business Code	0 501			0 501
neor	11 a		900099	8,521.			8,521.
Miscellaneous Revenue		b					
lisce Re		d All other revenue					
Σ		e Total. Add lines 11a-11d		8,521.			
	12	Total revenue. See instructions		1,483,169.	126,002.	0.	-28,234.
23200	9 12-1	13-22					Form 990 (2022)

10

Form 990 (2022)Rebuilding Together - Twin CitiesPart IXStatement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons			·····	X
	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,				
	trustees, and key employees	110,000.	94,163.	10,195.	5,642.
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	412,391.	353,062.	38,169.	21,160.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,740.	25,321.	2,926. 3,949.	1,493.
10	Payroll taxes	39,888.	33,546.	3,949.	<u>1,493.</u> 2,393.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	12,800.		12,800.	
	Lobbying	•			
	Professional fundraising services. See Part IV, line 17	20,544.			20,544.
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	659,170.	640,469.	4,199.	14,502.
12	Advertising and promotion	15,127.	15,096.	31.	,
13	Office expenses	9,667.	6,457.	733.	2,477.
14	Information technology	14,251.	12,033.	1,412.	806.
15	Royalties	11/2310	12/0331		
15 16		45,395.	41,513.	2,257.	1,625.
		14,694.	13,254.	1,193.	247.
17	Travel	14,004.	15,254.	<u> </u>	247.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	00 705	00 200	107	
22	Depreciation, depletion, and amortization	90,795. 38,774.	90,298.	<u>497.</u> 1,999.	8,882.
23		30,//4.	27,893.	т,999.	0,002.
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.)				
9	Construction Materials	121,380.	113,052.		8,328.
a h	Miscellaneous	33,647.	1,135.	20,585.	11,927.
с С	Dues and subscriptions	22,791.	19,167.	2,273.	1,351.
c d	Equipment and software	17,662.	14,636.	1,207.	1,819.
		13,533.	12,997.	349.	187.
	All other expenses	1,722,249.	1,514,092.	104,774.	103,383.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,144,449•	,J14,092.	,//4•	T03,303.
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)				- 000 (2222)

232010 12-13-22

11 2022.04010 REBUILDING TOGETHER - TWI 47077_1

Form 990 (2022)

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12 2022.04010 REBUILDING TOGETHER - TWI 47077_1

	πλ	balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		521,773.	1	284,477.
	2	Savings and temporary cash investments		202,545.	2	172,739.
	3	Pledges and grants receivable, net		181,287.	3	313,992.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial con	tributor, or 35%			
		controlled entity or family member of any of these persons	s		5	
	6	Loans and other receivables from other disqualified person	ns (as defined			
ŝ		under section 4958(f)(1)), and persons described in section	n 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			27,149.	9	23,974.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	728,179.			
	b	Less: accumulated depreciation 10b	222,887.	358,872.	10c	505,292.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,550.	15	195,715.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,295,176.	16	1,496,189.
	17	Accounts payable and accrued expenses		67,287.	17	147,996.
	18	Grants payable			18	
	19	Deferred revenue		41,901.	19	81,925.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer,	director,			
Liabilities		trustee, key employee, creator or founder, substantial con	tributor, or 35%			
abi		controlled entity or family member of any of these persons	s		22	
	23	Secured mortgages and notes payable to unrelated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24). C	omplete Part X			
		of Schedule D		0.	25	192,164.
	26	Total liabilities. Add lines 17 through 25		109,188.	26	422,085.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27		······ -	944,387.	27	874,104.
Ba	28	Net assets with donor restrictions	<u></u>	241,601.	28	200,000.
pun		Organizations that do not follow FASB ASC 958, check	here			
Ē		and complete lines 29 through 33.				
s 0	29	Capital stock or trust principal, or current funds			29	
se	30	Paid-in or capital surplus, or land, building, or equipment f	und		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o		4 4 4 5 5 5 5 5	31	4 4 4 4 4 4 4 4 4
Ne	32	Total net assets or fund balances	L	1,185,988.	32	1,074,104.
	33	Total liabilities and net assets/fund balances		1,295,176.	33	1,496,189.

Form 99		41-3	1893180	Pa	_{ge} 12				
Part)									
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	1,48	3,1	69.				
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	1,72						
3 Re	evenue less expenses. Subtract line 2 from line 1	3		9,0					
4 Ne	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5 Ne	et unrealized gains (losses) on investments	5							
	pnated services and use of facilities	6	12	7,1	96.				
7 In	vestment expenses	7							
8 Pr	ior period adjustments	8							
	ther changes in net assets or fund balances (explain on Schedule O)	9			0.				
10 Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
cc	olumn (B))	10	1,07	4,1	04.				
Part >	II Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X				
				Yes	No				
1 Ac	ccounting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 📃 Other		_						
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.							
2 a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
se	parate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b W	ere the organization's financial statements audited by an independent accountant?		2b	Х					
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
cc	onsolidated basis, or both:								
	X 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	e audit,							
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	X					
lf	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Ur	niform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b lf '	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000					

Form **990** (2022)

232012 12-13-22

Department of the Treasury			Co	omplete if the organ 494 At	e if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for instructions and the latest information.							
Name	e of t	he organizati		ilding Mog	othor muin	0:+:				identification number 1-1893180		
Par	† 1	Reason	or Public (Charity Status	ether – Twin (All organizations must c		ts Dis Dart \ S	ee instruction		1-1093100		
					For lines 1 through 12, cl							
1 [2 [3 [4 [A church, cor A school des A hospital or	nvention of ch cribed in sect a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1 990).) ection 170	on 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,		
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6					nental unit described in a	section 17	70(h)(1)(A)	(v)				
	Х		· ·	-	ntial part of its support fr				ne general r	oublic described in		
• •		-		omplete Part II.)		onn a gove			io gonorari			
8		-			(1)(A)(vi). (Complete Parl	: 11.)						
9 [0		·	in section 170(b)(1)(A)(in ulture (see instructions).					•		
10 [An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
11 [income and u See section s	nrelated busir 5 09(a)(2). (Cor	ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro vely to test for public saf	m busines	ses acqui	red by the org		-		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section	509(a)(3). (Check the box on		
	_	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.			
а					upervised, or controlled	•	-					
			•		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting		
	_	¬ ⁻		complete Part IV, Se								
b		••		•	or controlled in connect		• •	0		•		
			•		anization vested in the sa	ame perso	ns that col	ntroi or mana	ge the supp	orred		
с		7		t complete Part IV,	g organization operated	in connoct	ion with	and functional	lly intograte	d with		
U		••	-	• • • •). You must complete F				ily integrate			
d		7			orting organization oper				rted organiz	zation(s)		
					ation generally must sati							
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·		
		er the number of	••	•								
g		ide the followi	0	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vi) Amount of other		
	,	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
		-			above (see instructions))	165						

Total

Schedule A (Form 990) 2022 Rebuilding Together - Twin Cities 41-1893180 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	639,659.	975,985.	1099711.	1963706.	1385401.	6064462.
2	Tax revenues levied for the organ-						
	ization'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	639,659.	975,985.	1099711.	1963706.	1385401.	6064462.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						926,446.
6	Public support. Subtract line 5 from line 4.						5138016.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	639,659.	975,985.	1099711.	1963706.	1385401.	6064462.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	41.	24.	29.	109.	2,067.	2,270.
٩	Net income from unrelated business				1051	2,00,0	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	46,104.	73,559.	16,825.	1,202.	9 5 2 1	146,211.
	assets (Explain in Part VI.)	40,104.	13,339.	10,025.	1,202.	0,521.	6212943.
	Total support. Add lines 7 through 10		````			40	
	Gross receipts from related activities,						522,298.
13	First 5 years. If the Form 990 is for th	-					
800	organization, check this box and stor						·····
	tion C. Computation of Publi						00 70
	Public support percentage for 2022 (I		-			14	82.70 %
	Public support percentage from 2021					15	78.85 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	•					
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
_						Schodulo A	(Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to quality under Pa	art II. If the organiza	ation fails to
_	qualify under the tests listed b	elow, please comp	lete Part II.)				
Se	ction A. Public Support		F	1	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third.	fourth, or fifth tax v	/ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
				column (f))		15	%
15	Public support percentage for 2022 (I	ine o, column (I), a					
15 16	Public support percentage for 2022 (I Public support percentage from 2021					16	%
16		Schedule A, Part	III, line 15			16	%
16	Public support percentage from 2021	Schedule A, Part tment Income	III, line 15 Percentage			16	<u>%</u> %
<u>16</u> Sec 17 18	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 3	Schedule A, Part stment Income 222 (line 10c, colun 2021 Schedule A,	III, line 15 Percentage nn (f), divided by li Part III, line 17	ne 13, column (f))		17 18	<u>%</u> %
<u>16</u> Sec 17 18	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20	Schedule A, Part stment Income 222 (line 10c, colun 2021 Schedule A,	III, line 15 Percentage nn (f), divided by li Part III, line 17	ne 13, column (f))		17 18	<u>%</u> %
<u>16</u> Sec 17 18	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 3	Schedule A, Part tment Income 22 (line 10c, colun 2021 Schedule A, organization did n	III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box	ne 13, column (f)) on line 14, and line	15 is more than 3	17 18 3 1/3%, and line 17	<u>%</u> %
<u>16</u> Sec 17 18 19a	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2022. If the	Schedule A, Part treat Income 22 (line 10c, colur 2021 Schedule A, organization did n ad stop here. The	III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than 3 upported organiza	17 18 3 1/3%, and line 17 tion	% % 7 is not
<u>16</u> Sec 17 18 19a	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 3 a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	Schedule A, Part Stment Income 222 (line 10c, colure 2021 Schedule A, organization did n ad stop here. The organization did n	III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box organization quali ot check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s I line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	7 is not
<u>16</u> Sec 17 18 19a	Public support percentage from 2021 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 3 a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar a 33 1/3% support tests - 2021. If the	Schedule A, Part Stment Income 22 (line 10c, colure 2021 Schedule A, organization did n organization did n organization did n ck this box and st	III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box organization quali ot check a box or op here. The orga	ne 13, column (f)) on line 14, and line fies as a publicly s I line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo is a publicly suppo	17 18 3 1/3%, and line 17 tion re than 33 1/3%, a rted organization tructions	7 is not

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1

2

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b 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 such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- c Did a disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

Sche		189318	U Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	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	1		
•	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,		-	
R 00	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec			T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the encoding maintained a close and continuous working relationship with the supported exception(s)	2		

	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, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 1110 1 00 10110)

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization i	s 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).		
-----	--	---	---	--	--

18

- 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 these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 organizations? *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 organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

3

2a

2b

3a

Yes No

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Sche	edule A (Form 990) 2022 Rebuilding Together -			41-1893180 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Section D - Distributions

3

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			ſ	
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
			•	Sc	hedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Rebuilding Together - Twin Cities

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

1

2

3

Current Year

Schedule A	(Form 990) 2022	Rebui	lding	Togeth	er -	Twin	Citie	s	41-1893180	Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6	nformation. In Thes 1, 2, 3b, 3c, 4 In D, lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV, \$	explanations 6, 9a, 9b, 9c, Section E, line	required 11a, 11b, es 1c, 2a,	oy Part II, and 11c; 2b, 3a, ar	line 10; P Part IV, S nd 3b; Par	art II, line 17 Section B, lin t V, line 1; P	7a or 17b; Part III, line 12; les 1 and 2; Part IV, Sectic art V, Section B, line 1e; F	on C,
	(See instructions.)	· · ·								
232028 12-09-2	2				21				Schedule A (Form	990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Rebuilding Together - Twin Cities

OMB No. 1545-0047

2022

Employer identification number

41-1893180

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	I-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
General		
), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	lules	
	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ad 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one he year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.
	•	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	literary, or education	hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions e	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box re the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc.,

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or 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 H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

14440809 759492 47077

<u>Rebuilding Together - Twin Cities</u>

Dort I Contributors (see instructions) Lise duplicate conject of Part Lifedditional space is needed

Faili	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>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$132,142.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$381,704.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>186,585.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>65,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u> <u>6</u> 223452 11-15-		\$70,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

41-1893180

Name of organization

Rebuilding Together - Twin Cities

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$59,431.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$68,396.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>9</u>	Name, address, and ZIP + 4	\$\$120,008.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

14440809 759492 47077

Employer identification number

41-1893180

No.	(b)	(C) EMV (or estimate)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
—			
		 \$	
		•	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncesh property given	(See instructions.)	Bate received
		 \$	
		+	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Beschption of nonodon property given	(See instructions.)	Baterecented
<u> </u>			
		\$	
		*	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncestr property given	(See instructions.)	
		——	
		——	
		\$	
223453 11-15-22		¥	Schedule B (Form 990) (2022)
			201124412 D (1 0111 330) (2022)

Rebuilding Together - Twin Cities

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

Schedule B (Form 990) (2022) Name of organization

(a)

Employer identification number

41-1893180

(c)

Schedule I	B (Form 990) (2022)				Page 4			
Name of o	organization				Employer identification number			
Rebui	lding Together - Twin C:	ities			41-1893180			
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described	1 in section 501	(c)(7), (8), or (10) th	nat total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	haritable, etc., contributions of \$1,0	00 or less for the	ganizations e year. (Enter this info. d	once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	r					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held			
		(e) Transfer	of gift					
·	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	insferor to transferee			
(a) No.			T					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	ad $7\mathbf{IP} \pm 4$	Relationship of transferor to transferee					
-								
		_						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Dos	cription of how gift is held			
Part I				(u) Desi				
		(1) Turn (1)						
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		_						
		_						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Dese	cription of how gift is held			
Parti								
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
223454 11-15					Schedule B (Form 990) (2022)			

ule B (Form 990) (2

27 2022.04010 REBUILDING TOGETHER - TWI 47077_1

SCHEDULE D)
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Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Employer identification number

_	Rebuilding Togethe:		41-1893180
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 v	writing that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· · · ·	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2		ind concernation contribution in the form o	f a concervation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.		Held at the End of the Tax Year
_			
a	Total number of conservation easements		
a		and a second and the factor	
с	Number of conservation easements on a certified historic structure		<u>2</u> c
d	Number of conservation easements included in (c) acquired a		
-			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
-			
8	Does each conservation easement reported on line 2(d) abov		
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	nts that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Trassuras, or Oth	or Similar Accoto
Fai			ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treater		gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		

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Sche	dule D (Form 990) 2022 Rebuild	ing Togethe	er – Twi	n Cities			1-18			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical	Treasures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, access	on, and other record	s, check any of	he following that n	nake sign	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan or	exchange program	n					
b	Scholarly research	e	Other_							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they furth	er the organization	's exempt	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical t	reasures, or other	similar as	sets		_		_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	ation answered "Y	'es" on Fo	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribu	tions or other asse	ts not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	C C					Amount	:	
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	or custodial accour	nt liability	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior yea	r (c) Two years	back (d)) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		<i>(</i>),							
2	Provide the estimated percentage of the cur	•		n (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>_%</u>								
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that are had	d and administera	d far tha					
Ja	organization by:	ssion of the organiza	llion that are ne					ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the							_ 00		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11	a. See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investri	• •	Cost or other asis (other)	• •	umulated	d	(d) Bool	< value	e
1 a	Land									
b	Buildings									
	Leasehold improvements			5,798.		5,79	8.			0.
	Equipment			11,346.		8,53			2,83	
	Other		1	711,035.	20	8,55			2,4'	
	Add lines 1a through 1e. (Column (d) must e					-			5,29	

Schedule D (Form 990) 2022

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Security deposits			3,550.
(2) Finance right of use asse	t		192,165.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		195,715.
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 25	<i>.</i>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Short term lease liability	v		46,934.
(3) Long term lease liability			145,230.
(4)			<u> </u>
(5)			
(6)			
(7)			
(8)			1
(9)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 25)		192,164.
 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under 	e the text of the footnote to	the organization's financial statements	that reports the

Schedule D (Form 990) 2022

Rebuilding Together - Twin Cities Part VII Investments - Other Securities.

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

(c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

14440809 759492 47077

Sche	dule D (Form 990) 2022 Rebuilding Together -	Twin Cities	41-	1893180	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With Rev			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	5	1	1,610	,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	127,199.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		<u>,199.</u>
3	Subtract line 2e from line 1		3	1,483	<u>,169.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)		1,483	,169.
Pa	t XII Reconciliation of Expenses per Audited Financial		penses per Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part I				
1	Total expenses and losses per audited financial statements		1	1,722	,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1			1,722	<u>,249.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			-
С	Add lines 4a and 4b		4c		Δ
				4 - 4 -	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i> t XIII Supplemental Information.			1,722	,249.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)			nization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the zation entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury Internal Revenue Service		Attach to Form 990 of					_	Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instruct	ctions	and t	he latest information	n.	Employer ide	entification number	
		ing Together - Twi	n C:	itie	es		41-1893		
		Complete if the organization answe				ine 17	. Form 990-E	Z filers are not	
 Indicate whether th Mail solicitat Mail solicitat Internet and Phone solicitat In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indiv	sed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
compensated at le	s of individual	(ii) Activity	have c	Did raiser ustody	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser	(vi) Amount paid to (or retained by)	
or entity (lunc	laiser)		or control of contributions?		nom activity		ed in col. (i)	organization	
Artikulere-Michaela			Yes	No	-				
P.O. Box 5141, Sara		Grant writing		x	1,722,477.		42,201.	1,680,276.	
Crowley, White, Hel Sevig - 1619 Daytor	•	Capital campaign		x	50,000.		12,000.	38,000.	
Total					1,772,477.		54,201.	1,718,276.	
		on is registered or licensed to solicit o		utions	or has been notified	it is e	xempt from re	egistration	
MN									
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2022	

See Part IV for continuations

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Flannel	Fishing	None	(add col. (a) through
		Fling	Tournament	(totol usuals su)	col. (c))
		(event type)	(event type)	(total number)	
1	1 Gross receipts	93,933.	1,289.		95,222
2	2 Less: Contributions	91,512.			91,512
3	3 Gross income (line 1 minus line 2)	2,421.	1,289.		3,710
4	4 Cash prizes				
5	5 Noncash prizes				
e	6 Rent/facility costs	6,130.			6,130
6	7 Food and beverages	9,596.			9,596
	3 Entertainment				
8					26,806
1	0 Direct expense summary. Add lines 4 throu		11		42,532
1	1 Net income summary. Subtract line 10 from				-38,822
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1	1 Gross revenue				
1					
2	2 Cash prizes				
2					
2 3					
4	3 Noncash prizes				
4	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	Yes %		%	
4	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes %	No	No	
4 5 6 7	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 		<u>No</u>	No	
	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 		<u>No</u>	No	
2 2 2 2 3 3 4 5 5 6 7 7 8	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 		No	<u>No</u>	
	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line 		No	No	
3 3 4 5 6 7 8 8 8	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization con 		No No states?	No	
2 3 3 4 5 6 7 7 8 8 8 8 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line 9 Enter the state(s) in which the organization con 1 s the organization licensed to conduct gaming 1 "No," explain:	Yes% No Sin column (d) Sin col	States?	□ No	Yes N
4 5 6 7 8 8 8 8 9 1 7 8 8 8 9 7 8 8 9 7 8 8 9 9 7 8 8 9 7 8 8 9 9 7 8 8 9 9 7 8 8 9 9 9 9	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line 5 Inter the state(s) in which the organization consist the organization licensed to conduct gaming 	Yes% Yes% No Solution of these revoked, suspended, or to	No states? erminated during the tax y	□ No	Yes N
4 5 6 7 8 8 8 8 8 9 1 7 8 8 7 8 8 8 9 1 7 8 8 9 1 8 9 9 7 8 8 9 9 7 8 8 9 9 9 9 9 9 9 9 9	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line 9 Enter the state(s) in which the organization con 1 s the organization licensed to conduct gaming 1 "No," explain: 2 Were any of the organization's gaming licenses 	Yes% Yes% No Solution of these revoked, suspended, or to	No states? erminated during the tax y	□ No	Yes N

Schedule G (Form 990) 2022	Rebuilding	Together -	Twin Citi	es 41-1	893180	Page 3
11 Does the organization conduct ga					Yes	No
12 Is the organization a grantor, bene	ficiary or trustee of a tr	ust, or a member of	a partnership or othe	er entity formed	Yes	No
to administer charitable gaming?13 Indicate the percentage of gaming	activity conducted in:					
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of the						
Name						
Address						
15a Does the organization have a cont	ract with a third party f	rom whom the orgar	nization receives garr	ning revenue?	Yes	🗌 No
b If "Yes," enter the amount of gami	na revenue received by	the organization	\$	and the amount		
of gaming revenue retained by the			Ψ			
c If "Yes," enter name and address						
Name						
16 Gaming manager information:						
Name						
Gaming manager compensation	\$					
Description of services provided						
Director/officer	Employee		lent contractor			
17 Mandatory distributions:						
a Is the organization required under	state law to make char	itable distributions f	rom the gaming proc	eeds to		<u> </u>
retain the state gaming license?					Yes	└── No
b Enter the amount of distributions i			o other exempt organ	izations or spent in the		
organization's own exempt activiti		\$ explanations required	d by Part I. line 2b. c	olumns (iii) and (v); and Par	t III. lines 9. 9	b. 10b.
15b, 15c, 16, and 17b, as						
<u>Schedule G, Part I,</u>	Line 2b, Li	st of Ten i	Highest Pai	d Fundraisers	:	
(i) Name of Fundrais	ser: Artikul	ere-Michae	la Brown			
				Innings MV 1	2066 04	
(i) Address of Fundr	alser: P.O.	BOX 5141,	Saratoga S	prings, NY 1	2866-81	138
(i) Name of Fundrais	ser: Crowley	, White, H	elmer, & Se	vig		
(i) Address of Fundr	aiser: 1619	Dayton Av	e Suite 106	5, St. Paul, M	<u>N 551</u>	04
232083 10-27-22				Schedu	ule G (Form 9	990) 2022

Schedule G	(Form 990)	Rebuilding	Together	- Twin Cities	41-1893180 Page
Part IV	Supplemental Info	rmation (continued)		- Twin Cities	*
					Schedule G (Form 9

232084 04-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

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_

Complete if the organizations 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

of the organization						Employer identification number
	Rebuilding	Together	- Tw	in	Cities	41-1893180

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	•	s
	-		Items contributed	Form 990, Part VIII, line 1g			
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						
11	Securities - Partnership, 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	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Donated auction)	Х	85	9,587.	Price compa:	rison	wit
26	Other (Project materia)	Х	1	8,180.	Price compa	rison	wit
27	Other ()				_		
28	Other (
29	Number of Forms 8283 received by the organize	ation during	, the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
			C C			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of the						
	exempt purposes for the entire holding period?			· · · · ·		30a	X
b	If "Yes," describe the arrangement in Part II.						
31							
	Does the organization hire or use third parties of						X
	contributions?			· · ·		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked.		
	describe in Part II.						

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022	Rebuilding	Together	– Twin	Cities
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number of contributions represents the individual donations by

individuals and corporations.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Rebuilding Together - Twin Cities 41-1893180

Form 990, Part III, Line 4a, Program Service Accomplishments:

sanitizing wipes, and an application for Safe at Home services.

Form 990, Part III, Line 4d, Other Program Services: Construction Workforce Training Collaborative: We are working with various partners to deliver innovative public-private partnerships that provide entry-level training while increasing our capacity to serve low-income homeowners. During the summer of 2022, we partnered with St. Catherine University's Occupational Therapy program to provide hands-on, field experience for Occupational Therapy students. This experience also provided valuable home assessments for all of our Safe at Home clients. We plan to expand this partnership in 2023. In 2023, we will also be working with Vuyo Community Partners to design a construction training program tailored towards area youth ages 17-24.

Rebuilding Together Minnesota preserved affordable homeownership and addressed health and safety hazards at 285 homes, directly impacting the well-being of 392 residents. Clients served live in Ada, Andover, Anoka, Blaine, Bloomington, Brewster, Brooklyn Center, Brooklyn Park, Cambridge, Champlin, Columbia Heights, Cottage Grove, Crystal, Eagan, Eden Prairie, Edina, Hastings, Heron Lake, Hopkins, Inver Grove Heights, Jackson, Jeffers, Jordan, Kettle River, Lakefield, Leota, Little Canada, Maple Grove, Maplewood, Mendota, Minneapolis, Mounds View, Mountain Lake, New Brighton, North Oaks, North Saint Paul, Oakdale, Pipestone, Richfield, Robbinsdale, Rochester, Roseville, Round Saint Paul Park, <u>Saint Louis Park,</u> Saint Paul, Shoreview, Spring Lake, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Schedule O (Form 990) 2022	Page 2					
Name of the organization Rebuilding Together – Twin Cities	Employer identification number 41-1893180					
Lake Park, Vadnais Heights, Westbrook, White Bear Lake, Windom,						
Woodbury, and Worthington. In addition, we completed six C	ommunity					
Revitalization projects, impacting the 626 clients served	through those					
nonprofit facilities and community spaces. Projects utiliz	ed 573					
volunteers contributing 4,033 hours of service to the comm	unity at a					
value of \$130,386.89 worth of labor (based on the Independ	ent Sector's					
2021 value of volunteer labor in Minnesota of \$32.33 per h	our).					
We continue to implement a Healthy Housing Principles-base	d approach					
and incorporate the seven Principles of Healthy Homes into	practice					
(Keep it: dry, clean, ventilated, pest-free, safe, contaminant-free,						
and maintained). 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 the safety and hea	lth-related					
issues at each home and also to measure the improvements related to						
health and safety resulting from our work.						
Expenses \$ 2,247. including grants of \$ 0. Revenue \$ 33,019.						
Form 990, Part VI, Section B, line 11b:						
The board of directors reviews and approves prior to filing.						
Form 990, Part VI, Section B, Line 12c:						
Each board member signs a new Conflict of interest form at the beginning of						
each fiscal year. It is also a point at the start of every board meeting,						

as members are asked to disclose any conflicts on the agenda.

Form 990, Part VI, Section B, Line 15a: The board solicits feedback on performance of the Executive Director every 232212 10-28-22 39 14440809 759492 47077 2022.04010 REBUILDING TOGETHER - TWI 47077_1

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number						
Rebuilding Together - Twin Cities	41-1893180						
month against the governing policies established by the bo	oard. This is done						
by review of how the staff and the organization have remain	ined in compliance						
with the board policy objectives and rules established us	ing the Board						
Policy Governance Model (aka The Carver Model of Board Governance). On this							
basis the Executive Director is under continual pressure t	to meet the						
board's stated objectives and her compensation is based or	n her meeting						
these objectives.							
The Executive Director has sole responsibility for perform	ning employee						
staff reviews. The board has a governance policy concerning	ng Treatment of						
Staff that outlines the board's expectations for staff rev	views.						
Form 990, Part VI, Section C, Line 19:							
The Organization makes available its governing documents, conflict of interest, and financial statements upon request. The financial statements							
						are published in the Organization's annual report each yea	ar.
Form 990, Part IX, Line 11g, Other Fees:							
AmeriCorps:							
Program service expenses	6,790.						
Management and general expenses	0.						
Fundraising expenses	0.						
Total expenses	6,790.						
Building Contractors:							
Program service expenses	592,689.						
Management and general expenses	0.						
Fundraising expenses	0 .						
²³²²¹² 10-28-22 40 40 40 2022.04010 REBUILDING T	Schedule O (Form 990) 202 OGETHER – TWI 4707						

Schedule O (Form 990) 2022 Name of the organization	Employer identification numbe
Rebuilding Together - Twin Cities	41-1893180
Total expenses	592,689.
Other professional fees:	
Program service expenses	40,990.
Management and general expenses	4,199.
Fundraising expenses	14,502.
Total expenses	59,691.
Total Other Fees on Form 990, Part IX, line 11g, Col A	659,170.
Form 99, Part XII, Line 2c:	
The process has not changed from the prior year.	

Form 8879-TE	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity			-	OMB No. 1545-0047	
	For calendar year	2022, or fiscal year beginning	, 2022, and ending	J :	, 20	2022
Department of the Treasury		Do not send to the	IRS. Keep for your reco	ords.		ZUZZ
Internal Revenue Service		Go to www.irs.gov/Form	8879TE for the latest in	formation.		
Name of filer			_		EIN or SSN	
Rebui	lding Tog	ether – Twin Ci	ties		41-189	3180
Name and title of officer or p	person subject to tax	-				
		Treasurer				
		Return Information				
Form 5330 filers may ent or 10a below, and the an	er dollars and cer nount on that line blank (do not ente here	 hts. For all other forms, enter of for the return being filed with er -0-). But, if you entered -0- o b Total revenue, if any b Total revenue, if any 	whole dollars only. If you this form was blank, the	check the box on I n leave line 1b, 2b 0- on the applicable lumn (A), line 12)	ine 1a, 2a, 3a, , 3b, 4b, 5b, 6b e line below. D 	4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, o not complete more <u>1,483,169.</u>
4a Form 990-PF ch	_		tment income (Form 990			
5a Form 8868 chec			3868, line 3c)			
6a Form 990-T che			T, Part III, line 4)			
7a Form 4720 chec), Part III, line 1)			
8a Form 5227 chec			d of tax year (Form 522			
9a Form 5330 chec		b Tax due (Form 5330	, Part II, line 19)	. ,)
10a Form 8038-CP			yment requested (Form		line 22) 10	b
Part II Declara	ation and Sigr	nature Authorization of	Officer or Person	Subject to Tax	K	
of any refund. If applicab entry to the financial inst financial institution to de later than 2 business day payment of taxes to rece	le, I authorize the itution account in- bit the entry to thi 's prior to the pay ive confidential in imber (PIN) as my y	rejection of the transmission, U.S. Treasury and its designa dicated in the tax preparation is account. To revoke a paym ment (settlement) date. I also formation necessary to answer signature for the electronic re	ated Financial Agent to in software for payment of ent, I must contact the U authorize the financial in er inquiries and resolve is	nitiate an electronic the federal taxes o U.S. Treasury Financ stitutions involved ssues related to the he consent to elect	funds withdraw wed on this ret cial Agent at 1-8 in the processir payment. I hav	val (direct debit) urn, and the 88-353-4537 no ng of the electronic re selected a
		ERO firm na	ame			Enter five numbers, but do not enter all zeros
with a state ag on the return's As an officer o return. If I have	ency(ies) regulatir disclosure conse r person subject t indicated within program, I will en	o tax with respect to the entit this return that a copy of the ter my PIN on the return's dis	Fed/State program, I als y, I will enter my PIN as r return is being filed with a closure consent screen.	to authorize the afo my signature on the a state agency(ies)	copy of the ret rementioned EF e tax year 2022	urn is being filed RO to enter my PIN electronically filed
Signature of officer or person sub		* THIS IS NOT A	A FILEABLE CO	PY ****	Date	
	ation and Aut					
ERO's EFIN/PIN. Enter	-	-	11	1221600062	<u> </u>	
number (EFIN) followed b	by your five-digit s	elf-selected PIN.		<u>1321600062</u> 10 not enter all zeros		
		/ PIN, which is my signature c the requirements of Pub. 416		F) Information for A	Authorized IRS	
ERO's signature				Date08/	09/23	
		ERO Must Retain The Submit This Form to t			80	
		Submit This Form to t	•			orm 8879-TE (2022)
LHA FOR PRIVACY ACT AI	a Paperwork Re	eduction Act Notice, see inst	ructions.		F	0111 007 3-1 E (2022)
202521 12-16-22						

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. 1			Taxpayer identification number (TIN)			
print	Rebuilding Together - Twin Cities				41-1893180		
File by the due date fo filing your	e for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Minneapolis, MN 55414							
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applicat	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) The Organizatic	07					
 If the If this box 1 1 1 the the 	hone No. ► <u>651-776-4273</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta Nover anization's , an	mption Number (GEN) I ch a list with the names and TINs of nber 15, 2023 , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizat	roup, check this sion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.	
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	3d	Ψ	••	
estimated tax payments made. Include any prior year overpayment allowed as a credit.				Зb	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pay							
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)	