| 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 <u>'</u>3 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

| AF                             | or th                                | e 2023 calendar year, or tax year beginning and  | ending        |                              |                              |  |
|--------------------------------|--------------------------------------|--|---------------|------------------------------|------------------------------|--|
| <b>В</b> с<br>ар               | heck if<br>oplicab                   | le: C Name of organization   |               | D Employer identified        | cation number                |  |
|                                | Addre<br>chang<br>Name<br>chang      | Berling Magathan Minnaga   | ota           | 41-189318                    | 80                           |  |
|                                | Initial<br>returr<br>Final<br>returr | Number and street (or P.O. box if mail is not delivered to street address)<br>1050 33rd Ave SE   | Room/suite    | E Telephone number 651-776-4 |                              |  |
|                                | termi<br>ated                        | <sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code   |               | <b>G</b> Gross receipts \$   | 1,625,158.                   |  |
|                                | Amer                                 | MIMEADOILS, MN 55414   |               | H(a) Is this a group re      |                              |  |
|                                | Appli<br>tion<br>pend                |  |               | for subordinates             | ? Yes X No                   |  |
|                                |                                      | same as C above  |               | H(b) Are all subordinates in | cluded? Yes No               |  |
|                                |                                      | xempt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) c   | or 527        |                              | list. See instructions       |  |
|                                | Vebs                                 |  |               | H(c) Group exemption         |                              |  |
| KF                             | orm o                                | f organization: X Corporation Trust Association Other  | <b>L</b> Year | of formation: 1997 N         | State of legal domicile: MN  |  |
| Pa                             | rt I                                 | Summary  |               | 1                            | . 1                          |  |
| Governance                     | 1                                    | Briefly describe the organization's mission or most significant activities: <u>Repairs</u>   | iring         | nomes, revit                 | calizing                     |  |
| srna                           | 2                                    | Check this box if the organization discontinued its operations or dispos   | ed of more    |                              |                              |  |
| Š                              | 3                                    |  |               |                              | 14                           |  |
|                                | 4                                    | Number of independent voting members of the governing body (Part VI, line 1b)  |               |                              | 13                           |  |
| es                             | 5                                    | Total number of individuals employed in calendar year 2023 (Part V, line 2a)   |               | 13                           |                              |  |
| Activities &                   | 6                                    | Total number of volunteers (estimate if necessary)   |               | 217                          |                              |  |
| Act                            |                                      | 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                 |  |
| e                              | 8                                    | Contributions and grants (Part VIII, line 1h)  |               | 1,385,401.                   | <u>1,586,637.</u><br>29,294. |  |
| )en                            | 9                                    | Program service revenue (Part VIII, line 2g)   |               | 126,002.                     |                              |  |
| Revenue                        | 10                                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 2,067.                       | -8,102.                      |  |
|                                | 11                                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | -30,301.                     | -25,553.                     |  |
| _                              | 12                                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |               | <u>1,483,169.</u><br>0.      | 1,582,276.                   |  |
|                                | 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)  |               | 592,019.                     | 622,731.                     |  |
| ses                            | 15                                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |               | 20,544.                      | 022,751.                     |  |
| en                             | IOA                                  | Professional fundraising fees (Part IX, column (A), line 11e)  | 79            | 20,511.                      | 0•                           |  |
| Expenses                       | 17                                   | Total fundraising expenses (Part IX, column (D), line 25)       70,77         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) |               | 1,109,686.                   | 1,088,775.                   |  |
|                                | 17<br>18                             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 1,722,249.                   | 1,711,506.                   |  |
|                                | 19                                   | Revenue less expenses. Subtract line 18 from line 12   |               | -239,080.                    | -129,230.                    |  |
| <u>– %</u>                     |                                      |  | Be            | ginning of Current Year      | End of Year                  |  |
| Net Assets or<br>Fund Balances | 20                                   | Total assets (Part X, line 16)   |               | 1,496,189.                   | 1,378,129.                   |  |
| Asse<br>Bali                   | 20                                   | Total liabilities (Part X, line 26)  |               | 422,085.                     | 340,698.                     |  |
| Net.                           | 22                                   | Net assets or fund balances. Subtract line 21 from line 20   | ·····         | 1,074,104.                   | 1,037,431.                   |  |
| Pa                             | rt II                                | Signature Block  |               | _,•,=•=•                     | _,,                          |  |
|                                |                                      | alties of perjury, I declare that I have examined this return, including accompanying schedules  | and statem    | ents, and to the best of mv  | knowledge and belief, it is  |  |
|                                | •                                    | ct and complete Declaration of prenarer (other than officer) is based on all information of wh   |               |                              | <b>J</b>                     |  |

| Sign      | Signature of officer  |   | Date                           |  |  |  |  |  |  |
|-----------|---|---|--------------------------------|--|--|--|--|--|--|
| Here      | Kathryn Greiner, Executive D:   | irector   |                                |  |  |  |  |  |  |
|           | Type or print name and title  |   |                                |  |  |  |  |  |  |
|           | Print/Type preparer's name Prepa  | rer's signature Dat   |                                |  |  |  |  |  |  |
| Paid      | Steven D. Anseth, CPA Ste   | ven D. Anseth, CP07   | /05/24 self-employed P00552219 |  |  |  |  |  |  |
| Preparer  | Firm's name Abdo LLP  |   | Firm's EIN 41-1397419          |  |  |  |  |  |  |
| Use Only  | Firm's address 5201 Eden Ave, Ste 2   | 50  |                                |  |  |  |  |  |  |
|           | Edina, MN 55436   |   | Phone no.952.835.9090          |  |  |  |  |  |  |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions |   |                                |  |  |  |  |  |  |
| LHA For   | Paperwork Reduction Act Notice, see the separate in                             | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                                |  |  |  |  |  |  |

| Par   | t III Statement of Program Service Accomplishments   |                       |
|-------|--|-----------------------|
|       | Check if Schedule O contains a response or note to any line in this Part III   | X                     |
| 1     | Briefly describe the organization's mission:   |                       |
|       | Repairing homes, revitalizing communities, rebuilding lives  | s.                    |
|       |  |                       |
|       |  |                       |
|       |  |                       |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the             |                       |
|       |  | Yes X No              |
|       | prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.  |                       |
|       | ,  | Yes X No              |
|       | 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  | • •                   |
|       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the | e total expenses, and |
|       | revenue, if any, for each program service reported.  | 0.000                 |
| 4a    | (Code:) (Expenses \$615,885. including grants of \$) (Revenue \$)  | •                     |
|       | Safe at Home: We provide home safety and fall prevention me  |                       |
|       | and ramps for older adults or those living with a disabilit  |                       |
|       | they can continue to live in safety and independence in the  |                       |
|       | homes. A project may include volunteer-delivered modificat:  | ions, such as         |
|       | installing grab bars, wheelchair-accessible ramps or elongation  | ated stairs,          |
|       | handrails, handheld shower units, shower seats, and no-slip  | o bath                |
|       | treads; and contractor-delivered environmental home modified   | cations, such         |
|       | as doorway widening and kitchen or bathroom renovations. The   | hese critical         |
|       | repairs not only support keeping aging housing stock in good   |                       |
|       | but also allow for aging-in-place and single-level living,   |                       |
|       | falls and maintaining the community connections that lead t  |                       |
|       | health outcomes. As an extension of this program, we also  |                       |
| 4b    | (Code:) (Expenses \$793,350. including grants of \$) (Revenue \$) (Revenue \$)   |                       |
| τD    | Home Repair: We provide volunteer-delivered repairs include  | •                     |
|       | weatherizing, installing flooring, patching, painting, sid:  |                       |
|       | landscaping, and timely contractor-delivered repair or rep.  |                       |
|       | essential systems, such as HVAC, electrical, plumbing, out   |                       |
|       | and roofs that are critical to healthy, livable homes. Roof  |                       |
|       | replacement is a service that is available to homeowners st  |                       |
|       | This program addresses the critical repairs that, if left  |                       |
|       | can cause the housing instability that can unhouse a family  |                       |
|       | can cause the housing instability that can unnouse a family  | Y•                    |
|       |  |                       |
|       |  |                       |
|       |  |                       |
|       | <u>(0,100</u>  | 0 545                 |
| 4c    | (Code:) (Expenses \$68,183. including grants of \$) (Revenue \$)   |                       |
|       | Community Revitalization: While all of our programs stabil:  |                       |
|       | neighborhoods, we extend this impact into the broader commu  |                       |
|       | revitalize neighborhoods by improving and repairing spaces   |                       |
|       | communities gather, such as community centers, schools, sup  | oportive              |
|       | housing facilities and outdoor community spaces.   |                       |
|       |  |                       |
|       |  |                       |
|       |  |                       |
|       |  |                       |
|       |  |                       |
|       |  |                       |
|       |  |                       |
| 4d    | Other program services (Describe on Schedule O.)   |                       |
|       | (Expenses \$ 28,857 • including grants of \$ ) (Revenue \$   | ١                     |
| 16    | Total program service expenses 1,506,275.  | )                     |
| 10    |  | Form <b>990</b> (202  |
|       |  | FUITI VVV (202        |
|       | See Schedule O for Continuation( $g$ )   |                       |
| 32002 | See Schedule O for Continuation(s)   |                       |

| Form | 990 | (2023) |
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Form 990 (2023) 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          | Х        | <u> </u>    |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2          | Х        | <u> </u>    |
| 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 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 X         |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |          | 37          |
|        | Schedule D, Part III  | 8          |          | <u>x</u>    |
| 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?   |            |          | v           |
|        | If "Yes," complete Schedule D, Part IV  | 9          |          | <u>x</u>    |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |          | x           |
|        | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         |          |             |
| 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,   | 44-        | х        |             |
| h      | Part VI   | <u>11a</u> | <u>_</u> | <u> </u>    |
| D      |   | 11b        |          | x           |
| ~      | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |            |          |             |
| U      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |          | x           |
| Ь      | 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   |            |          | <u> </u>    |
| u      | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        | х        |             |
| e      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | X        | <u> </u>    |
|        | 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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>  | 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        | х        |             |
| 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  |            |          | 1           |
|        | 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         |          | X           |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |          | 1           |
|        | 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,   |            |          | 1           |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17         | Х        | └──         |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |          | <u>-</u> -  |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |          | X 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         |          | X           |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        |          | x           |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b        |          | <b> </b>    |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |            |          | v           |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21         | 990      | X<br>(2023) |
| s32003 | 12-21-23  | rorm       | 220      | (2023)      |

332003 12-21-23

4 2023.04000 REBUILDING TOGETHER - TWI 47077.01

| Form | 990 | (2023) |
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|      | 330 |        |

|        | continued)  |         |     |             |
|--------|---|---------|-----|-------------|
|        |   |         | Yes | No          |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |         |     |             |
|        | Part IX, column (A), line 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     |     | Х           |
| 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     |     |             |
|        | 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             | 200     |     |             |
| 20     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |         |     |             |
|        |   | 26      |     | x           |
| 07     |   | 20      |     | - 23        |
| 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 | 07      |     | x           |
| ~~     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27      |     |             |
| 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     |     | X           |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b     |     | X           |
| С      | 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     |     | X           |
| 29     | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                     | 29      |     | x           |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |         |     |             |
|        | contributions? If "Yes," complete Schedule M  | 30      |     | X           |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31      |     | X           |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |         |     |             |
|        | Schedule N, Part II   | 32      |     | X           |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |         |     |             |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |     | X           |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 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      |     | x           |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |         |     |             |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37      |     | x           |
| 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    |   |         |     | 1           |
|        | Check if Schedule O contains a response or note to any line in this Part V  |         |     |             |
|        |   |         | Yes | No          |
| 19     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable [1a] 6   |         | .03 |             |
| b      | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1b 0                                     |         |     |             |
| 5      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |         |     |             |
| U      |   | 1c      | х   |             |
| 33200  | (gambling) winnings to prize winners?   |         |     | l<br>(2023) |
| JJ2002 | 5   | 1 0/1/1 |     | (2020)      |

2023.04000 REBUILDING TOGETHER - TWI 47077.01

| Form | 990 (2023) Rebuilding Together - Twin Cities 41-1893  | 180      | Р   | age <b>5</b> |
|------|---|----------|-----|--------------|
| Par  |   |          |     |              |
|      |   |          | 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 13   |          |     |              |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b       | Х   |              |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |     | X            |
|      | 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            |
| h    | 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            |
| 0    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 50<br>50 |     |              |
| 62   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     | 50       |     | <u> </u>     |
| 6a   |   | 6a       |     | x            |
| h    | any contributions that were not tax deductible as charitable contributions?   | 0a       |     |              |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            | Ch.      |     |              |
| -    | were not tax deductible?  | 6b       |     |              |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |          |     | v            |
| a    | 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            |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     | <u> </u>     |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               | _        |     | v            |
|      | to file Form 8282?  | 7c       |     | X            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year 7d  | _        |     | v            |
| 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       |     | <u> </u>     |
| h    | 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.   |          |     |              |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     | <u> </u>     |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |              |
| 10   | Section 501(c)(7) organizations. Enter:   |          |     |              |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 10a  |          |     |              |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | -        |     |              |
| 11   | Section 501(c)(12) organizations. Enter:  |          |     |              |
| а    | Gross income from members or shareholders   |          |     |              |
| b    | 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      |     |              |
| b    | 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                                   |          |     |              |
|      | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |              |
|      | If "Yes." complete Form 6069.   |          |     |              |

332005 12-21-23

09350705 759492 47077.0

Form **990** (2023)

<sup>6</sup> 2023.04000 REBUILDING TOGETHER - TWI 47077.01

| Form 990 | (2023) |
|----------|--------|
|----------|--------|

### Rebuilding Together - Twin Cities

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

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

|                             |  |                                 | I -  |          | Yes    | 1 |
|-----------------------------|--|---------------------------------|--|----------|--------|---|
| 1a                          | Enter the number of voting members of the governing body at the end of the tax year  | 1a                              | 14   | 1        |        |   |
|                             | If there are material differences in voting rights among members of the governing body, or if the governing  |                                 |  |          |        |   |
|                             | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |                                 |  |          |        |   |
| b                           | Enter the number of voting members included on line 1a, above, who are independent   | 1b                              | 1:   | 3        |        |   |
| 2                           | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | o with a                        | any other  |          |        |   |
|                             | officer, director, trustee, or key employee?   |                                 |  | 2        |        |   |
| 3                           | Did the organization delegate control over management duties customarily performed by or under the   |                                 |  |          |        |   |
|                             | of officers, directors, trustees, or key employees to a management company or other person?  |                                 |  | 3        |        |   |
| 4                           | Did the organization make any significant changes to its governing documents since the prior Form S  |                                 |  | 4        |        |   |
| 5                           | Did the organization become aware during the year of a significant diversion of the organization's as  |                                 |  | 5        |        | L |
| 6                           | Did the organization have members or stockholders?   |                                 |  | 6        |        | L |
| 7a                          | Did the organization have members, stockholders, or other persons who had the power to elect or ap   | •                               |  |          |        |   |
|                             | more members of the governing body?  |                                 |  | 7a       |        | ╞ |
| b                           | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  | tockhol                         | ders, or   |          |        |   |
|                             | persons other than the governing body?   |                                 |  | 7b       |        |   |
| 8                           | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ar by the                       | e following:   |          |        |   |
| а                           | The governing body?  |                                 |  | 8a       | Х      |   |
| b                           | Each committee with authority to act on behalf of the governing body?  |                                 |  | 8b       | Х      |   |
| 9                           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  | ched at                         | t the  |          |        |   |
|                             | organization's mailing address? If "Yes." provide the names and addresses on Schedule O  |                                 |  | 9        |        |   |
| Sec                         | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | evenue                          | Code.)   |          |        | _ |
|                             |  |                                 |  |          | Yes    | ļ |
| 10a                         | Did the organization have local chapters, branches, or affiliates?   |                                 |  | 10a      |        | ļ |
| b                           | If "Yes," did the organization have written policies and procedures governing the activities of such ch  | napters,                        | , affiliates,  |          |        | l |
|                             | and branches to ensure their operations are consistent with the organization's exempt purposes?  |                                 |  | 10b      |        | ļ |
| 11a                         | Has the organization provided a complete copy of this Form 990 to all members of its governing bod   | y befor                         | e filing the form?   | 11a      | X      | l |
| b                           | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |                                 |  |          |        | l |
| l2a                         | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                                 |  | 12a      | Х      | l |
| b                           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  | e to conf                       | licts?   | 12b      | Х      | l |
| с                           | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "   | Yes," de                        | escribe  |          |        | l |
|                             | on Schedule O how this was done  |                                 |  | 12c      | Х      | l |
| 13                          | Did the organization have a written whistleblower policy?  |                                 |  | 13       | Х      | l |
| 14                          | Did the organization have a written document retention and destruction policy?   |                                 |  | 14       | Х      | l |
| 15                          | Did the process for determining compensation of the following persons include a review and approva   |                                 |  |          |        | I |
|                             | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                                 |  |          |        | l |
| а                           | The organization's CEO, Executive Director, or top management official   |                                 |  | 15a      | Х      |   |
| b                           | Other officers or key employees of the organization  |                                 |  | 15b      |        |   |
|                             | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |                                 |  |          |        | Ι |
| 16a                         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger  | nent wi                         | ith a  |          |        | l |
|                             | taxable entity during the year?  |                                 |  | 16a      |        |   |
|                             | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua   | te its pa                       | articipation   |          |        | Ι |
|                             | · · · · · · · · · · · · · · · · · · ·  |                                 | 'e   |          |        | l |
|                             | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ  | nization                        | 5  |          |        |   |
|                             |  |                                 |  | 16b      |        |   |
| b                           | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ  |                                 |  | 16b      |        |   |
| b                           | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?   |                                 |  | 16b      |        |   |
| b<br>Sec                    | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure  | <u></u>                         |  | •        | availa | b |
| b<br>Sec <sup>-</sup><br>17 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u>  | <u></u>                         |  | •        | availa | b |
| b<br>Sec <sup>-</sup><br>17 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a  | nd 990-                         | T (section 501(c)(3  | •        | availa | b |
| b<br>Sec <sup>-</sup><br>17 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a<br>for public inspection. Indicate how you made these available. Check all that apply.   | nd 990-<br>n on Sc              | T (section 501(c)(3  | )s only) |        | b |
| b<br>Sec<br>17<br>18        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a<br>for public inspection. Indicate how you made these available. Check all that apply.<br>Own website X Another's website X Upon request Other (explain  | nd 990-<br>n on Sc              | T (section 501(c)(3  | )s only) |        | b |
| b<br>Sec<br>17<br>18        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a<br>for public inspection. Indicate how you made these available. Check all that apply.<br>Own website X Another's website X Upon request Other (explain<br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, co   | nd 990-<br>n on Sc<br>onflict o | T (section 501(c)(3<br><i>hedule O)</i><br>f interest policy, ar | )s only) |        | b |
| b<br>6ec<br>17<br>18        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a<br>for public inspection. Indicate how you made these available. Check all that apply.<br>Own website X Another's website X Upon request Other <i>(explain</i><br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.  | nd 990-<br>n on Sc<br>onflict o | T (section 501(c)(3<br><i>hedule O)</i><br>f interest policy, ar | )s only) |        | b |
| b<br>6ec<br>17<br>18        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ<br>exempt status with respect to such arrangements?<br>tion C. Disclosure<br>List the states with which a copy of this Form 990 is required to be filed <u>MN</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a<br>for public inspection. Indicate how you made these available. Check all that apply.<br>Own website X Another's website X Upon request Other <i>(explain</i><br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, co<br>statements available to the public during the tax year.<br>State the name, address, and telephone number of the person who possesses the organization's boo | nd 990-<br>n on Sc<br>onflict o | T (section 501(c)(3<br><i>hedule O)</i><br>f interest policy, ar | )s only) |        | b |

TWI 47077.01

| Part VII | Compensation of Officers, D | irectors, Trustees | , Key Employees, Highest | Compensated |
|----------|-----------------------------|--------------------|--------------------------|-------------|
|          | Employees, and Independent  | t 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                           | Position<br>(do not check more than one |         |              |                                 | ane    | Reportable                   | Reportable      | Estimated                   |
|                      | hours per                | box                           | , unles                                 | ss per  | rson i       | s botł                          | n an   | compensation                 | compensation    | amount of                   |
|                      | week                     |                               | cer an                                  | id a d  | irecto       | r/trus<br>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<br>organizations | ustee                         | trust                                   |         | ee           | bens                            |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |
|                      | below                    | ual tr                        | tional                                  |         | yolqr        | t con                           | _      | 1039-1120)                   |                 | organizations               |
|                      | line)                    | ndividual trustee or director | nstitutional trustee                    | Officer | Key employee | Highest compensated<br>employee | Former |                              |                 | organizationo               |
| (1) Kathryn Greiner  | 40.00                    |                               | _                                       |         |              |                                 |        |                              |                 |                             |
| Executive Director   |                          | х                             |   | х       |              |                                 |        | 113,833.                     | Ο.              | 14,890.                     |
| (2) Matthew Culver   | 2.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| President            |                          | Х                             |   | Х       |              |                                 |        | 0.                           | Ο.              | 0.                          |
| (3) Jillian Botz     | 2.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Vice President       |                          | Х                             |   | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (4) Greg Krenz       | 2.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Treasurer            |                          | Х                             |   | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (5) Robb Altendorf   | 2.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Secretary            |                          | Х                             |   | Х       |              |                                 |        | 0.                           | 0.              | 0.                          |
| (6) Jane Marie Petty | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (7) Jasbir Singh     | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (8) Beth Wiggins     | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (9) Tom Keljik       | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (10) Austin Onwualu  | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (11) Glenn Thuringer | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (12) Lynda Rogers    | 1.00                     |                               |   |         |              |                                 |        |                              |                 | _                           |
| Director             |                          | х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (13) Kelly Martin    | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
| (14) Donnie Brown    | 1.00                     |                               |   |         |              |                                 |        |                              |                 |                             |
| Director             |                          | Х                             |   |         |              |                                 |        | 0.                           | 0.              | 0.                          |
|                      |                          | l                             |   |         |              |                                 |        |                              |                 |                             |
|                      |                          |                               |   |         |              | <u> </u>                        |        |                              |                 |                             |
|                      |                          |                               |   |         |              |                                 |        |                              |                 |                             |
|                      |                          |                               |   |         |              | -                               |        |                              |                 |                             |
|                      |                          |                               |   |         |              |                                 |        |                              |                 |                             |
|                      | 1                        |                               |   | l       |              |                                 |        |                              |                 | Farma <b>990</b> (0000)     |

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332007 12-21-23

Form 990 (2023)

|     | <u>990 (2023)</u> Rebuildin  | ig Toget  | he                             | r                     | _           | Τw            | in                              | С      | lities  | 41-18   | 393    | 180         | Pa  | age <b>8</b> |
|-----|--|---|--------------------------------|-----------------------|-------------|---------------|---------------------------------|--------|---|---|--------|-------------|---|--------------|
| Par | VII Section A. Officers, Directors, Trust  | ees, Key Emp  | oloye                          | ees,                  | and         | Hig           | ghes                            | t C    | ompensated Employee                                       | s (continued)   |        |             |   |              |
|     | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week<br>(list any | box,<br>offic                  | not ch<br>, unles     | s per       | nore t        | than o<br>s both<br>r/trust     | an     | <b>(D)</b><br>Reportable<br>compensation<br>from<br>the   | <b>(E)</b><br>Reportable<br>compensatio<br>from related<br>organization | n<br>I | am          | (F)<br>timate<br>iount o<br>other<br>pensat | of           |
|     |  | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer     | Key em ployee | Highest compensated<br>employee | Former | organization<br>(W-2/1099-MISC/<br>1099-NEC)              | (W-2/1099-MIS<br>1099-NEC)  | SC/    | orga<br>and | om the<br>anizati<br>I relate<br>nizatio    | on<br>ed     |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
| 1b  | Subtotal   |   |                                |                       |             |               |                                 |        | 113,833.  |   | 0.     | 14          | 1,89  | 90.          |
| с   | Total from continuation sheets to Part VII<br>Total (add lines 1b and 1c)  | , Section A   |                                |                       |             |               |                                 |        | 0.         0.           113,833.         0.         14,89 |   |        |             |   | 0.           |
| 2   | Total number of individuals (including but no compensation from the organization   |   |                                |                       |             |               |                                 |        | eceived more than \$100,                                  | 000 of reportable   | )      |             |   | 1            |
| 3   | Did the organization list any <b>former</b> officer,   | -   |                                | •                     | •           | •             |                                 | Ŭ      | • •   | •   |        |             | Yes   | No           |
| 4   | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the su   | m of reportabl  | e co                           | mpe                   | nsat        | tion          | and                             | oth    | er compensation from t                                    | he organization   |        | 3           |   | X<br>X       |
| 5   | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a<br>rendered to the organization? <i>If</i> "Yes." <i>com</i> | ccrue compen  | Isatio                         | on fr                 | om a        | any           | unre                            | late   | ed organization or individ                                | dual for services   |        | 4<br>5      |   | x            |
| Sec | ion B. Independent Contractors   | olete Schedule  | <u> </u>                       | <u>or su</u>          | <u>cn p</u> | Jerso         | <u>on</u> .                     |        |   |   |        | 5           | - 1   |              |
| 1   | Complete this table for your five highest cor the organization. Report compensation for t  | •   | •                              |                       |             |               |                                 |        |   |   | ensa   | tion fro    | m   |              |
|     | (A)<br>Name and business   |   |                                | ONE                   |             |               |                                 |        | (B)<br>Description of s                                   |   | C      | (C<br>omper |   | ו<br>ו       |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
|     |  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |
| 2   | Total number of independent contractors (in \$100,000 of compensation from the organiz   | •   | ot lin                         | nited                 | to t        | hos:<br>0     |                                 | ed     | above) who received m                                     | ore than  |        |             |   |              |
|     | , , , , , , , , , , , , , , , , , , ,  |   |                                |                       |             |               |                                 |        |   |   |        |             |   |              |

Form **990** (2023)

332008 12-21-23

|   | 1 990 (    |   | gether -                | Twin Citie          | es                | 41-1893          | 180 Page <b>9</b>                  |
|---|------------|---|-------------------------|---------------------|-------------------|------------------|------------------------------------|
| Pa  | rt VII     |   | or noto to ony lin      | a in this Dart VIII |                   |                  |                                    |
|   |            | Check if Schedule O contains a response   | or note to any lin      | (A)                 | (B)               | (C)              | (D)                                |
|   |            |   |                         | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|   |            |   |                         |                     | function revenue  | business revenue | sections 512 - 514                 |
| ស ស   | 1 a        | Federated campaigns 1a  |                         |                     |                   |                  |                                    |
| ran   | b          | Membership dues 1b  |                         |                     |                   |                  |                                    |
| S, G  | с          | Fundraising events 1c   | 29,832.                 |                     |                   |                  |                                    |
| Sifts<br>ar A   | d          | Related organizations 1d  |                         |                     |                   |                  |                                    |
| is, (   | е          | Government grants (contributions) 1e  | 643,890.                |                     |                   |                  |                                    |
| tion<br>r S   | f          | All other contributions, gifts, grants, and   |                         |                     |                   |                  |                                    |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |            | similar amounts not included above 1f   | 912,915.                |                     |                   |                  |                                    |
| ontr<br>of C  | g          |   | 10,269.                 |                     |                   |                  |                                    |
| ŭ ŭ   | h          | Total. Add lines 1a-1f  |                         | 1,586,637.          |                   |                  |                                    |
|   | •          | Customer Contracts  | Business Code<br>900099 | 23,794.             | 23,794.           |                  |                                    |
| /ice  | 2a<br>b    | _ 1   | 900099                  | 5,500.              | 5,500.            |                  |                                    |
| Ser.  | u<br>c     |   | 500055                  | 5,500.              | 5,500.            |                  |                                    |
| am Ser<br>evenue  | d          |   |                         |                     |                   |                  |                                    |
| Program Service<br>Revenue                                | e          |   |                         |                     |                   |                  |                                    |
| Pro   | f          | All other program service revenue   |                         |                     |                   |                  |                                    |
|   |            |   |                         | 29,294.             |                   |                  |                                    |
|   | 3          | Investment income (including dividends, intere  |                         |                     |                   |                  |                                    |
|   |            | other similar amounts)  |                         | 9,227.              |                   |                  | 9,227.                             |
|   | 4          | Income from investment of tax-exempt bond p   |                         |                     |                   |                  |                                    |
|   | 5          | Royalties   |                         |                     |                   |                  |                                    |
|   |            | (i) Real  | (ii) Personal           |                     |                   |                  |                                    |
|   | 6 a        | Gross rents 6a  |                         |                     |                   |                  |                                    |
|   |            | Less: rental expenses 6b  |                         |                     |                   |                  |                                    |
|   |            | Rental income or (loss)   |                         |                     |                   |                  |                                    |
|   |            | Net rental income or (loss)   | (ii) Other              |                     |                   |                  |                                    |
|   | <i>i</i> a |   | (ii) Other<br>0 •       |                     |                   |                  |                                    |
|   | h          | assets other than inventory <b>7a</b><br>Less: cost or other basis                    | 0.                      |                     |                   |                  |                                    |
| e   | b b        | and sales expenses  | 17,329.                 |                     |                   |                  |                                    |
| venue   | с          | Gain or (loss) 7c   | -17,329.                |                     |                   |                  |                                    |
|   |            | Net gain or (loss)  | -                       | -17,329.            |                   |                  | -17,329.                           |
| Other Re  |            | Gross income from fundraising events (not   |                         |                     |                   |                  |                                    |
| Oth   |            | including \$ 29,832. of   |                         |                     |                   |                  |                                    |
|   |            | contributions reported on line 1c). See   |                         |                     |                   |                  |                                    |
|   |            | Part IV, line 18  |                         |                     |                   |                  |                                    |
|   |            | Less: direct expenses8b   | 25,553.                 |                     |                   |                  |                                    |
|   |            | Net income or (loss) from fundraising events  |                         | -25,553.            |                   |                  | -25,553.                           |
|   | 9 a        | Gross income from gaming activities. See  |                         |                     |                   |                  |                                    |
|   |            | Part IV, line 19 9a   |                         |                     |                   |                  |                                    |
|   |            | Less: direct expenses 9b  |                         |                     |                   |                  |                                    |
|   |            | Net income or (loss) from gaming activities<br>Gross sales of inventory, less returns |                         |                     |                   |                  |                                    |
|   | 10 a       | and allowances  |                         |                     |                   |                  |                                    |
|   | b          | Less: cost of goods sold 10k  |                         |                     |                   |                  |                                    |
|   |            | Net income or (loss) from sales of inventory  |                         |                     |                   |                  |                                    |
|   |            |   | Business Code           |                     |                   |                  |                                    |
| sno   | 11 a       |   |                         |                     |                   |                  |                                    |
| ane   | b          |   |                         |                     |                   |                  |                                    |
| sells<br>eve  | с          |   |                         |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                                  | d          | All other revenue   |                         |                     |                   |                  |                                    |
| ~   | е          | Total. Add lines 11a-11d  |                         |                     |                   |                  |                                    |
|   | 12         | Total revenue. See instructions   |                         | 1,582,276.          | 29,294.           | 0.               | -33,655.                           |
| 33200   | 9 12-21    | -23   |                         |                     |                   |                  | Form <b>990</b> (2023)             |

332009 12-21-23

10 2023.04000 REBUILDING TOGETHER - TWI 47077.01

| Form 990 | (2023) |
|----------|--------|
|----------|--------|

 Form 990 (2023)
 Rebuilding Together - Twin Cities

 Part IX
 Statement of Functional Expenses

|         | Check if Schedule O contains a respons   | e or note to any line in t   | his Part IX                               | <u></u>  | X                                     |
|---------|--|------------------------------|---|--|---------------------------------------|
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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,   | 100 700                      | 100 007                                   | 14 400   | 4 200                                 |
| _       | trustees, and key employees  | 128,723.                     | 109,907.                                  | 14,496.  | 4,320                                 |
| 6       | Compensation not included above to disqualified  |                              |   |  |                                       |
|         | persons (as defined under section $4958(f)(1)$ ) and   |                              |   |  |                                       |
| _       | persons described in section 4958(c)(3)(B)   | 431,242.                     | 367,114.                                  | 50,192.  | 13,936                                |
| 7       | Other salaries and wages   | 431,242.                     | 507,114.                                  | 50,194.  | 13,330                                |
| 8       | Pension plan accruals and contributions (include   |                              |   |  |                                       |
| 0       | section 401(k) and 403(b) employer contributions)  | 21,046.                      | 18,378.                                   | 1 762  | 006                                   |
| 9<br>10 | Other employee benefits  | 41,720.                      | 36,255.                                   | 1,762.<br>3,379.                                 | 906<br>2,086                          |
| 10      | Payroll taxes<br>Fees for services (nonemployees):   | 41,720•                      | 50,255.                                   | 5,575.   | 2,000                                 |
|         |  |                              |   |  |                                       |
| a<br>b  |  |                              |   |  |                                       |
| с<br>С  | . · · · · · · · · · · · · · · · · · · ·  | 14,600.                      |   | 14,600.  |                                       |
| d       |  | 11,0001                      |   |  |                                       |
|         | Professional fundraising services. See Part IV, line 17  |                              |   |  |                                       |
| f       | Investment management fees   |                              |   |  |                                       |
| g       |  |                              |   |  |                                       |
| 9       | column (A), amount, list line 11g expenses on Sch O.)  | 538,700.                     | 500,998.                                  | 5,819.   | 31,883                                |
| 12      | Advertising and promotion  | 17,411.                      | 16,473.                                   | 633.   | <u>31,883</u><br>305                  |
| 13      | Office expenses  | 7,762.                       | 5,088.                                    | 2,440.   | 234                                   |
| 14      | Information technology   | 19,295.                      | 16,595.                                   | 1,551.   | 1,149                                 |
| 15      | Royalties  | -                            |   |  | -                                     |
| 16      | Occupancy  | 56,365.                      | 52,532.                                   | 2,541.   | 1,292                                 |
| 17      | Travel   | 24,449.                      | 21,693.                                   | 2,279.   | 477                                   |
| 18      | Payments of travel or entertainment expenses   |                              |   |  |                                       |
|         | for any federal, state, or local public officials  |                              |   |  |                                       |
| 19      | Conferences, conventions, and meetings   | 3,200.                       | 2,849.                                    | 217.   | 134                                   |
| 20      | Interest   | 93.                          |   | 93.  |                                       |
| 21      | Payments to affiliates   |                              |   |  |                                       |
| 22      | Depreciation, depletion, and amortization  | 113,481.                     | 113,246.                                  | 153.   | 82                                    |
| 23      | Insurance  | 52,374.                      | 39,234.                                   | 11,343.  | 1,797                                 |
| 24      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а       |  | 144,403.                     | 144,403.                                  |  |                                       |
| b       | Decen and multiplicated and  | 23,116.                      | 20,083.                                   | 1,894.   | 1,139                                 |
| c       | Miscellaneous  | 21,669.                      | 2,558.                                    | 15,475.  | 3,636                                 |
| d       | Equipment and software   | 19,758.                      | 16,019.                                   | 2,886.   | 853                                   |
|         | All other expenses   | 32,099.                      | 22,850.                                   | 2,699.   | 6,550                                 |
| 25      | Total functional expenses. Add lines 1 through 24e   | 1,711,506.                   | 1,506,275.                                | 134,452.   | 70,779                                |
| 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)   |                              |   |  |                                       |

332010 12-21-23

11 2023.04000 REBUILDING TOGETHER - TWI 47077.01

Form 990 (2023)

09350705 759492 47077.0

200,000.

1,074,104.

1,496,189.

28

29

30

31

32

33

284,477. 385,493. 1 1 Cash - non-interest-bearing 172,739. 102,879. 2 2 Savings and temporary cash investments 313,992. 152,535. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 23,974. 38,724. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 868,825. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 505,292. 549,718. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 195,715. 148,780. 15 15 Other assets. See Part IV, line 11 1,496,189. 1,378,129. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 147,996. 157,457. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 81,925. 38,011. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 192,164. 145,230. 25 of Schedule D 422,085. 340,698. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 874,104. 27 787,191. 27

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Rebuilding Together - Twin Cities

250,240.

1,378,129. Form **990** (2023)

1,037,431.

(B) End of year

(A) Beginning of year

#### Form 990 (2023) Part X Bala

Assets

Liabilities

Net Assets or Fund Balances

28

29

30

31

32

33

| 023)              | Repartaring           | rogeener           | T M T II         |
|-------------------|-----------------------|--------------------|------------------|
| Balance Shee      | t                     |                    |                  |
| Check if Schedule | O contains a response | or note to any lin | e in this Part X |

|    | Rebuilding Together - Twin Cities   | 41-18    | 93180 | Pa  | <sub>ge</sub> 12 |
|----|---|----------|-------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets  |          |       |     |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |       |     |                  |
|    |   |          |       |     |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 1,582 |     |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 1,711 |     |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | -129  |     |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        | 1,074 | 1,1 | 04.              |
| 5  | Net unrealized gains (losses) on investments  | 5        |       |     |                  |
| 6  | Donated services and use of facilities  | 6        | 91    | 2,5 | 57.              |
| 7  | Investment expenses   | 7        |       |     |                  |
| 8  | Prior period adjustments  | 8        |       |     |                  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |       |     | 0.               |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |       |     |                  |
|    | column (B))   | 10       | 1,03  | 7,4 | 31.              |
| Pa | rt XII Financial Statements and Reporting   |          |       |     |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |          |       |     | X                |
|    |   |          |       | Yes | No               |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          | _     |     |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.       |       |     |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a    |     | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |       |     |                  |
|    | separate basis, consolidated basis, or both:  |          |       |     |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |       |     |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b    | Х   |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      |          |       |     |                  |
|    | consolidated basis, or both:  |          |       |     |                  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |          |       |     |                  |
| с  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,   |       |     |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c    | х   |                  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     |          |       |     |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |          |       |     |                  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a    |     | x                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit |       |     |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3b    |     |                  |
|    |   |          | ·     |     |                  |

Form **990** (2023)

| SCHEDULE A    |  |                        | Dublic Cha              |   |              |                                  |                                       |               | OMB No. 1545-0047                               |  |  |
|---------------|--|------------------------|-------------------------|---|--------------|----------------------------------|---------------------------------------|---------------|---|--|--|
| (Form 9       | 90)  |                        |                         | rity Status an  |              |                                  |                                       |               | つりつつ  |  |  |
|               |  | Co                     |                         | ization is a section 501<br>47(a)(1) nonexempt cha                    |              |                                  | or a section                          |               | Ζυζυ  |  |  |
|               | of the Treasury  |                        | At                      | ttach to Form 990 or Fo   | orm 990-E    | Ζ.                               |                                       |               | Open to Public                                  |  |  |
| Internal Reve |  |                        | Go to www.irs.gov/      | Form990 for instruction   | ns and the   | latest inf                       | ormation.                             |               | Inspection                                      |  |  |
| Name of       | the organization   |                        | ildina men              | athan muin  | 0:1:         |                                  |                                       |               | identification number                           |  |  |
| Part I        | Boscond  |                        |                         | ether - Twin  |              |                                  |                                       |               | 1-1893180                                       |  |  |
|               |  |                        |                         | (All organizations must c   |              |                                  | ee instruction                        | S.            |   |  |  |
| . –           |  | •                      |                         | For lines 1 through 12, c   |              | ,                                | IV A V:                               |               |   |  |  |
| 1             |  |                        | -                       | n of churches described   |              | r)(a)01 n                        | I)(A)(I).                             |               |   |  |  |
| 3             |  |                        |                         | Attach Schedule E (Forn<br>anization described in <b>s</b> e          |              | /b//1////ii                      | :)                                    |               |   |  |  |
| 4             | •  | •                      |                         | njunction with a hospital   |              |                                  | •                                     | (iiii). Enter | the hospital's name.                            |  |  |
| •             | city, and state  | -                      |                         | ·)-···  |              |                                  |                                       | ( <i>)</i>    | ·····,  |  |  |
| 5             |  | -                      | or the benefit of a col | llege or university owned   | l or operate | ed by a go                       | vernmental u                          | nit describe  | ed in   |  |  |
|               | section 170(b)(1)(A)(iv). (Complete Part II.)  |                        |                         |   |              |                                  |                                       |               |   |  |  |
| 6             | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |                        |                         |   |              |                                  |                                       |               |   |  |  |
| 7 X           | An organizati  | on that norma          | lly receives a substa   | ntial part of its support fi  | rom a gove   | ernmental                        | unit or from th                       | ie general p  | public described in                             |  |  |
|               | section 170(I  | <b>)(1)(A)(vi).</b> (C | omplete Part II.)       |   |              |                                  |                                       |               |   |  |  |
| 8             | A community  | trust describe         | ed in section 170(b)    | (1)(A)(vi). (Complete Par   | t II.)       |                                  |                                       |               |   |  |  |
| 9             | -  |                        |                         | in section 170(b)(1)(A)(  |              | -                                |                                       | -             | -   |  |  |
|               |  | or a non-land-g        | grant college of agric  | ulture (see instructions).  | Enter the I  | name, city                       | , and state of                        | the college   | or  |  |  |
| <b>10</b>     | university:  |                        | II                      |   |              |                                  |                                       |               |   |  |  |
| 10            | 0  |                        |                         | than 33 1/3% of its supp<br>t to certain exceptions; a                |              |                                  |                                       | •             | •   |  |  |
|               |  |                        |                         | (less section 511 tax) fro  |              |                                  |                                       |               | -   |  |  |
|               |  |                        | mplete Part III.)       |   |              |                                  |                                       |               |   |  |  |
| 11            |  |                        |                         | vely to test for public sa  | fetv. See    | section 50                       | )9(a)(4).                             |               |   |  |  |
| 12            | -  | -                      | -                       | vely for the benefit of, to   | •            |                                  |                                       | rry out the   | purposes of one or                              |  |  |
|               | -  | -                      | -                       | d in section 509(a)(1) o  | -            |                                  |                                       | •             |   |  |  |
|               | lines 12a thro   | ugh 12d that           | describes the type o    | f supporting organizatior   | n and com    | plete lines                      | 12e, 12f, and                         | 12g.          |   |  |  |
| a             | <b>Type I.</b> A su  | upporting orga         | anization operated, s   | upervised, or controlled  | by its supp  | ported org                       | anization(s), ty                      | pically by    | giving  |  |  |
|               | the support  | ed organizatio         | on(s) the power to reg  | gularly appoint or elect a  | majority o   | of the direc                     | tors or truste                        | es of the su  | ipporting                                       |  |  |
| _             | organizatio  | n. <b>You must c</b>   | complete Part IV, Se    | ections A and B.  |              |                                  |                                       |               |   |  |  |
| b             |  |                        | -                       | or controlled in connect  |              |                                  | -                                     |               | -   |  |  |
|               |  |                        |                         | anization vested in the sa  | ame perso    | ns that co                       | ntrol or mana                         | ge the supp   | ported  |  |  |
| _             | - °  | ( )                    | t complete Part IV,     |   |              |                                  |                                       |               |   |  |  |
| с 🗌           |  | -                      | • • • •                 | g organization operated   |              |                                  |                                       | ly integrate  | a with,   |  |  |
| d             |  | •                      | .,.                     | <ol> <li>You must complete I<br/>porting organization oper</li> </ol> |              |                                  | -                                     | ted organiz   | ration(s)                                       |  |  |
| u             | _ ,  | -                      | •                       | ation generally must sat  |              |                                  |                                       | 0             |   |  |  |
|               |  |                        | •                       | nplete Part IV, Sections  | •            |                                  | •                                     | anatonin      |   |  |  |
| e             | -  |                        |                         | written determination fro   |              |                                  |                                       | II, Type III  |   |  |  |
|               |  | 0                      |                         | nally integrated supporti   |              |                                  | , , , , , , , , , , , , , , , , , , , | , <b>,</b>    |   |  |  |
| f Ent         | er the number o  | of supported of        | organizations           |   |              |                                  |                                       |               |   |  |  |
|               |  |                        | about the supporte      |   |              |                                  |                                       |               |   |  |  |
|               | <ul> <li>(i) Name of suppo<br/>organization</li> </ul>   |                        | (ii) EIN                | (iii) Type of organization<br>(described on lines 1-10                |              | anization listed<br>ng document? | (v) Amount of<br>support (see ir      | -             | (vi) Amount of other support (see instructions) |  |  |
|               | organization   |                        |                         | above (see instructions))   | Yes          | No                               | support (see ii                       | istructions)  |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               | <br>  |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |
|               |  |                        |                         |   |              |                                  |                                       |               |   |  |  |

Total

## Schedule A (Form 990) 2023 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)

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

| Sec  | ction A. Public Support                      |                        |                      |                           |                             |                                 |                 |
|------|--|------------------------|----------------------|---------------------------|-----------------------------|---------------------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2019               | <b>(b)</b> 2020      | (c) 2021                  | (d) 2022                    | (e) 2023                        | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                        |                      |                           |                             |                                 |                 |
|      | membership fees received. (Do not            |                        |                      |                           |                             |                                 |                 |
|      | include any "unusual grants.")               | 975,985.               | 1099711.             | 1963706.                  | 1385401.                    | 1586637.                        | 7011440.        |
| 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                 | 975,985.               | 1099711.             | 1963706.                  | 1385401.                    | 1586637.                        | 7011440.        |
| 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)                                   |                        |                      |                           |                             |                                 | 991,290.        |
| 6    | Public support. Subtract line 5 from line 4. |                        |                      |                           |                             |                                 | 6020150.        |
|      | ction B. Total Support                       |                        |                      |                           | ł                           |                                 |                 |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2019               | <b>(b)</b> 2020      | (c) 2021                  | (d) 2022                    | (e) 2023                        | (f) Total       |
|      | Amounts from line 4                          | 975,985.               | 1099711.             | 1963706.                  | 1385401.                    | 1586637.                        | 7011440.        |
|      | Gross income from interest,                  | -                      |                      |                           |                             |                                 |                 |
|      | dividends, payments received on              |                        |                      |                           |                             |                                 |                 |
|      | securities loans, rents, royalties,          |                        |                      |                           |                             |                                 |                 |
|      | and income from similar sources              | 24.                    | 29.                  | 109.                      | 2,067.                      | 9,227.                          | 11,456.         |
| 9    | Net income from unrelated business           |                        |                      |                           | · ·                         | ,                               |                 |
| _    | activities, whether or not the               |                        |                      |                           |                             |                                 |                 |
|      | business is regularly carried on             |                        |                      |                           |                             |                                 |                 |
| 10   | Other income. Do not include gain            |                        |                      |                           |                             |                                 |                 |
|      | or loss from the sale of capital             |                        |                      |                           |                             |                                 |                 |
|      | assets (Explain in Part VI.)                 | 73,559.                | 16,825.              | 1,202.                    | 8,521.                      | 3,741.                          | 103,848.        |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                        |                      |                           |                             |                                 | 7126744.        |
| 12   | Gross receipts from related activities,      | etc. (see instruction  | ons)                 |                           |                             | 12                              | 323,211.        |
| 13   |  | ,                      | ,                    |                           |                             | · · · ·                         | •               |
|      | organization, check this box and stop        | -                      |                      |                           |                             |                                 |                 |
| Sec  | ction C. Computation of Publi                | -                      |                      |                           |                             |                                 |                 |
| 14   | Public support percentage for 2023 (I        | ine 6, column (f), d   | ivided by line 11, c | olumn (f))                |                             | 14                              | 84.47 %         |
| 15   | Public support percentage from 2022          |                        |                      |                           |                             | 15                              | 82.70 %         |
| 16a  | 33 1/3% support test - 2023. If the o        |                        |                      |                           |                             | ore, check this bo              | k and           |
|      | stop here. The organization qualifies        | as a publicly supp     | orted organization   |                           |                             |                                 | X               |
| b    | 33 1/3% support test - 2022. If the o        | organization did no    | t check a box on l   | ine 13 or 16a, and        | line 15 is 33 1/3%          | or more, check thi              | s box           |
|      | and stop here. The organization qual         | lifies as a publicly s | supported organiza   | ation                     |                             |                                 |                 |
| 17a  | 10% -facts-and-circumstances test            | - 2023. If the org     | anization did not o  |                           |                             |                                 |                 |
|      | and if the organization meets the fact       | s-and-circumstance     | es test, check this  | box and stop he           | <b>re.</b> 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            | : - 2022. If the org   | anization did not c  | heck a box on line        | e 13, 16a, 16b, or 1        | 7a, and line 15 is <sup>.</sup> | 10% or          |
|      | more, and if the organization meets th       | ne facts-and-circum    | nstances test, cheo  | ck this box and <b>st</b> | t <b>op here.</b> 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           | zation                          |                 |
| 18   | Private foundation. If the organization      | on did not check a l   | box on line 13, 16a  | a, 16b, 17a, or 17b       | , check this box a          | nd see instructions             | ;               |
|      |  |                        |                      |                           |                             | Schedule A                      | (Form 990) 2023 |

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| (Complete only if you checke<br>qualify under the tests listed   |                        |                      | organization failed  | to qualify under P  | art II. If the organiz | ation fails to    |
|--|------------------------|----------------------|----------------------|---------------------|------------------------|-------------------|
| Section A. Public Support  | below, please comp     | piete Part II.)      |                      |                     |                        |                   |
| Calendar year (or fiscal year beginning in)  | (a) 2019               | <b>(b)</b> 2020      | (c) 2021             | (d) 2022            | (e) 2023               | (f) Total         |
| <b>1</b> Gifts, grants, contributions, and   |                        | (0) 2020             | (0) 2021             |                     | (0) 2020               | (i) rotai         |
| membership fees received. (Do not  |                        |                      |                      |                     |                        |                   |
| include any "unusual grants.")   |                        |                      |                      |                     |                        |                   |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                        |                      |                      |                     |                        |                   |
| <b>3</b> 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 $\dots$  |                        |                      |                      |                     |                        |                   |
| 6 Total. Add lines 1 through 5   |                        |                      |                      |                     |                        |                   |
| 7a Amounts included on lines 1, 2, and   |                        |                      |                      |                     |                        |                   |
| 3 received from disqualified persons   | i                      |                      |                      |                     |                        |                   |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the   |                        |                      |                      |                     |                        |                   |
| amount on line 13 for the year   |                        |                      |                      |                     |                        |                   |
| c Add lines 7a and 7b  |                        |                      |                      |                     |                        |                   |
| 8 Public support. (Subtract line 7c from line 6.)<br>Section B. Total Support  |                        |                      |                      |                     |                        |                   |
| Calendar year (or fiscal year beginning in)  | <b>(a)</b> 2019        | <b>(b)</b> 2020      | (c) 2021             | (d) 2022            | (e) 2023               | (f) Total         |
| 9 Amounts from line 6  |                        | (6) 2020             | (0) 2021             | (0) 2022            |                        |                   |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                        |                      |                      |                     |                        |                   |
| b Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  | 3                      |                      |                      |                     |                        |                   |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>      |                        |                      |                      |                     |                        |                   |
| <ul> <li>12 Other income. Do not include gain<br/>or loss from the sale of capital<br/>assets (Explain in Part VI.)</li> </ul>   |                        |                      |                      |                     |                        |                   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                        |                      |                      |                     |                        |                   |
| 14 First 5 years. If the Form 990 is for   | the organization's fi  | irst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organizatio  | on,               |
| check this box and stop here   |                        | <u></u>              |                      |                     | <u></u>                |                   |
| Section C. Computation of Pub  | lic Support Per        | rcentage             |                      |                     |                        |                   |
| <b>15</b> Public support percentage for 2023   | (line 8, column (f), c | divided by line 13,  | column (f))          |                     | 15                     | %                 |
| 16 Public support percentage from 202<br>Section D. Computation of Inve  |                        |                      |                      |                     | 16                     | %                 |
| 17 Investment income percentage for 2  |                        |                      | ine 13, column (fl)  |                     | 17                     | %                 |
| 18 Investment income percentage for  |                        |                      |                      |                     | 18                     | 9                 |
| 19a 33 1/3% support tests - 2023. If th  |                        |                      |                      |                     |                        |                   |
| more than 33 1/3%, check this box  |                        |                      |                      |                     |                        |                   |
| b 33 1/3% support tests - 2022. If th  |                        |                      |                      |                     |                        |                   |
| line 18 is not more than 33 1/3%, ch   |                        |                      |                      |                     |                        |                   |
| 20 Private foundation. If the organizat  |                        |                      |                      |                     |                        |                   |
| 332023 12-21-23  | Het shook u            |                      | , <u>.</u> ,         |                     |                        | A (Form 990) 2023 |
|  |                        | 16                   |                      |                     |                        |                   |

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<sup>2023.04000</sup> REBUILDING TOGETHER - TWI 47077.01

1

2

3a

3b

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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

|     |   | 89318 | U Pa | age <b>5</b> |
|-----|---|-------|------|--------------|
| 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   |      |              |
| с   | 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<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i><br><i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i><br><i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> |       |      |              |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1     |      |              |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |       |      |              |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in   |       |      |              |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |       |      |              |
|     | supervised, or controlled the supporting organization.  | 2     |      |              |
| Sec | tion C. Type II Supporting Organizations  |       |      |              |
|     |   |       | Yes  | No           |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |       |      |              |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |       |      |              |
|     | or management of the supporting organization was vested in the same persons that controlled or managed  |       |      |              |
| _   | the supported organization(s).  | 1     |      |              |
| 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 organization maintained a close and continuous working relationship with the supported organization(s).
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) | ). |
|---|---|--------------------|----|
|   |   | 1000 11104 404010  |    |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с |  | 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) 2023

2

3

2a

2b

За

Yes No

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2023.04000 REBUILDING TOGETHER - TWI 47077.01

| Sche | edule A (Form 990) 2023 Rebuilding Together -                                |               |                           | 41-1893180 Page 6              |
|------|--|---------------|---------------------------|--------------------------------|
| Ра   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Orgar      | nizations                 |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on  | Nov. 20, 1970 ( explain 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<br>(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<br>(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):            |               |                           |                                |
| a    | Average monthly value of securities  | 1a            |                           |                                |
| b    | Average monthly cash balances  | 1b            |                           |                                |
| C    | Fair market value of other non-exempt-use assets                             | 1c            |                           |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 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 integrat | ed Type III supporting or | ganization (see                |

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

line 7:

\$

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if

### Rebuilding Together - Twin Cities Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Sect | ion D - Distributions   |                               |                                       |    | Current Year                              |
|------|---|-------------------------------|---------------------------------------|----|---|
| 1    | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                                       | 1  |   |
| 2    | Amounts paid to perform activity that directly furthers exemp   |                               |                                       |    |   |
|      | organizations, in excess of income from activity                |                               | 2                                     |    |   |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 5                                     | 3  |   |
| 4    | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 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 the | ne organization is responsive |                                       |    |   |
|      | (provide details in Part VI). See instructions.                 |                               |                                       | 8  |   |
| 9    | Distributable amount for 2023 from Section C, line 6            |                               |                                       | 9  |   |
| 10   | Line 8 amount divided by line 9 amount                          |                               |                                       | 10 |   |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2023 | ıs | (iii)<br>Distributable<br>Amount for 2023 |
| 1    | Distributable amount for 2023 from Section C, line 6            |                               |                                       |    |   |
| 2    | Underdistributions, if any, for years prior to 2023 (reason-    |                               |                                       |    |   |
|      | able cause required - explain in Part VI). See instructions.    |                               |                                       |    |   |
| 3    | Excess distributions carryover, if any, to 2023                 |                               |                                       |    |   |
| а    | From 2018   |                               |                                       |    |   |
| b    | From 2019   |                               |                                       |    |   |
| с    | From 2020   |                               |                                       |    |   |
| d    | From 2021   |                               |                                       |    |   |
| е    | From 2022   |                               |                                       |    |   |
| f    | Total of lines 3a through 3e                                    |                               |                                       |    |   |
| g    | Applied to underdistributions of prior years                    |                               |                                       |    |   |
| h    | Applied to 2023 distributable amount                            |                               |                                       |    |   |
| i    | Carryover from 2018 not applied (see instructions)              |                               |                                       |    |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |    |   |
| 4    | Distributions for 2023 from Section D,                          |                               |                                       |    |   |

### any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

| Schedule A     | (Form 990) 2023   | Rebui   | lding  | Togeth  | er -                                 | Twin                                  | Citie                                  | es  | 41-1893180   | ) Page 8  |
|----------------|---|---|--|---|--------------------------------------|---------------------------------------|--|---|--|-----------|
| Part VI        | Supplemental I<br>Part IV, Section A, I<br>line 1; Part IV, Secti | <b>nformation.</b><br>ines 1, 2, 3b, 3c,<br>on D, lines 2 and | Provide the<br>4b, 4c, 5a,<br>3; Part IV, \$ | explanations<br>6, 9a, 9b, 9c,<br>Section E, line | required  <br>11a, 11b,<br>s 1c, 2a, | by Part II,<br>and 11c;<br>2b, 3a, ar | line 10; P<br>Part IV, S<br>nd 3b; Par | ert II, line 17<br>Section B, lir<br>t V, line 1; P | 7a or 17b; Part III, line 12;<br>hes 1 and 2; Part IV, Section<br>Part V, Section B, line 1e; F<br>ditional information. | on C,     |
|                | (See instructions.)   | , and e, and t at   | .,   | _,, c, c, c                                       |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
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|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
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|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
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|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
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|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
|                |   |   |  |   |                                      |                                       |  |   |  |           |
| 332028 12-21-2 | 3   |   |  |   | 21                                   |                                       |  |   | Schedule A (Form   | 990) 2023 |

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## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. o to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

number

| (Form 990)   |   |
|--|---|
| Department of the Treasury<br>Internal Revenue Service | G |

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| me of the organization | n  | Employer identification n |
|------------------------|--|---------------------------|
|                        | Rebuilding Together - Twin Cities  | 41-1893180                |
| ganization type (che   | eck one):  |                           |
| ers of:                | Section:   |                           |
| rm 990 or 990-EZ       | X 501(c)( 3 ) (enter number) organization  |                           |
|                        | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |                           |
|                        | 527 political organization   |                           |
| rm 990-PF              | 501(c)(3) exempt private foundation  |                           |
|                        | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |                           |
|                        | 501(c)(3) taxable private foundation   |                           |
|                        |  |                           |

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received 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).

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

Schedule B (Form 990) (2023) Name of organization

Rebuilding Together - Twin Cities

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

| (a)                    | (b)                               | (c)  | (d)  |
|------------------------|-----------------------------------|--|--|
| No.                    | Name, address, and ZIP + 4        | Total contributions                            | Type of contribution   |
| 1                      |                                   | \$ <u>100,000.</u>                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)                    | (b)                               | (c)  | (d)  |
| No.                    | Name, address, and ZIP + 4        | Total contributions                            | Type of contribution   |
| 2                      |                                   | \$206,408.                                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)                    | (b)                               | (c)  | (d)  |
| No.                    | Name, address, and ZIP + 4        | Total contributions                            | Type of contribution   |
| 3                      |                                   | \$ <u>116,922.</u>                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)                    | (b)                               | (c)  | (d)  |
| No.                    | Name, address, and ZIP + 4        | Total contributions                            | Type of contribution   |
|                        |                                   |  |  |
| 4                      |                                   | \$ <u>227,602.</u>                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)                    | (b)                               | (c)  | Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)<br>(d)   |
|                        | (b)<br>Name, address, and ZIP + 4 |  | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)                    |                                   | (c)  | Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)<br>(d)   |
| (a)<br>No.<br>5<br>(a) | Name, address, and ZIP + 4        | (c)<br>Total contributions<br>\$55,000.<br>(c) | Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) |
| (a)<br>No.<br>5        | Name, address, and ZIP + 4        | (c)<br>Total contributions<br>\$55,000.        | Payroll  |
| (a)<br>No.<br>5<br>(a) | Name, address, and ZIP + 4        | (c)<br>Total contributions<br>\$55,000.<br>(c) | Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) |

Employer identification number

41-1893180

323452 12-26-23

09350705 759492 47077.0

Rebuilding Together - Twin Cities

Part I (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 104,325. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 48,827. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 46,137. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 150,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 36,385. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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

Schedule B (Form 990) (2023)

09350705 759492 47077.0

Employer identification number

41-1893180

| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received  |
|--|---|---|
|  |   | 1   |
|  | \$  |   |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received  |
|  | \$  |   |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received  |
|  | \$  |   |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received  |
|  | \$  |   |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received  |
|  | \$  |   |
|  | (b)<br>Description of noncash property given    | Description of noncash property given       PMV (or estimate)<br>(See instructions.)         (b)       (c)         Description of noncash property given       (c)         (b)       (c)         (b)       (c)         (c)       FMV (or estimate)<br>(See instructions.)         (b)       (c)         (b)       (c)         (c)       FMV (or estimate)<br>(See instructions.)         (b)       (c)         (c)       FMV (or estimate)<br>(See instructions.)         (c)       (c)         (c)       FMV (or estimate)<br>(See instructions.)         (c)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (c)       (c) |

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

41-1893180

(c)

FMV (or estimate)

(See instructions.)

### Rebuilding Together - Twin Cities Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

093

.01

| Schedule                  | B (Form 990) (2023)  |  |                           | Page 4   |  |  |  |
|---------------------------|--|--|---------------------------|--|--|--|--|
| Name of o                 | organization   |  |                           | Employer identification number                       |  |  |  |
| Rebui                     | lding Together - Twin C  | ities                                      |                           | 41-1893180   |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contributi<br>from any one contributor. Complete columns (a | ons to organizations described ir          |                           | ), or (10) that total more than \$1,000 for the year |  |  |  |
|                           | completing Part III, enter the total of exclusively religious,                                       | charitable, etc., contributions of \$1,000 | or less for the year. (En | ter this info. once.) \$                             |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additional   | space is needed.                           |                           |  |  |  |  |
| `from<br>Part I           | (b) Purpose of gift  | (c) Use of gift                            |                           | (d) Description of how gift is held                  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  | (e) Transfer of                            | gift                      |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4                                 | Relations                 | hip of transferor to transferee                      |  |  |  |
|                           |  |  |                           | •  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift                            |                           | (d) Description of how gift is held                  |  |  |  |
| Part I                    |  |  |                           | ··· · · ·  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           | (e) Transfer of gift   |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4                                 | Relations                 | hip of transferor to transferee                      |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
| (a) No.<br>from           |  |  |                           |  |  |  |  |
| Part I                    | (b) Purpose of gift  | (c) Use of gift                            |                           | (d) Description of how gift is held                  |  |  |  |
|                           |  |  | [                         |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  | (e) Transfer of                            | aift                      |  |  |  |  |
|                           |  | (e) Transfer of                            | ner or gift               |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4                                 | Relations                 | hip of transferor to transferee                      |  |  |  |
|                           |  | [  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
| (a) No.                   |  |  |                           |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                            |                           | (d) Description of how gift is held                  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  | (e) Transfer of                            | gift                      |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4                                 | Relations                 | hip of transferor to transferee                      |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
|                           |  |  |                           |  |  |  |  |
| 323454 12-26              | 6-23   |  |                           | Schedule B (Form 990) (2023)                         |  |  |  |

27 2023.04000 REBUILDING TOGETHER - TWI 47077.01

| SCHEDULE D | ) |
|------------|---|
|------------|---|

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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| Par        | Rebuilding Together   | d Funds or Othe        | r Sin     | nilar Fun    | ds or Ac       | cour          | nts. Complete if the            |
|------------|---|------------------------|-----------|--------------|----------------|---------------|---------------------------------|
|            | organization answered "Yes" on Form 990, Part IV, line  |                        |           |              |                |               |                                 |
|            |   | (a) Donor ad           | vised t   | unas         |                | <b>D)</b> Fur | nds 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 w  | -                      |           |              |                |               |                                 |
|            | are the organization's property, subject to the organization's e  |                        |           |              |                |               | Yes N                           |
| 6          | Did the organization inform all grantees, donors, and donor ac  |                        |           |              |                |               |                                 |
|            | for charitable purposes and not for the benefit of the donor or   |                        | -         |              |                | •             | <b>—</b> —                      |
| Dar        | impermissible private benefit?  | ·····                  |           |              |                |               | Yes N                           |
|            |   |                        |           | on Form 99   | 90, Part IV,   | line /        |                                 |
| 1          | Purpose(s) of conservation easements held by the organizatio  |                        |           |              |                |               |                                 |
|            | Preservation of land for public use (for example, recreat   | ion or education)      |           |              |                | -             | important land area             |
|            | Protection of natural habitat   |                        |           |              |                |               | storic structure                |
| •          | Preservation of open space  |                        |           |              | ,              |               |                                 |
| 2          | Complete lines 2a through 2d if the organization held a qualified   | ed conservation con    | tributio  | on in the fo | rm of a co     | nserva<br>[   | Held at the End of the Tax Yea  |
|            | day of the tax year.  |                        |           |              |                |               | HEIU AL LIE EILU OF LIE TAX TEA |
|            |   |                        |           |              |                | 2a            |                                 |
| b          |   |                        |           |              |                | 2b            |                                 |
| c          | Number of conservation easements on a certified historic stru   |                        |           |              |                | 2c            |                                 |
| d          | Number of conservation easements included on line 2c acquir   |                        |           |              |                |               |                                 |
| ~          | on a historic structure listed in the National Register   |                        |           |              |                | 2d            | al seconda a da se              |
| 3          | Number of conservation easements modified, transferred, rele  | eased, extinguished,   | or terr   | ninated by   | the organi     | zation        | during the tax                  |
|            | year  |                        |           |              |                |               |                                 |
| 4          | Number of states where property subject to conservation ease  | -                      |           |              | _              |               |                                 |
| 5          | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  |                        |           |              |                |               |                                 |
| ~          | violations, and enforcement of the conservation easements it  |                        |           |              |                |               |                                 |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting, h  | handling of violations | s, and o  | enforcing c  | onservatio     | n ease        | ements during the year          |
| 7          | Amount of expansion incurred in monitoring increating handl   | ling of violations on  | l onfor   |              | miction on     |               | to during the year              |
| 7          | Amount of expenses incurred in monitoring, inspecting, handl  | ing of violations, and |           |              | I Valion ea    | Serrieri      | its during the year             |
| 8          | Does each conservation easement reported on line 2d above   | satisfy the requirem   | onte of   | section 17   | 0(h)(4)(B)(i   |               |                                 |
| Ũ          | and section 170(h)(4)(B)(ii)?   |                        |           |              |                |               | Yes N                           |
| 9          | In Part XIII, describe how the organization reports conservatio   |                        |           |              |                |               |                                 |
| 5          | balance sheet, and include, if applicable, the text of the footno   |                        |           | -            |                |               |                                 |
|            | organization's accounting for conservation easements.   | oto to the organizatio | 511 0 111 |              |                |               |                                 |
| Par        | rt III Organizations Maintaining Collections of   | Art. Historical        | reas      | ures. or     | Other S        | imila         | ir Assets.                      |
|            | Complete if the organization answered "Yes" on Form   | -                      |           | ,            |                |               |                                 |
| <b>1</b> a | If the organization elected, as permitted under FASB ASC 958  |                        | reveni    | le stateme   | nt and hala    | ance s        | heet works                      |
|            | of art, historical treasures, or other similar assets held for publ   | •                      |           |              |                |               |                                 |
|            | service, provide in Part XIII the text of the footnote to its finan-  |                        |           |              |                |               | public                          |
| h          |   |                        |           |              |                | shaat         | tworks of                       |
| U          | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, |                        |           |              |                |               |                                 |
|            | provide the following amounts relating to these items.  |                        | , 0110    | Scarchini    |                | orpu          |                                 |
|            |   |                        |           |              |                |               | ¢                               |
|            | <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>   |                        |           |              |                |               | Ψ<br>\$                         |
| 2          | If the organization received or held works of art, historical trea  | sures or other simil   |           |              |                |               | Ψ                               |
| 2          | -   |                        |           |              | iciai yairi, j |               | <b>C</b>                        |
| -          | the following amounts required to be reported under FASB AS   | -                      |           |              |                |               | ¢                               |
|            | Revenue included on Form 990, Part VIII, line 1   |                        |           |              |                |               | φ                               |
|            | Assets included in Form 990, Part X   |                        |           |              | <u></u>        |               |                                 |
|            | For Paperwork Reduction Act Notice, see the Instructions  | tor Form 990.          |           |              |                |               | Schedule D (Form 990) 202       |
| 32051      | 1 09-28-23  | 28                     |           |              |                |               |                                 |
| 07         | 705 759492 47077.0  |                        | ਸ (       | ם.דדזאי      | TNG TO         | GEI           | <b>THER - TWI 4707</b>          |
|            |   |                        |           |              |                |               |                                 |

| Sche   | dule D (Form 990) 2023 Rebuild  | ing Togethe                            | er – Tw                | in Cities                               |             |                           | 41-18       |          |              | age <b>2</b> |
|--------|---|--|------------------------|---|-------------|---------------------------|-------------|----------|--------------|--------------|
| Par    | t III Organizations Maintaining C                                     | ollections of Ar                       | t, Historic            | al Treasures, c                         | or Othe     | er Similar                | Assets      | (contin  | ued)         |              |
| 3      | Using the organization's acquisition, accessi                         | on, and other record                   | s, check any           | of the following the                    | at make s   | significant u             | ise of its  |          |              |              |
|        | collection items (check all that apply).                              |  |                        |   |             |                           |             |          |              |              |
| а      | Public exhibition   | d                                      | I 🗌 Loan               | or exchange prog                        | ram         |                           |             |          |              |              |
| b      | Scholarly research  | e                                      | Othe                   |   |             |                           |             |          |              |              |
| С      | Preservation for future generations                                   |  |                        |   |             |                           |             |          |              |              |
| 4      | Provide a description of the organization's co                        | ollections and explair                 | n how they fu          | ther the organizat                      | ion's exe   | mpt purpos                | se in Part  | XIII.    |              |              |
| 5      | During the year, did the organization solicit of                      | r receive donations o                  | of art, historic       | al treasures, or oth                    | ner simila  | r assets                  |             | _        |              | _            |
|        | to be sold to raise funds rather than to be ma                        |  |                        |   |             |                           |             | Yes      |              | No           |
| Par    | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Pa |  | te if the orga         | nization answered                       | "Yes" on    | Form 990,                 | Part IV, li | ne 9, or |              |              |
| 1a     | Is the organization an agent, trustee, custod                         | ian, or other intermed                 | liary for cont         | ibutions or other a                     | ssets not   | t included                |             |          |              |              |
|        | on Form 990, Part X?  |  | -                      |   |             |                           |             | Yes      |              | No           |
| b      | If "Yes," explain the arrangement in Part XIII                        |  |                        |   |             |                           |             |          |              |              |
|        |   |  |                        |   |             |                           |             | Amount   |              |              |
| с      | Beginning balance   |  |                        |   |             | 1c                        |             |          |              |              |
| d      | Additions during the year   |  |                        |   |             | 1d                        |             |          |              |              |
| е      | Distributions during the year   |  |                        |   |             | 1e                        |             |          |              |              |
| f      | Ending balance  |  |                        |   |             | <b>1</b> f                |             | _        |              |              |
|        | Did the organization include an amount on F                           |  |                        |   |             | lity?                     | L           | Yes      |              | No           |
|        | If "Yes," explain the arrangement in Part XIII.                       |  |                        |   |             |                           |             |          |              |              |
| Par    | t V Endowment Funds Complete if                                       |  |                        |   |             |                           |             | () -     |              |              |
|        |   | (a) Current year                       | (b) Prior y            | ear (c) Two ye                          | ars dack    | (d) Three y               | ears dack   | (e) Four | years        | раск         |
| 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  |  |                        |   |             |                           |             |          |              |              |
|        | Administrative expenses   |  |                        |   |             |                           |             |          |              |              |
| g      | End of year balance   |  | //:                    |   |             |                           |             |          |              |              |
| 2      | Provide the estimated percentage of the curr                          | •                                      |                        | umn (a)) neid as:                       |             |                           |             |          |              |              |
| a<br>b | Board designated or quasi-endowment<br>Permanent endowment            | %                                      | _%                     |   |             |                           |             |          |              |              |
| c<br>b |   | %                                      |                        |   |             |                           |             |          |              |              |
| C      | The percentages on lines 2a, 2b, and 2c sho                           | - · -                                  |                        |   |             |                           |             |          |              |              |
| 3a     | Are there endowment funds not in the posse                            |  | tion that are          | held and administe                      | ered for th | he                        |             |          |              |              |
| 00     | organization by:  |  |                        |   |             |                           |             | ſ        | Yes          | No           |
|        | (i) Unrelated organizations?  |  |                        |   |             |                           |             | 3a(i)    |              |              |
|        |   |  |                        |   |             |                           |             | 3a(ii)   |              |              |
| b      | If "Yes" on line 3a(ii), are the related organiza                     |  |                        |   |             |                           |             | 3b       |              |              |
| 4      | Describe in Part XIII the intended uses of the                        |  |                        |   |             |                           |             |          |              |              |
| Par    | t VI Land, Buildings, and Equipm                                      | ient                                   |                        |   |             |                           |             |          |              |              |
|        | Complete if the organization answere                                  | d "Yes" on Form 990                    | , Part IV, line        | 11a. See Form 99                        | 0, Part X   | , line 10.                |             |          |              |              |
|        | Description of property   | <b>(a)</b> Cost or o<br>basis (investn |                        | <b>)</b> Cost or other<br>basis (other) | 1           | Accumulate<br>epreciation | d           | (d) Bool | k valu       | Э            |
| 1a     | Land  |  |                        |   |             |                           |             |          |              |              |
| b      | Buildings   |  |                        |   |             |                           |             |          |              |              |
| с      | Leasehold improvements  |  |                        | 5,798.                                  |             | 5,79                      |             |          |              | 0.           |
|        | Equipment   |  |                        | 863,027.                                |             | 313,30                    | )9.         | 549      | <b>9,</b> 7: | 18.          |
| е      | Other   |  |                        |   |             |                           |             |          |              |              |
| Tota   | . Add lines 1a through 1e. (Column (d) must e                         | equal Form 990, Part                   | <u>X. line 10c.  c</u> | olumn (B))                              |             |                           |             | 549      | 9,7          | 18.          |
|        |   |  |                        |   |             |                           |             |          |              |              |

Schedule D (Form 990) 2023

| (a) Description of security or category (including name of security)                  | (b) Book value             | (c) Method of valuation: Cost or e       | nd-of-year market value |
|---|----------------------------|--|-------------------------|
| (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, line 12, col. (B))                      |                            |  |                         |
| Part VIII Investments - Program Related.  |                            |  |                         |
| Complete if the organization answered "Yes"   |                            |  |                         |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or e       | nd-of-year market value |
| (1)   |                            |  |                         |
| (2)   |                            |  |                         |
| (3)   |                            |  |                         |
| (4)   |                            |  |                         |
| (5)   |                            |  |                         |
| (6)   |                            |  |                         |
| (7)   |                            |  |                         |
| (8)   |                            |  |                         |
| (9)   |                            |  |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets |                            |  |                         |
| Complete if the organization answered "Yes"   | on Form 990 Part IV line   | 11d See Form 990 Part X line 15          |                         |
|   | Description                | 11d. See 1 0111 330, 1 art X, ille 13.   | (b) Book value          |
| ~ !. 1 !.   | Description                |  | 3,550.                  |
|   | +                          |  | 145,230.                |
|   | L                          |  | 145,250.                |
| (3)<br>(4)  |                            |  |                         |
|   |                            |  |                         |
| (5)<br>(6)  |                            |  |                         |
| (7)   |                            |  |                         |
| (8)   |                            |  |                         |
| (9)   |                            |  |                         |
| Total. (Column (b) must equal Form 990, Part X, line 15, co                           | (R)                        |  | 148,780.                |
| Part X Other Liabilities  | n. (D))                    |  |                         |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 25.                     |
| 1. (a) Description of liability   |                            |  | (b) Book value          |
| (1) Federal income taxes  |                            |  |                         |
| (2) Lease liability   |                            |  | 145,230.                |
|   |                            |  |                         |
| (4)   |                            |  |                         |
| (5)   |                            |  |                         |
| (6)   |                            |  |                         |
| (7)   |                            |  |                         |
|   |                            |  |                         |
| (8)   |                            |  |                         |
| (8)<br>(9)  |                            |  |                         |
|   | <i>I. (</i> B))            |  | 145,230.                |

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 ....

09350705 759492 47077.0

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.

| Sche   | dule D (Form 990) 2023 Rebuilding Together -   | Twin Cities   |               | 41-3              | 1893180                                 | Page 4                         |
|--|--|---|---------------|-------------------|---|--------------------------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial   | Statements With Re  | evenue per Re | turn              |   |                                |
|  | 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   |   |               | 1                 | 1,729                                   | <u>,618.</u>                   |
| 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  | 147,342.      |                   |   |                                |
| с  | Recoveries of prior year grants  | 2c  |               |                   |   |                                |
| d  | Other (Describe in Part XIII.)   | 2d  |               |                   |   |                                |
| е  | Add lines 2a through 2d  |   |               | 2e                | 147                                     | <u>,342.</u>                   |
| 3  | Subtract line 2e from line 1   |   |               | 3                 | 1,582                                   | <u>,276.</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  |  |   |               | 4c                |   | 0.                             |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   | 10)   |               | 5                 | 1,582                                   | 276                            |
|  | Total Tevenue. Add lines of and te. (This must equal Form 990, Part I, line  | <u> </u>  |               |                   | 1,502                                   | , 270.                         |
|  | rt XII Reconciliation of Expenses per Audited Financial  | Statements With E   | xpenses per F |                   | n                                       | , 210.                         |
|  | <b>rt XII</b> Reconciliation of Expenses per Audited Financial<br>Complete if the organization answered "Yes" on Form 990, Part I  | Statements With E<br>V, line 12a.   | xpenses per F | Returi            | n                                       |                                |
|  | rt XII Reconciliation of Expenses per Audited Financial  | Statements With E<br>V, line 12a.   | xpenses per F |                   | 1,302<br>n<br>1,766                     |                                |
| Pa   | TXII         Reconciliation of Expenses per Audited Financial           Complete if the organization answered "Yes" on Form 990, Part I           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:   | Statements With E<br>V, line 12a.   | xpenses per F | Returi            | n                                       |                                |
| Pa<br>1  | <b>Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities  | Statements With E           V, line 12a.  | xpenses per F | Returi            | n                                       |                                |
| Pa<br>1<br>2   | TXII       Reconciliation of Expenses per Audited Financial         Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments   | Statements With E           V, line 12a.  | xpenses per F | Returi            | n                                       |                                |
| Pa<br>1<br>2<br>a  | <b>Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities  | Statements With E           V, line 12a.           2a           2b           2c                           | xpenses per F | Returi            | n                                       |                                |
| Pa<br>1<br>2<br>b<br>c<br>d  | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | Returi            | n<br><u>1,766</u>                       | ,291.                          |
| Pa<br>1<br>2<br>b<br>c<br>d  | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>   | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | 1<br>2e           | n<br><u>1,766</u><br>54                 | <u>,291.</u>                   |
| Pa<br>1<br>2<br>b<br>c<br>d  | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | 1                 | n<br><u>1,766</u>                       | <u>,291.</u>                   |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e  | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>   | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | 1<br>2e           | n<br><u>1,766</u><br>54                 | <u>,291.</u>                   |
| Pa<br>1<br>2<br>b<br>c<br>d<br>3   | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1  | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | 1<br>2e           | n<br><u>1,766</u><br>54                 | <u>,291.</u>                   |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4  | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b  | Statements With E           V, line 12a.           2a           2b           2c           2d              | 54,785.       | 1<br>2e           | n<br><u>1,766</u><br>54                 | <u>,291.</u>                   |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a   | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | Statements With E           V, line 12a.           2a           2b           2c           2d           2d | 54,785.       | 2e<br>3<br>4c     | n<br><u>1,766</u><br><u>54</u><br>1,711 | <u>,291.</u><br>,785.<br>,506. |
| Pa           1           2           a           b           c           d           a           b           c           3           4           b           c           5 | <b>t XII Reconciliation of Expenses per Audited Financial</b> Complete if the organization answered "Yes" on Form 990, Part I         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | Statements With E           V, line 12a.           2a           2b           2c           2d           2d | 54,785.       | 1<br>1<br>2e<br>3 | n<br><u>1,766</u><br>54                 | <u>,291.</u><br>,785.<br>,506. |

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.

332054 09-28-23

| SCHEDULE G  | Suppleme   | ental Information Regarding   | Fund                         | Iraisi  | ing or Gaming A                      | ctivi   | ties                        | OMB No. 1545-0047   |
|---|--|---|------------------------------|---------|--------------------------------------|---------|-----------------------------|---------------------|
| (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. |  |   |                              |         |                                      |         | or if the                   | 2023                |
| Department of the Treasury  |  |   | Open to Public<br>Inspection |         |                                      |         |                             |                     |
| Internal Revenue Service  | Go to www.irs.gow.Formaso for instructions and the latest mormation. |   |                              |         |                                      |         |                             |                     |
| Name of the organization  |  | ling Together - Twi   | n Ci                         | Ltie    | 25                                   |         | 41-1893                     | entification number |
|   |  | Complete if the organization answe  |                              |         |                                      | ine 17  | . Form 990-E2               | filers are not      |
| 1 Indicate whether th   | e organization rais  | sed funds through any of the followir   | •                            |         | ,                                    |         |                             |                     |
| a Mail solicita<br>b Internet and   | tions<br>email solicitations   |   |                              | -       | overnment grants<br>nment grants     |         |                             |                     |
| c Phone solici  |  | g X Special   |                              | -       | -                                    |         |                             |                     |
| d 🗌 In-person so  |  |   |                              |         |                                      |         |                             |                     |
|   |  | or oral agreement with any individual   |                              |         |                                      | tees, o | or<br>XYes                  |                     |
|   |  | Part VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu |                              |         | •                                    | ne fun  |                             |                     |
| compensated at le   | 0  | ( )1  |                              |         |                                      |         |                             | -                   |
|   |  |   | <b>(iii)</b><br>fundr        | Did     |                                      |         | Amount paid                 | (vi) Amount paid    |
| (i) Name and addres<br>or entity (fund  |  | (ii) Activity   | fùndr<br>have c<br>or con    | ustody  | (iv) Gross receipts<br>from activity |         | r retained by)<br>undraiser | to (or retained by) |
|   |  |   | contrib                      | utions? | ,                                    | list    | ed in col. (i)              | organization        |
| Artikulere-Michael  |  | Const uniting   | Yes                          | No<br>v | 966 461                              |         | 21 022                      | 944 929             |
| P.O. Box 5141, Sar  | aloga  | Grant writing   |                              | X       | 866,451.                             |         | 21,823.                     | 844,828.            |
|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
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|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              | <u></u> | 866,451.                             |         | 21,823.                     | 844,828.            |
| 3 List all states in wh<br>or licensing.  | ich the organizatio  | on is registered or licensed to solicit o   | contrib                      | utions  | or has been notified                 | it is e | xempt from re               | gistration          |
| MN  |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
|   |  |   |                              |         |                                      |         |                             |                     |
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|   |  |   |                              |         |                                      |         |                             |                     |
| For Danarwork Doduct  | ion Act Nation of  | ee the Instructions for Form 990 or   | 000-                         | 7       |                                      |         | Schodul                     | e G (Form 990) 2023 |
|   |  | for continuations   | 550-E                        |         |                                      |         | Generatio                   |                     |

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Rebuilding Together - Twin Cities

41-1893180 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

|                 |  |   | (a) Event #1<br>Flannel<br>Fling                                 | <b>(b)</b> Event #2                                    | (c) Other events<br>None | (d) Total events<br>(add col. (a) through<br>col. (c))                            |
|-----------------|--|---|--|--|--------------------------|---|
| اھ              |  |   | (event type)   | (event type)   | (total number)           | COI. (C))   |
| Hevenue         | 1  | Gross receipts  | 29,832.  |  |                          | 29,832.   |
|                 | 2  | Less: Contributions   | 29,832.  |  |                          | 29,832  |
|                 | 3  | Gross income (line 1 minus line 2)  |  |  |                          |   |
|                 | 4  | Cash prizes   | 0.   |  |                          |   |
|                 | 5  | Noncash prizes  | 444.   |  |                          | 444.  |
| Senses          | 6  | Rent/facility costs   | 8,442.   |  |                          | 8,442.  |
| Direct Expenses | 7  | Food and beverages  | 429.   |  |                          | 429.  |
| Ē               | 8  | Entertainment   | 450.   |  |                          | 450   |
| - I             |  |   |  |  |                          |   |
|                 | 9  | Other direct expenses   |  |  |                          |   |
|                 | 9<br>10  | Direct expense summary. Add lines 4 through   | h 9 in column (d)  |  |                          | 25,553  |
|                 | 9<br>10  | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from I   | h 9 in column (d)<br>ine 3, column (d)                           |  |                          | 25,553  |
|                 | 9<br>10<br>11                                    | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from I   | h 9 in column (d)<br>ine 3, column (d)                           |  |                          | 25,553  |
| Pai             | 9<br>10<br>11                                    | Direct expense summary. Add lines 4 through         Net income summary. Subtract line 10 from 1         II       Gaming. Complete if the organization   | h 9 in column (d)<br>ine 3, column (d)                           |  |                          | 25,553<br>-25,553<br>(d) Total gaming (add  |
| Pai             | 9<br>10<br><u>11</u><br>rt I                     | Direct expense summary. Add lines 4 through         Net income summary. Subtract line 10 from 1         II       Gaming. Complete if the organization   | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 15,788<br>25,553<br>-25,553<br>(d) Total gaming (add<br>col. (a) through col. (c) |
|                 | 9<br>10<br><u>11</u><br>rt I                     | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from I<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.  | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 25,553<br>-25,553<br>(d) Total gaming (add  |
|                 | 9<br>10<br><u>11</u><br>rt I<br>1<br>2           | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from 1<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.  | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 25,553<br>-25,553<br>(d) Total gaming (add  |
|                 | 9<br>10<br><u>11</u><br>rt I<br>2<br>3           | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes  | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 25,553<br>-25,553<br>(d) Total gaming (add  |
| Panene          | 9<br>10<br><u>11</u><br>rt I<br>2<br>3<br>4      | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from 1<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes                        | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 25,553<br>-25,553<br>(d) Total gaming (add  |
| Pal             | 9<br>10<br><u>11</u><br>rt I<br>2<br>3<br>4<br>5 | Direct expense summary. Add lines 4 throug<br>Net income summary. Subtract line 10 from 1<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs | h 9 in column (d)<br>ine 3, column (d)<br>answered "Yes" on Form | n 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | eported more than        | 25,553.<br>-25,553.<br>(d) Total gaming (add<br>col. (a) through col. (c)         |

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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Schedule G (Form 990) 2023

No

No

| Sch | edule G (Form 990) 2023                                    | Rebuilding              | Together              | - Twin Cit            | ies 41-1                       | 893180              | Page 3   |
|-----|--|-------------------------|-----------------------|-----------------------|--------------------------------|---------------------|----------|
| 11  | Does the organization conduct gam                          | ng activities with nor  | nmembers?             |                       |                                | Yes                 | No       |
|     | Is the organization a grantor, benefic                     |                         |                       |                       |                                |                     |          |
|     | to administer charitable gaming?                           |                         |                       |                       |                                | Yes                 | No       |
| 13  | Indicate the percentage of gaming a                        |                         |                       |                       |                                |                     |          |
|     |  | •                       |                       |                       |                                | 13a                 | %        |
|     | The organization's facility                                |                         |                       |                       |                                | 13b                 | <u>%</u> |
|     | An outside facility<br>Enter the name and address of the p |                         |                       |                       |                                |                     | 70       |
| 14  | Enter the hame and address of the p                        | berson who prepares     | the organization s (  | gaming/special ever   | its books and records.         |                     |          |
|     | News   |                         |                       |                       |                                |                     |          |
|     | Name   |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Address  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
| 15a | Does the organization have a contra                        | ct with a third party f | rom whom the orga     | anization receives ga | aming revenue?                 | Yes                 | └── No   |
|     |  |                         |                       |                       |                                |                     |          |
| k   | If "Yes," enter the amount of gaming                       |                         |                       | \$                    | and the amount                 |                     |          |
|     | of gaming revenue retained by the the                      | -                       |                       |                       |                                |                     |          |
| c   | If "Yes," enter name and address of                        | the third party:        |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Name   |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Address  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
| 16  | Gaming manager information:                                |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Name   |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Gaming manager compensation                                | \$                      |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Description of services provided                           |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
|     | Director/officer   | Employee                | Indepen               | dent contractor       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
| 17  | Mandatory distributions:                                   |                         |                       |                       |                                |                     |          |
|     | Is the organization required under st                      | ate law to make char    | ritable distributions | from the gaming pr    | oceeds to                      |                     |          |
|     | retain the state gaming license?                           |                         |                       | • •                   |                                | Yes                 | No       |
| r   | Enter the amount of distributions red                      |                         |                       |                       |                                |                     |          |
|     | organization's own exempt activities                       | •                       | \$                    | le other exemptions   |                                |                     |          |
| Pa  |  | <u>u</u> 1              |                       | ad by Part L line 2b  | columns (iii) and (v); and Par | t III lines Q (     | 2h 10h   |
|     | 15b, 15c, 16, and 17b, as a                                |                         | -                     |                       |                                | t III, III 103 0, t | 55, 105, |
|     |  |                         | e any additional ini  |                       |                                |                     |          |
| 90  | hedule G, Part I, I  | ing 2h I.i              | st of Ten             | Highest Da            | id Fundraigers                 | •                   |          |
| 50  | nedule 9, lait 1, 1  |                         | st or rem             | mignest it            | ita Funatatsets                | •                   |          |
|     |  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
| /:  | ) Name of Fundraise  |                         | oro Michoo            | 1 - Brown             |                                |                     |          |
| (1  | / Name of Fundraise  | I: AICIKUI              | ere-micilae           |                       |                                |                     |          |
| /;  | ) Address of Fundra  | icor. P O               | Por 51/1              | Garatoga              | Coringo NV 1                   | 2866-8              | 038      |
| (1  | / Address or Fundra  | IISEI: F.U.             | BUX JI41,             | Salatoya              | Springs, Mr I                  | 2000-0              | 0.50     |
|     |  |                         |                       |                       |                                |                     |          |
|     |  |                         |                       |                       |                                |                     |          |
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| Schedule G | (Form 990)                      | Rebuilding         | Together | - Twin | Cities | 41-1893180      | Page 4   |
|------------|---------------------------------|--------------------|----------|--------|--------|-----------------|----------|
| Part IV    | (Form 990)<br>Supplemental Info | mation (continued) |          |        |        |                 |          |
|            |                                 |                    |          |        |        |                 |          |
|            |                                 |                    |          |        |        |                 |          |
|            |                                 |                    |          |        |        |                 |          |
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|            |                                 |                    |          |        |        |                 |          |
|            |                                 |                    |          |        |        |                 |          |
|            |                                 |                    |          |        |        | Schedule G (For | (m 000)  |
|            |                                 |                    |          |        |        | Schedule G (FO  | iii 990) |

332084 04-01-23

|  | Supplemental Information to Form 000 or 000  | C7 OMB No. 1545-0047                                       |
|--|--|--|
| SCHEDULE O<br>(Form 990)<br>Department of the Treasury | Supplemental Information to Form 990 or 990-<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ.   | 2023<br>Open to Public                                     |
| Internal Revenue Service<br>Name of the organizatio    | Go to www.irs.gov/Form990 for the latest information.<br>Rebuilding Together - Twin Cities   | Inspection<br>Employer identification number<br>41-1893180 |
| Form 990, Pa   | rt III, Line 4a, Program Service Accomplishmen   | ts:  |
| <u>at Home kits</u>                                    | , which include items needed to address immedia  | ate health   |
| and safety h   | azards in the home and increase awareness of o   | ur services  |
| across commu   | nities.  |  |
|  |  |  |
| <u>Form 990, Pa</u>                                    | rt III, Line 4d, Other Program Services:   |  |
| <u>Higher Educa</u>                                    | tion Partnerships: In support of enhancing the   | work we do   |
| and building   | pathways to work in relevant fields, we are particular to any particular to be and the particular to the particular terms of t | roud to  |
| partner with   | St. Catherine University in providing hands-or   | n, field   |
| <u>experience f</u>                                    | or Occupational Therapy students which ensure I  | home   |
| assessments  | are provided for all of our Safe at Home clien   | ts. We plan  |
| to expand th   | ese partnerships in 2024.  |  |
| Expenses \$ 2  | 8,857. including grants of \$ 0. Revenue \$  | 0.   |
|  |  |  |
|  |  |  |

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

month against the governing policies established by the board. This is done

by review of how the staff and the organization have remained in complianceFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2023LHA332211 11-14-23

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| Schedule O (Form 990) 2023                                    | Page <b>2</b>                             |
|---|---|
| Name of the organization<br>Rebuilding Together - Twin Cities | Employer identification number 41-1893180 |
| with the board policy objectives and rules established usi    | ng the Board                              |
| Policy Governance Model (aka The Carver Model of Board Gov    | ernance). On this                         |
| basis the Executive Director is under continual pressure t    | o meet the                                |
| board's stated objectives and her compensation is based on    | her meeting                               |
| these objectives.   |   |
|   |   |
| The Executive Director has sole responsibility for perform    | ing employee                              |
| staff reviews. The board has a governance policy concernin    | g Treatment of                            |
| Staff that outlines the board's expectations for staff rev    | iews.                                     |
|   |   |
| Form 990, Part VI, Section C, Line 19:                        |   |
| The Organization makes available its governing documents,     | conflict of                               |
| interest, and financial statements upon request. The finan    | cial statements                           |
| are published in the Organization's annual report each yea    | r.  |
|   |   |
| Form 990, Part IX, Line 11g, Other Fees:                      |   |
| AmeriCorps:   |   |
| Program service expenses                                      | 25,910.                                   |
| Management and general expenses                               | 680.                                      |
| Fundraising expenses  | 0.  |
| Total expenses  | 26,590.                                   |
|   |   |
| Building Contractors:   |   |
| Program service expenses                                      | 367,982.                                  |
| Management and general expenses                               | 0.  |
| Fundraising expenses  | 0.  |
| Total expenses  | 367,982.                                  |
|   |   |

332212 11-14-23

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023<br>Name of the organization                          | Employer identification number |
|---|--------------------------------|
| Rebuilding Together - Twin Cities   | 41-1893180                     |
| Other professional fees:  |                                |
| Program service expenses  | 105,002.                       |
| Management and general expenses   | 5,139.                         |
| Fundraising expenses  | 12,164.                        |
| Total expenses  | 122,305.                       |
| Grant writing:  |                                |
| Program service expenses  | 2,104.                         |
| Management and general expenses   | 0.                             |
| Fundraising expenses  | 19,719.                        |
| Total expenses  | 21,823.                        |
| Total Other Fees on Form 990, Part IX, line 11g, Col A                          | 538,700.                       |
| Form 99, Part XII, Line 2c:<br>The process has not changed from the prior year. |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
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|   |                                |
|   |                                |
| 332212 11-14-23   | Schedule O (Form 990) 202      |

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

| must use                                   | Form 7004 to request an extension of time to file income   | e tax retur                         | ns.                                   |             |                     |          |
|--|--|-------------------------------------|---------------------------------------|-------------|---------------------|----------|
| Part I - Io                                | lentification  |                                     |                                       |             |                     |          |
| Type or                                    | Name of exempt organization, employer, or other filer  | Taxpayer identification number (TIN |                                       | mber (TIN)  |                     |          |
| Print                                      |  |                                     |                                       |             |                     |          |
| Elle hardha                                | Rebuilding Together - Twin   | Citie                               | S                                     |             | 41-18931            | 180      |
| File by the<br>due date for<br>filing your | Number, street, and room or suite no. If a P.O. box, so 1050 33rd Ave SE   | ee instruct                         | ions.                                 |             |                     |          |
| return. See instructions.                  |  |                                     |                                       |             |                     |          |
| Enter the                                  | Minneapolis, MN 55414<br>Return Code for the return that this application is for (file   | e a separat                         | te application for each return)       |             |                     | 01       |
| Applicati                                  |  | 1                                   | Application Is For                    |             |                     | Return   |
| , appriout                                 |  | Code                                |                                       |             |                     | Code     |
| Form 990                                   | or Form 990-EZ   | 01                                  | Form 4720 (other than individual)     |             |                     | 09       |
|  | 0 (individual)   | 03                                  | Form 5227                             |             |                     | 10       |
| Form 990                                   |  | 03                                  | Form 6069                             |             |                     | 11       |
|  | -T (sec. 401(a) or 408(a) trust)   | 04                                  | Form 8870                             |             |                     | 12       |
|  | -T (trust other than above)  | 06                                  | Form 5330 (individual)                |             |                     | 13       |
|  | -T (corporation)   | 07                                  | Form 5330 (other than individual)     |             |                     | 14       |
| Form 104                                   |  | 07                                  |                                       |             |                     | 14       |
| time to fil                                | ou enter your Return Code, complete either Part II or Par<br>e Form 5330.<br>pplication is for an extension of time to file Form 5330, y |                                     |                                       | only for an | extension of        |          |
|  | n Name   |                                     | e e e e e e e e e e e e e e e e e e e |             |                     |          |
|  | n Number   |                                     |                                       |             |                     |          |
|  | n Year Ending (MM/DD/YYYY)   |                                     |                                       |             |                     |          |
|  | utomatic Extension of Time To File for Exempt Organ  | izations (s                         | ee instructions)                      |             |                     |          |
|  | poks are in the care of The Organization   |                                     |                                       |             |                     |          |
| THE B                                      |  | - Mir                               | neapolis, MN 55414                    |             |                     |          |
| Telent                                     | none No. 651-776-4273  |                                     | Fax No.                               | -           |                     |          |
|  | brganization does not have an office or place of business  | in the l Ini                        |                                       |             |                     |          |
|  | is for a Group Return, enter the organization's four-digit (   |                                     |                                       |             |                     |          |
| box  |  |                                     |                                       |             |                     |          |
|  | quest an automatic 6-month extension of time until No  |                                     |                                       |             |                     |          |
|  | organization named above. The extension is for the orga  |                                     |                                       |             | ipt organization it | stannion |
|  | calendar year 20 23 or   |                                     |                                       |             |                     |          |
|  | tax year beginning   | 20                                  | and ending                            |             |                     | 20       |
| L  |  | , 20 _                              |                                       |             | · ,                 | 20       |
| 2 If th                                    | he tax year entered in line 1 is for less than 12 months, cl   | heck reaso                          | on: Initial return                    | Final retur | n                   |          |
|  | Change in accounting period  |                                     |                                       |             |                     |          |
|  | his application is for Forms 990-PF, 990-T, 4720, or 6069  | , enter the                         | tentative tax, less                   |             | <u>^</u>            | Δ        |
|  | nonrefundable credits. See instructions.   |                                     | for a default a second to the         | <u>3a</u>   | \$                  | 0.       |
|  | nis application is for Forms 990-PF, 990-T, 4720, or 6069  |                                     |                                       |             | <b>^</b>            | 0        |
|  | mated tax payments made. Include any prior year overp  |                                     |                                       | 3b          | \$                  | 0.       |
|  | ance due. Subtract line 3b from line 3a. Include your pa   |                                     |                                       |             | <u>^</u>            | Δ        |
| USI  | ng EFTPS (Electronic Federal Tax Payment System). See  | einstructio                         | ns.                                   | 30          | \$                  | 0.       |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.