Form	990
------	-----

** 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			
В с ар	heck if oplicab	le: C Name of organization		D Employer identified	cation number	
	Addre chang Name chang	Berling Magathan Minnaga	ota	41-189318	80	
	Initial returr Final returr	Number and street (or P.O. box if mail is not delivered to street address) 1050 33rd Ave SE	Room/suite	E Telephone number 651-776-4		
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,625,158.	
	Amer	MIMEADOILS, MN 55414		H(a) Is this a group re		
	Appli tion 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	L 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> 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> 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 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 Fund Balances	20	Total assets (Part X, line 16)		1,496,189.	1,378,129.	
Asse 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			J	

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? 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 990 (202
		FUITI VVV (202
	See Schedule O for Continuation(g)	
32002	See Schedule O for Continuation(s)	

Form	990	(2023)

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> 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		
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 (2023)
s32003	12-21-23	rorm	220	(2023)

332003 12-21-23

4 2023.04000 REBUILDING TOGETHER - TWI 47077.01

Form	990	(2023)
	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 (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 5
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 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)

⁶ 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 Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure	<u></u>		•	availa	b
b Sec ⁻ 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u>	<u></u>		•	availa	b
b Sec ⁻ 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> 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 Sec ⁻ 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	nd 990- n on Sc	T (section 501(c)(3)s only)		b
b Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain	nd 990- n on Sc	T (section 501(c)(3)s only)		b
b Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nd 990- n on Sc onflict o	T (section 501(c)(3 <i>hedule O)</i> f interest policy, ar)s only)		b
b 6ec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other <i>(explain</i> 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- n on Sc onflict o	T (section 501(c)(3 <i>hedule O)</i> f interest policy, ar)s only)		b
b 6ec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	nd 990- n on Sc onflict o	T (section 501(c)(3 <i>hedule O)</i> 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 (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 I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1039-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated 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 990 (0000)

8

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 8
Par	VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	not ch , unles	s per	nore t	than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	am	(F) timate iount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	orga and	om the anizati I relate nizatio	on ed
1b	Subtotal								113,833.		0.	14	1,89	90.
с	Total from continuation sheets to Part VII 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 former officer,	-		•	•	•		Ŭ	• •	•			Yes	No
4	line 1a? If "Yes," complete Schedule J for su 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 X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a 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 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) Name and business			ONE					(B) Description of s		C	(C omper		ו ו
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hos: 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 9
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 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 ar A	d	Related organizations 1d					
is, (е	Government grants (contributions) 1e	643,890.				
tion r S	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	912,915.				
ontr of C	g		10,269.				
ŭ ŭ	h	Total. Add lines 1a-1f		1,586,637.			
	•	Customer Contracts	Business Code 900099	23,794.	23,794.		
/ice	2a b	_ 1	900099	5,500.	5,500.		
Ser.	u c		500055	5,500.	5,500.		
am Ser evenue	d						
Program Service 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 0 •				
	h	assets other than inventory 7a 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 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 eve	с						
Miscellaneous 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 990 (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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	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 10	Other employee benefits	41,720.	36,255.	1,762. 3,379.	906 2,086
10	Payroll taxes Fees for services (nonemployees):	41,720•	50,255.	5,575.	2,000
a b					
с 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> 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 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
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	_{ge} 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 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 anization described in s 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)(1)(A)(vi). (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		
10	university:		II								
10	0			than 33 1/3% of its supp 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	Type I. 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. You must c	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		•	.,.	 You must complete I porting organization oper 			-	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			, , , , , , , , , , , , , , , , , , ,	, ,			
f Ent	er the number o	of supported of	organizations								
			about the supporte								
	 (i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
	organization			above (see instructions))	Yes	No	support (see ii	istructions)			

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) 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) 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	Total support. 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	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	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

332022 12-21-23

(Complete only if you checke 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) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	i					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(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, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3					
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 						
13 Total support. (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				
15 Public support percentage for 2023	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202 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				

09350705 759492 47077.0

^{2023.04000} 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.)

17

332024 12-21-23

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

		89318	U Pa	age 5
Pa	rt IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <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

332025 12-21-23

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 (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable 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 Part IV, Section A, I line 1; Part IV, Secti	nformation. ines 1, 2, 3b, 3c, on D, lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV, \$	explanations 6, 9a, 9b, 9c, Section E, line	required 11a, 11b, s 1c, 2a,	by Part II, and 11c; 2b, 3a, ar	line 10; P Part IV, S nd 3b; Par	ert II, line 17 Section B, lir t V, line 1; P	7a or 17b; Part III, line 12; hes 1 and 2; Part IV, Section Part V, Section B, line 1e; F ditional information.	on C,
	(See instructions.)	, and e, and t at	.,	_,, c, c, c						
332028 12-21-2	3				21				Schedule A (Form	990) 2023

** PUBLIC DISCLOSURE COPY

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 Internal Revenue Service	G

I

Na

Or

Fil

Fo

Fo

Schodulo B

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 not 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$206,408.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>116,922.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>227,602.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No. 5 (a)	Name, address, and ZIP + 4	(c) Total contributions \$55,000. (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No. 5	Name, address, and ZIP + 4	(c) Total contributions \$55,000.	Payroll
(a) No. 5 (a)	Name, address, and ZIP + 4	(c) Total contributions \$55,000. (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) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		1
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(b) Description of noncash property given	Description of noncash property given PMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) (c) (b) (c) (c) FMV (or estimate) (See instructions.) (b) (c) (b) (c) (c) FMV (or estimate) (See instructions.) (b) (c) (c) FMV (or estimate) (See instructions.) (c) (c) (c) FMV (or estimate) (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 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 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. 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. 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. from 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		D) 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		-			•	— —
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 [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	-		,			
1 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	
							¢
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 						Ψ \$
2	If the organization received or held works of art, historical trea	sures or other simil					Ψ
2	-				iciai yairi, j		C
-	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	THER - TWI 4707

Sche	dule D (Form 990) 2023 Rebuild	ing Togethe	er – Tw	in Cities			41-18			age 2
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 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					1 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 b	Board designated or quasi-endowment Permanent endowment	%	_%							
c 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	(a) Cost or o basis (investn) Cost or other basis (other)	1	Accumulate 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	9, 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) (4)			
(5) (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) (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.
	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I	Statements With E V, line 12a.	xpenses per F	Returi	n	
	rt XII Reconciliation of Expenses per Audited Financial	Statements With E V, line 12a.	xpenses per F		1,302 n 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 V, line 12a.	xpenses per F	Returi	n	
Pa 1	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	Statements With E V, line 12a.	xpenses per F	Returi	n	
Pa 1 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 1 2 a	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	Statements With E V, line 12a. 2a 2b 2c	xpenses per F	Returi	n	
Pa 1 2 b c d	t XII 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 Other losses Other (Describe in Part XIII.)	Statements With E V, line 12a. 2a 2b 2c 2d	54,785.	Returi	n <u>1,766</u>	,291.
Pa 1 2 b c d	t XII 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 Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Statements With E V, line 12a. 2a 2b 2c 2d	54,785.	1 2e	n <u>1,766</u> 54	<u>,291.</u>
Pa 1 2 b c d	t XII 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 Other losses Other (Describe in Part XIII.)	Statements With E V, line 12a. 2a 2b 2c 2d	54,785.	1	n <u>1,766</u>	<u>,291.</u>
Pa 1 2 a b c d e	t XII 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 Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Statements With E V, line 12a. 2a 2b 2c 2d	54,785.	1 2e	n <u>1,766</u> 54	<u>,291.</u>
Pa 1 2 b c d 3	t XII 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 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 2e	n <u>1,766</u> 54	<u>,291.</u>
Pa 1 2 a b c d e 3 4	t XII 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 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 2e	n <u>1,766</u> 54	<u>,291.</u>
Pa 1 2 a b c d e 3 4 a	t XII 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 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 3 4c	n <u>1,766</u> <u>54</u> 1,711	<u>,291.</u> ,785. ,506.
Pa 1 2 a b c d a b c 3 4 b c 5	t XII 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 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 1 2e 3	n <u>1,766</u> 54	<u>,291.</u> ,785. ,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 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 b Internet and	tions email solicitations			-	overnment grants nment grants			
c Phone solici		g X Special		-	-			
d 🗌 In-person so								
		or oral agreement with any individual				tees, o	or XYes	
		Part VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	ne fun		
compensated at le	0	()1						-
			(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con	ustody	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
			contrib	utions?	,	list	ed in col. (i)	organization
Artikulere-Michael		Const uniting	Yes	No v	966 461		21 022	944 929
P.O. Box 5141, Sar	aloga	Grant writing		X	866,451.		21,823.	844,828.
				<u></u>	866,451.		21,823.	844,828.
3 List all states in wh 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								
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	

LHA 332081 09-13-23

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 Flannel Fling	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through 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 10	Direct expense summary. Add lines 4 through	h 9 in column (d)			25,553
	9 10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I	h 9 in column (d) ine 3, column (d)			25,553
	9 10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I	h 9 in column (d) ine 3, column (d)			25,553
Pai	9 10 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) ine 3, column (d)			25,553 -25,553 (d) Total gaming (add
Pai	9 10 <u>11</u> 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) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	15,788 25,553 -25,553 (d) Total gaming (add col. (a) through col. (c)
	9 10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	25,553 -25,553 (d) Total gaming (add
	9 10 <u>11</u> rt I 1 2	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	25,553 -25,553 (d) Total gaming (add
	9 10 <u>11</u> rt I 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	25,553 -25,553 (d) Total gaming (add
Panene	9 10 <u>11</u> rt I 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	25,553 -25,553 (d) Total gaming (add
Pal	9 10 <u>11</u> rt I 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	25,553. -25,553. (d) Total gaming (add 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)

332082 09-13-23

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 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

332083 09-13-23

Schedule G	(Form 990)	Rebuilding	Together	- Twin	Cities	41-1893180	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)					
						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 (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	2023 Open to Public
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information. Rebuilding Together - Twin Cities	Inspection Employer identification number 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

36

Schedule O (Form 990) 2023	Page 2
Name of the organization 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 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: The process has not changed from the prior year.	
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 due date for 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 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 e Form 5330. 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				^	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.