

Form **990**
Department of the Treasury
Internal Revenue Service

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
REBUILDING TOGETHER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
999 N CAPITOL STREET NE NO 701

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20002

D Employer identification number
52-1585880

E Telephone number
(202) 518-3512

F Name and address of principal officer
CAROLINE BLAKELY
999 N CAPITOL STREET NE NO 701
WASHINGTON, DC 20002

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.REBUILDINGTOGETHER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1988

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BRING VOLUNTEERS AND COMMUNITIES TOGETHER TO IMPROVE THE HOME AND LIVES OF HOMEOWNERS IN NEED

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	54
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	8,965

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,118,165	13,326,809
9 Program service revenue (Part VIII, line 2g)	1,639,627	2,220,181
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,684	186,928
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,112	76
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,999,588	15,733,994
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,542,368	6,654,668
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,039,458	3,225,841
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,245	2,175
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 841,251		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,469,428	4,870,488
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,052,499	14,753,172
19 Revenue less expenses Subtract line 18 from line 12	1,947,089	980,822
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,890,448	10,965,864
21 Total liabilities (Part X, line 26)	2,680,144	2,298,993
22 Net assets or fund balances Subtract line 21 from line 20	8,210,304	8,666,871

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2019-11-05
CAROLINE BLAKELY PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: CLIFTONLARSONALLEN LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P00895728
Firm's EIN: 41-0746749
Firm's address: 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203
Phone no: (571) 227-9500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

REBUILDING TOGETHER (THE ORGANIZATION) IS THE NATION'S LEADING NONPROFIT WORKING TO PRESERVE AFFORDABLE HOMEOWNERSHIP AND REVITALIZE COMMUNITIES WE BELIEVE THAT EVERY AMERICAN DESERVES TO LIVE IN A SAFE AND HEALTHY HOME OUR NETWORK OF MORE THAN 132 AFFILIATES PROVIDES HOME REPAIRS, HOME MODIFICATIONS, AND CRITICAL REPAIRS TO OVER 10,000 HOMES OF LOW-INCOME AMERICANS ON AN ANNUAL BASIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,945,499 including grants of \$ 3,741,568) (Revenue \$ 1,559,087)
See Additional Data

4b (Code) (Expenses \$ 1,960,077 including grants of \$ 1,763,000) (Revenue \$ 318,064)
See Additional Data

4c (Code) (Expenses \$ 1,532,442 including grants of \$ 1,121,100) (Revenue \$ 183,907)
See Additional Data

(Code) (Expenses \$ 1,207,563 including grants of \$ 29,000) (Revenue \$ 159,123)

CAPACITY CORPS - REBUILDING TOGETHER AMERICORPS MEMBERS SERVED ESSENTIAL ROLES IN BUILDING THE CAPACITY OF THEIR HOST SITE ORGANIZATIONS IN IMPORTANT PROGRAM AREAS SUCH AS DOING OUTREACH TO FIND HOMEOWNERS TO SERVE, BUILDING COMMUNITY PARTNERSHIPS AND CREATING NEW PROGRAMS IN 2018, REBUILDING TOGETHER AMERICORPS PLACED 46 FULLTIME AMERICORPS MEMBERS AT 27 AFFILIATES THE AMERICORPS MEMBERS, WITH THE ASSISTANCE OF 7,674 VOLUNTEERS, SERVED 4,109 LOW INCOME AND VETERANS

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,207,563 including grants of \$ 29,000) (Revenue \$ 159,123)

4e Total program service expenses 12,645,581

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	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					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
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.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRY CHRIS CHAIRMAN	2 00	X		X			0	0	0	
(2) JOHN BRAZALLE CHAIRMAN	2 00	X		X			0	0	0	
(3) KEVIN RAFFERTY CHAIRMAN	2 00	X		X			0	0	0	
(4) GUY CECALA VICE CHAIRMAN	2 00	X		X			0	0	0	
(5) BRAD SEGAL MEMBER	2 00	X					0	0	0	
(6) ANN WOODROFF MEMBER	2 00	X					0	0	0	
(7) BONNIE BESSOR MEMBER	2 00	X					0	0	0	
(8) JOY CIANCI MEMBER	2 00	X					0	0	0	
(9) CARRIE TEFFNER MEMBER	2 00	X					0	0	0	
(10) ED PEAVY MEMBER	2 00	X					0	0	0	
(11) JIM KELLY MEMBER	2 00	X					0	0	0	
(12) JODIE LIDDY MEMBER	2 00	X					0	0	0	
(13) KATHLEEN WU MEMBER	2 00	X					0	0	0	
(14) MIKE UTTAM MEMBER	2 00	X					0	0	0	
(15) WAYNE CAUTHEN MEMBER	2 00	X					0	0	0	
(16) KAREN NEMSICK MEMBER	2 00	X					0	0	0	
(17) JIDE FALAKI MEMBER	2 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLINE BLAKELY PRESIDENT & CEO	40 00			X				324,042	0	521
(19) SANDRA HENRIQUEZ CHIEF OPERATIONS OFFICER	40 00			X				221,271	0	521
(20) SUSAN HAWFIELD VP, AFFILIATE RELATIONS	40 00			X				142,263	0	0
(21) CHRIS ESTES VP, BUSINESS STRATEGIES	40 00				X			163,091	0	0
(22) JOHN J WHITE FORMER VICE PRESIDENT	0 00						X	146,518	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								997,185	0	1,042

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NORTH PEAK SOLUTIONS 2766 BORDEAUX AVE LA JOLLA, CA 92037	IT SERVICES	252,664
CLIFTON LARSON ALLEN 220 S 6TH STREET MINNEAPOLIS, MN 55402	ACCOUNTING SERVICES	205,936
FOR MOMENTUM LLC 1641 WELLSHIRE LANE DUNWOODY, GA 30338	MARKETING SERVICES	135,853

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	591,081		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,735,728		
	g Noncash contributions included in lines 1a - 1f \$ _____		270,088		
h Total. Add lines 1a-1f		13,326,809			

Program Service Revenue			Business Code			
	2a AFFILIATE DUES		900099	1,116,674	1,116,674	
	b CHAPTER FEES		900099	457,600	457,600	
	c CHAPTER INSURANCE		900099	413,462	413,462	
	d ADMIN PROCESSING FEE		900099	138,985	138,985	
	e NATIONAL CONFERENCE		900099	93,460	93,460	
	f All other program service revenue					
g Total. Add lines 2a-2f			2,220,181			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			135,925			135,925
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			51,003		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue			76			76	
e Total. Add lines 11a-11d			76				
12 Total revenue. See Instructions			15,733,994	2,220,181	0	187,004	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,654,668	6,654,668		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	809,707	446,647	270,515	92,545
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,721,566	1,206,511	179,631	335,424
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	126,636	75,981	12,664	37,991
9 Other employee benefits.	353,841	212,305	35,384	106,152
10 Payroll taxes.	214,091	128,455	21,409	64,227
11 Fees for services (non-employees):				
a Management.				
b Legal.	11,811	680	2,387	8,744
c Accounting.	232,886		232,886	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	2,175			2,175
f Investment management fees.	22,225		22,225	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	389,433	296,901	45,932	46,600
12 Advertising and promotion.	36,263	31,764	1,311	3,188
13 Office expenses.	485,250	137,862	291,733	55,655
14 Information technology.	302,338	263,034	30,234	9,070
15 Royalties.				
16 Occupancy.	671,205	583,948	67,121	20,136
17 Travel.	282,143	282,143		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,207,263	1,194,513	4,238	8,512
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	268,675	233,747	26,868	8,060
23 Insurance.	166,876	145,182	16,688	5,006
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEMBER LIVING ALLOWANCE	544,463	501,583	5,114	37,766
b AFFILIATE INSURANCE	249,657	249,657		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	14,753,172	12,645,581	1,266,340	841,251
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,465,547	1	3,107,040
	2 Savings and temporary cash investments	217,378	2	431,772
	3 Pledges and grants receivable, net	3,019,305	3	3,339,588
	4 Accounts receivable, net	244,342	4	389,200
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	77,413	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,074	9	131,559
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,104,112		
	b Less accumulated depreciation	10b 1,187,559	974,941	10c 916,553
	11 Investments—publicly traded securities	2,573,339	11	2,219,404
	12 Investments—other securities See Part IV, line 11	109,059	12	342,102
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	95,050	15	88,646
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,890,448	16	10,965,864	
Liabilities	17 Accounts payable and accrued expenses	422,182	17	574,115
	18 Grants payable	406,655	18	73,960
	19 Deferred revenue	300,000	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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 of Schedule D	1,551,307	25	1,650,918
	26 Total liabilities. Add lines 17 through 25	2,680,144	26	2,298,993
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	501,180	27	919,429
	28 Temporarily restricted net assets	6,847,639	28	7,747,442
	29 Permanently restricted net assets	861,485	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,210,304	33	8,666,871	
34 Total liabilities and net assets/fund balances	10,890,448	34	10,965,864	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,733,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,753,172
3	Revenue less expenses Subtract line 2 from line 1	3	980,822
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,210,304
5	Net unrealized gains (losses) on investments	5	-254,167
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-270,088
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,666,871

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1585880

Name: REBUILDING TOGETHER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SAFE AND HEALTHY HOUSING/AFFILIATE RELATIONS - THE ORGANIZATION BRINGS VOLUNTEERS AND COMMUNITIES TOGETHER TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME HOMEOWNERS IN NEED THE ORGANIZATION PROVIDES CRITICAL REPAIRS, ACCESSIBILITY MODIFICATIONS, AND ENERGY EFFICIENT UPGRADES TO LOW-INCOME HOMES AND COMMUNITY CENTERS ACROSS THE COUNTRY THE AFFILIATE SERVICES TEAM SERVES AFFILIATES BY PROVIDING TECHNICAL TRAINING, GOVERNANCE SUPPORT, STRATEGIC PLANNING, COACHING, AND THE TOOLS TO IMPROVE AFFILIATE LEADERSHIP AND OPERATIONS MANAGEMENT OF THE FOLLOWING PROGRAMS AND INITIATIVE FALL UNDER THE AFFILIATE SERVICES PROGRAM 1) TRAINING INCLUDING EXPERTISE CALLS, WEBINARS, NEW EXECUTIVE DIRECTOR ORIENTATION, SAFE AND HEALTHY HOUSING TRAINING AND THE DEVELOPMENT AND TRAINING UNDER COMMUNITY REVITALIZATION PARTNERSHIP

Form 990, Part III, Line 4b:

DISASTER RELIEF- REBUILDING TOGETHER IMPROVES THE SAFETY OF THEIR HOME AND REVITALIZES COMMUNITIES EFFECTED BY NATURAL DISASTER

Form 990, Part III, Line 4c:

VETERANS HOUSING - THE VETERANS HOUSING INITIATIVE'S PRIMARY GOAL IS TO ASSIST VETERANS AND MILITARY FAMILIES WITH HOME MODIFICATIONS AND REPAIRS TO IMPROVE SAFETY, ACCESSIBILITY, AND COMFORT IN THEIR HOMES DURING 2018, THE ORGANIZATION AND THE AFFILIATE NETWORK COMPLETED MORE THAN 1,161 PROJECTS FOR VETERANS AND THEIR FAMILIES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
REBUILDING TOGETHER INC

Employer identification number

52-1585880

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,383,842	6,671,708	9,615,779	12,118,165	13,056,721	49,846,215
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,383,842	6,671,708	9,615,779	12,118,165	13,056,721	49,846,215
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)						18,957,268
6	Public support. Subtract line 5 from line 4						30,888,947

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	8,383,842	6,671,708	9,615,779	12,118,165	13,056,721	49,846,215
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,660	96,476	127,108	186,401	135,925	660,570
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.)	82,697	21,334	812	30,067	139,061	273,971
11	Total support. Add lines 7 through 10						50,780,756

12 Gross receipts from related activities, etc (see instructions) **12** 9,676,683

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	60.830 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	70.420 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	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	
Section 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)	1	
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	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 52-1585880

Name: REBUILDING TOGETHER INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization REBUILDING TOGETHER INC	Employer identification number 52-1585880
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____ 0
- 3 Volunteer hours for political campaign activities (see instructions) _____ 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____ 0
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____ 0
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	654,135	643,051	752,625	887,659	2,937,470
b Lobbying ceiling amount (150% of line 2a, column(e))					4,406,205
c Total lobbying expenditures					
d Grassroots nontaxable amount	163,534	160,763	188,156	221,915	734,368
e Grassroots ceiling amount (150% of line 2d, column (e))					1,101,552
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
REBUILDING TOGETHER INC

Employer identification number
52-1585880

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,421,368	1,420,044	1,373,495	1,447,995	1,433,124
b Contributions					
c Net investment earnings, gains, and losses	-55,595	120,954	112,509	33,360	30,239
d Grants or scholarships					
e Other expenditures for facilities and programs	85,000	119,630	65,960	107,860	15,368
f Administrative expenses					
g End of year balance	1,280,773	1,421,368	1,420,044	1,373,495	1,447,995

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 27 650 %
 - b** Permanent endowment ▶ 67 260 %
 - c** Temporarily restricted endowment ▶ 5 090 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		790,473	161,587	628,886
d Equipment		530,897	530,897	0
e Other		782,742	495,075	287,667
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				916,553

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	1,167,626
DEFERRED INSURANCE LIABILITY	336,914
DEFERRED COMPENSATION LIABILITY	146,378
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,650,918

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,783,382
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-254,167
b	Donated services and use of facilities	2b	4,325,780
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	4,071,613
3	Subtract line 2e from line 1	3	15,711,769
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,225
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	22,225
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,733,994

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,056,727
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	4,325,780
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	4,325,780
3	Subtract line 2e from line 1	3	14,730,947
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,225
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	22,225
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,753,172

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1585880

Name: REBUILDING TOGETHER INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS PRIMARILY OF INDIVIDUAL DONOR RESTRICTED FUNDS ESTABLISHED TO SUPPORT THE ACHIEVEMENT AND EXPANSION OF THE AFFILIATE NETWORK AS WELL AS THE LONG TERM FINANCIAL STABILITY OF THE NATIONAL OFFICE. ENDOWMENTS FOR THE AFFILIATE NETWORK INCLUDE SUPPORTING AFFILIATES WITH ATTENDING THE ANNUAL NATIONAL CONFERENCE, DEVELOPING STRONG MANAGEMENT PRACTICES, AND REHABILITATION PROJECTS. THE ENDOWMENTS SUPPORTING THE NATIONAL OFFICE SUPPORT INTERNSHIP PROGRAMS, OPERATIONS, PUBLIC RELATIONS, AND OVERHEAD. FUNDS ARE RELEASED ANNUALLY BASED ON THE PRIOR YEAR'S ENDOWMENT EARNINGS AND CONTINGENT UPON REBUILDING TOGETHER MEETING THE DONOR RESTRICTIONS. IN ADDITION TO THE PERMANENTLY RESTRICTED ENDOWMENT, THERE ARE FUNDS THAT ARE INTERNALLY DESIGNATED BY THE BOARD OF DIRECTORS AND HELD IN RESERVE TO SUPPORT FUTURE YEARS' OPERATIONS, TO PROVIDE A RESOURCE FOR UNEXPECTED DOWNTURNS AND TO SUPPORT THE ORGANIZATION'S AFFILIATE NETWORK.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION IT IS SUBJECT TO TAX ONLY ON ITS NET UNRELATED BUSINESS INCOME THERE WAS NO SUCH UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2018 AND 2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization REBUILDING TOGETHER INC

Employer identification number 52-1585880

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE GRANT AWARD PROCESS IS SUPERVISED BY PROGRAM DIRECTORS AND GRANTS MANAGERS FOR THE VARIOUS GRANTS. GENERALLY, THERE IS AN APPLICATION PROCESS BY WHICH AFFILIATES APPLY FOR FUNDING. AFFILIATES ARE NOTIFIED OF GRANT OPPORTUNITIES IN WRITING AND THEN PROVIDED AN OPPORTUNITY TO APPLY FOR THOSE GRANT FUNDS THROUGH THE ORGANIZATION'S WEBSITE. ALL AFFILIATES MUST BE IN GOOD STANDING WITH THE ORGANIZATION IN ORDER TO APPLY FOR GRANT FUNDING. THE APPLICATIONS ARE REVIEWED BY THE ORGANIZATION'S STAFF AND ARE EVALUATED AGAINST A PRE-DETERMINED PUBLISHED SET OF CRITERIA. UPON APPROVAL OF THE GRANT REQUEST, THE AFFILIATE MUST SUBMIT A STATEMENT OF ACCEPTANCE THAT STATES THEY WILL MEET THE GRANT REQUIREMENTS FOR THE PROJECT. ONCE THE ORGANIZATION RECEIVES THAT FORM, A PORTION OF THE GRANT FUNDS ARE DISTRIBUTED TO THE AFFILIATE. WITHIN 45 DAYS OF THE REBUILD PROJECT'S COMPLETION, A FINAL REPORT IS DUE. AT THAT TIME, THE BALANCE OF THE FUNDS ARE DISTRIBUTED TO THE AFFILIATE. IF A REPORT IS NOT RECEIVED, THE AFFILIATE FORFEITS THE FINAL BALANCE.

Additional Data

Software ID:
Software Version:
EIN: 52-1585880
Name: REBUILDING TOGETHER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ACADIANA 110 CAPITAL DR LAFAYETTE, LA 70508	72-1407473	501(C)(3)	16,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS STREET SUITE 206 ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	107,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ANNE ARUNDEL COUNTY 819 RITCHIE HWY SUITE 2000 SEVERNA PARK, MD 21146	52-1773114	501(C)(3)	90,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER ARLINGTON-FAIRFAX-FALLS CHURCH 10723 MAIN STREET SUITE 135 FAIRFAX, VA 22030	52-1133518	501(C)(3)	64,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ATLANTA 585 FAIRBURN ROAD ATLANTA, GA 30331	58-1983743	501(C)(3)	187,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER AURORA 111 WEST DOWNER PLACE 5TH FLOOR AURORA, IL 60506	36-3866692	501(C)(3)	12,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER AUSTIN 4825 DAVIS LANE APT 2134 AUSTIN, TX 78749	46-2632455	501(C)(3)	63,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER BALTIMORE 5820 YORK ROAD SUITE T300 BALTIMORE, MD 21212	52-1636425	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER BATON ROUGE PO BOX 1109 BATON ROUGE, LA 708921109	20-1459780	501(C)(3)	68,095				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER BERGEN COUNTY 217 ROCK ROAD GLEN ROCK, NJ 07452	22-3614933	501(C)(3)	13,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER BOSTON 89 SOUTH STREET BOSTON, MA 02111	04-3142781	501(C)(3)	17,817				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER BROWARD COUNTY 4836 NE 12TH AVE OAKLAND PARK, FL 33334	86-1065925	501(C)(3)	59,850				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER BRYAN-COLLEGE STATION 7985 DRUMMER CIRCLE COLLEGE STATION, TX 77845	81-1795954	501(C)(3)	12,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER CENTRAL ALABAMA PO BOX 6041 MONTGOMERY, AL 36106	63-1108865	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER CENTRAL OHIO PO BOX 1347 GROVE CITY, OH 43123	31-1317239	501(C)(3)	51,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER CHARLES COUNTY 10825 DORCHESTER ROAD SUITE 2081 SUMMERVILLE, SC 29485	52-1663810	501(C)(3)	20,011				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER CLAY COUNTY 2050 PLUMBERS WAY SUITE 150 LIBERTY, MO 64068	75-3041389	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER COLORADO SPRINGS 5620 FOSSIL CREEK PARKWAY 5205 FORT COLLINS, CO 80525	84-1326001	501(C)(3)	54,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER DAYTON 30 S MAIN STREET SUITE B SUITE B DAYTON, OH 45402	31-1457626	501(C)(3)	66,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER DUTCHESS COUNTY 47 S HAMILTON STREET POUGHKEEPSIE, NY 12601	22-3153808	501(C)(3)	37,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER EL PASO 6400 AIRPORT ROAD BLDG A SUITE G EL PASO, TX 79925	74-2718788	501(C)(3)	54,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER ESSEX COUNTY 448 SPRINGFIELD AVENUE NEWARK, NJ 07103	22-3639306	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER FARGO-MOORHEAD AREA 700 MAIN AVENUE FARGO, ND 58103	27-4415410	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER FOX VALLEY 605 EAST HANCOCK STREET APPLETON, WI 54911	39-2013200	501(C)(3)	41,084				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER FREDERICKSBURG PO BOX 41280 FREDERICKSBURG, VA 22404	54-1697213	501(C)(3)	25,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER GLYNN COUNTY GEORGIA INC 2129 ALBANY STREET BRUNSWICK, GA 31520	46-3666060	501(C)(3)	36,688				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER GREATER DES MOINES 1111 NINTH STREET DES MOINES, IA 50314	42-1439898	501(C)(3)	23,650				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER GREATER HARRISBURG 251 VERBEKE STREET HARRISBURG, PA 17102	23-2811100	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER GREATER HAVERHILL 10 PHOENIX ROW HAVERHILL, MA 01832	22-3137806	501(C)(3)	9,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER HARTFORD 260 CONSTITUTION PLAZA PO BOX 230295 HARTFORD, CT 061230295	06-1418008	501(C)(3)	49,083				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER HENRY COUNTY 119 N STATE STREET PO BOX 254 GENESEO, IL 61254	36-3988294	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER HOUSTON PO BOX 15315 HOUSTON, TX 77220	76-0027902	501(C)(3)	461,200				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER HOWARD COUNTY 8775 CENTRE PARK DRIVE COLUMBIA, MD 21045	52-1748888	501(C)(3)	97,963				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER INDIANAPOLIS 1625 W THOMPSON ROAD INDIANAPOLIS, IN 46206	35-2099908	501(C)(3)	25,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER KANSAS CITY 2050 PLUMBERS WAY SUITE 150 LIBERTY, MO 64068	75-3041389	501(C)(3)	12,356				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER KENT COUNTY PO BOX 180 CHESTERTOWN, MD 21620	75-3163984	501(C)(3)	13,300				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER KERN COUNTY PO BOX 11622 BAKERSFIELD, CA 93389	26-2142845	501(C)(3)	51,600				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER KIAMICHI COUNTRY 1558 S MAIN MCALESTER, OK 74501	45-4724709	501(C)(3)	26,800				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER LEWISTON AUBURN 195 CENTER STREET AUBURN, ME 04210	75-3022277	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER LITCHFIELD COUNTY 122 STILSON HILL ROAD NEW MILFORD, CT 06776	38-3693059	501(C)(3)	13,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER LONG BEACH 3515 LINDEN AVE SUITE 43 LONG BEACH, CA 90807	95-4315712	501(C)(3)	119,826				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER LONG ISLAND 208 ROUTE 109 SUITE 204 FARMINGDALE, NY 11735	11-3115730	501(C)(3)	47,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER LOUDOUN COUNTY PO BOX4381 LEESBURG, VA 201778479	54-1605832	501(C)(3)	13,560				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER MANCHESTER 448 TOLLAND TURNPIKE MANCHESTER, CT 06042	06-1356443	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER METRO CHICAGO 100 S STATE STREET CHICAGO, IL 60603	36-3803312	501(C)(3)	92,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER METRO DENVER 12567 W CEDAR DRIVE LAKEWOOD, CO 80228	84-1514642	501(C)(3)	63,120				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER MIAMI-DADE 1390 S DIXIE HWY SUITE 2123 CORAL GABLES, FL 33146	65-0424304	501(C)(3)	239,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER MONTGOMERY COUNTY 18225-A FLOWER HILL WAY GAITHERSBURG, MD 20879	52-1667026	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER MOUNTAIN COMMUNITIES PO BOX 3540 BLUEJAY, CA 92317	93-1154194	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER NASHVILLE 6101 CENTENNIAL BLVD NASHVILLE, TN 37209	62-1593904	501(C)(3)	29,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER NEW BRITAIN 200 MYRTLE STREET NEW BRITAIN, CT 06053	06-1466916	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER NEW ORLEANS 923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	139,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER NEW YORK CITY 126 10TH STREET A BROOKLYN, NY 11215	13-3997769	501(C)(3)	112,750				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER NORTH CENTRAL FLORIDA 4550 SOUTHWEST 41ST BLVD GAINESVILLE, FL 32608	20-3022563	501(C)(3)	53,205				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REBUILDING TOGETHER NORTH JERSEY PO BOX 1389 RIDGEWOOD, NJ 07451	22-3614933	501(C)(3)	19,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER NORTH SUBURBAN CHICAGO PO BOX 626 GLENVIEW, IL 60025	36-4111206	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER NORTH TEXAS 4950 KELLER SPRINGS SUITE 200 ADDISON, TX 75001	04-3613194	501(C)(3)	65,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER NORTHEAST OHIO 788 DONALD AVENUE AKRON, OH 44306	34-1814515	501(C)(3)	108,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER OAKLAND COUNTY 31700 WEST 12 MILE ROAD FARMINGTON HILLS, MI 48334	38-3156047	501(C)(3)	52,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER OAKLAND-EAST BAY 520 3RD STREET SUITE 109 OAKLAND, CA 94607	94-3213325	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER OF GREATER CHARLOTTE 6704 CORD WOOD CIRCLE CHARLOTTE, NC 28227	27-3101212	501(C)(3)	109,146				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER OF THE PALM BEACHES 7501 NORTH JOG ROAD WEST PALM BEACH, FL 33412	65-0691732	501(C)(3)	35,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER OF THE TRIANGLE 150 DONMOOR COURT GARNER, NC 27529	56-1955629	501(C)(3)	110,666				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER OKLAHOMA CITY 730 WEST WILSHIRE BLVD SUITE 108 OKLAHOMA CITY, OK 73116	73-1450790	501(C)(3)	10,346				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ORLANDO 385 S PEARL LAKE CAUSEWAY ALTAMONTE SPRINGS, FL 32714	35-2180064	501(C)(3)	169,400				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER PENINSULA PO BOX 4031 MENLO PARK, CA 94026	94-3106209	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PETALUMA 301 PAYRAN STREET PETALUMA, CA 94952	91-1762902	501(C)(3)	453,400				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER PHILADELPHIA PO BOX 42752 PHILADELPHIA, PA 19101	23-2549594	501(C)(3)	22,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PITT COUNTY 1100 WARD STREET PO BOX 31006 GREENVILLE, NC 27834	26-0757622	501(C)(3)	54,166				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER PITTSBURGH 7800 SUSQUEHANNA STREET SUITE 102 PITTSBURGH, PA 15208	25-1696634	501(C)(3)	29,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PLATTE VALLEY EAST 445 E 1ST STREET FREMONT, NE 68025	77-0695389	501(C)(3)	28,800				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER PORTLAND 5000 N WILLAMETTE BLVD PORTLAND, OR 97203	01-0480604	501(C)(3)	25,693				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER RICHMOND 406 W FRANKLIN STREET SUITE B RICHMOND, VA 23220	54-1652359	501(C)(3)	17,550				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SACRAMENTO 8231 ALPINE AVENUE SUITE 3 SACRAMENTO, CA 95825	68-0246355	501(C)(3)	12,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SAN ANTONIO PO BOX 691881 SAN ANTONIO, TX 78269	74-2707477	501(C)(3)	1,143,700				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SAN DIEGO 2013 FRANKLIN AVENUE SAN DIEGO, CA 92113	33-0676518	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SAN FRANCISCO PIER 28 THE EMBARCADERO SAN FRANCISCO, CA 94105	94-3107808	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SANDOVAL COUNTY 854 A CALLE DON TOMAS PO BOX 1913 BERNALILLO, NM 87004	85-0464571	501(C)(3)	29,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SANTA CRUZ COUNTY 3061 NORTH SUNRISE PLACE NOGALES, TX 85621	86-0892583	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SARATOGA COUNTY 132 MILTON AVENUE BALLSTON SPA, NY 12020	20-0530683	501(C)(3)	25,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SEATTLE 500 AURORA AVE N SUITE 305 SEATTLE, WA 98109	91-1606330	501(C)(3)	67,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SILICON VALLEY 1701 S 7TH STREET SUITE 10 SAN JOSE, CA 95112	77-0289381	501(C)(3)	52,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SOUTH SOUND (TACOMA) 4019 SOUTH ORCHARD STREET TACOMA, WA 98466	91-2147601	501(C)(3)	27,023				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER SOUTHERN NEVADA 611 SOUTH NINTH STREET LAS VEGAS, NV 89101	88-0323877	501(C)(3)	97,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SOUTHWEST ILLINOIS 1101 GREENWOOD STREET MADISON, IL 62060	37-1311197	501(C)(3)	17,480				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER ST JOSEPH COUNTY 1200 COUNTY-CITY BUILDING SOUTH BEND, IN 46601	35-1939069	501(C)(3)	24,500				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVENUE SUITE 2 SAINT LOUIS, MO 63119	43-1626999	501(C)(3)	92,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER TAMPA BAY 911 EAST 122ND AVE TAMPA, FL 33612	59-3664580	501(C)(3)	150,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER THURSTON COUNTY 809 LEGION WAY OLYMPIA, WA 98501	77-0613860	501(C)(3)	10,075				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER TULSA 14 E 7TH STREET TULSA, OK 74120	73-1528164	501(C)(3)	12,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER TWIN CITIES 1050 SE 33RD AVE MINNEAPOLIS, MN 55414	41-1893180	501(C)(3)	77,500				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER VALLEY OF THE SUN 1800 W BROADWAY SUITE 4 TEMPE, AZ 85282	86-0680607	501(C)(3)	185,625				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER WARNER ROBINS 110 OLK GROVE ROAD WARNER ROBINS, GA 31088	58-2282663	501(C)(3)	12,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER WAYCROSS PO BOX 287 WAYCROSS, GA 31502	58-2442310	501(C)(3)	15,000				FURTHER THE MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER WORCESTER 16 ROCKWELL DRIVE SHREWSBURY, MA 01545	04-3545530	501(C)(3)	27,000				FURTHER THE MISSION OF THE ORGANIZATION
REBUILDING TOGETHER YELLOWSTONE COUNTY 241 ANNANDALE ROAD BILLINGS, MT 59105	45-0499564	501(C)(3)	39,000				FURTHER THE MISSION OF THE ORGANIZATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
REBUILDING TOGETHER INC

Employer identification number
52-1585880

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CAROLINE BLAKELY PRESIDENT & CEO	(i)	278,482 -----	30,000 -----	15,560 -----	0 -----	521 -----	324,563 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 SANDRA HENRIQUEZ CHIEF OPERATIONS OFFICER	(i)	198,863 -----	11,742 -----	10,666 -----	0 -----	521 -----	221,792 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 CHRIS ESTES VP, BUSINESS STRATEGIES	(i)	155,253 -----	0 -----	7,838 -----	0 -----	0 -----	163,091 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JOHN J WHITE FORMER VICE PRESIDENT	(i)	146,518 -----	0 -----	0 -----	0 -----	0 -----	146,518 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	THE PLAN IS A 457(F) TYPE PLAN PER THE PLAN DOCUMENT, REVISED AS OF JANUARY 1, 2008. IT IS A UNFUNDED DEFERRED COMPENSATION PLAN TO CREATE A SIGNIFICANT PENSION BENEFIT FOR CERTAIN EMPLOYEES. JOHN WHITE, SENIOR VICE PRESIDENT OF BUSINESS STRATEGY, IS THE ONLY INDIVIDUAL LISTED IN PART VII OF THE FEDERAL FORM 990 CURRENTLY PARTICIPATING. JOHN WHITE RECEIVED A TOTAL CONTRIBUTION TOWARDS THE PLAN OF \$146,258 FOR THE YEAR ENDED DECEMBER 31, 2018.



Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
REBUILDING TOGETHER INC

Employer identification number
52-1585880

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	1	270,088	MARKET VALUE
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	REBUILDING TOGETHER RECEIVED ONE CONTRIBUTION OF SECURITIES TOTALING \$270,088 DURING 2019

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Department of the Treasury

Name of the organization
REBUILDING TOGETHER INC

Employer identification number

52-1585880

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CAN ACT FOR THE BOARD ON ALL MATTERS EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS OR BY DISTRICT OF COLUMBIA LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW IS COMPLETED BY MANAGEMENT, THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW, UPON ACCEPTANCE BY THE AUDIT COMMITTEE THE FULL BOARD OF DIRECTORS WILL REVIEW/COMMENT AND ACCEPT THE 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM THE FORMS ARE COLLECTED AND REVIEWED BY THE EXECUTIVE ASSISTANT TO EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE MONITORS THE BOARD FOR COMPLIANCE IF A CONFLICT IS SUSPECTED OR REPORTED, CHAIRMAN OF THE BOARD IS NOTIFIED IF NECESSARY EMPLOYEES WILL NOTIFY HUMAN RESOURCES IF THEY KNOW OR SUSPECT A CONFLICT OF INTEREST THE BOARD MEMBER WHO HAS A CONFLICT OF INTEREST WILL RECUSE HIM OR HERSELF FROM DISCUSSION OF AND VOTING ON THAT PARTICULAR MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT AND CEO DETERMINE THE COMPENSATION OF TOP MANAGEMENT OFFICIALS WITH COMPARABILITY DATA PROVIDED BY AN OUTSOURCED HR CONSULTANT THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE PRESIDENT AND CEO BASED ON AN ANNUAL PERFORMANCE REVIEW MINUTES ARE KEPT OF ALL BOARD MEETINGS DURING THE ANNUAL PERFORMANCE REVIEW OF MANAGEMENT AND EMPLOYEES, THE PRESIDENT AND CEO AND THE CHIEF OPERATION OFFICER DETERMINE THE COMPENSATION WITH COMPARABILITY DATA PROVIDED BY THE OUTSOURCED HR CONSULTANT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS AND THE FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST, REBUILDING'S WEBSITE, AND GUIDESTAR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOND DONATION -270,088