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| | | |
|---|--|---|
| 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 black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047 2011 Open to Public Inspection |
|---|--|---|

| | | |
|--|--|--|
| A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 1899 L STREET NW NO 1000 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 | D Employer identification number 52-1585880 |
| | | E Telephone number (800) 473-4229 |
| | | G Gross receipts \$ 12,374,143 |
| | | |
| | | |
| F Name and address of principal officer GARY A OFFICER 1899 L STREET NW NO 1000 WASHINGTON,DC 20036 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.REBUILDINGTOGETHER.ORG | | |

| | | |
|--|---------------------------------|-------------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation 1988 | M State of legal domicile DC |
|--|---------------------------------|-------------------------------------|

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | | |
|-----------------------------|--|---|---|------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities BRING VOLUNTEERS & COMMUNITIES TOGETHER TO IMPROVE THE HOMES & LIVES OF HOMEOWNERS IN NEED | | | |
| | | | | |
| | | | | |
| | | | | |
| | 2 Check this box <input checked="" type="checkbox"/> 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) | 19 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 19 | |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 142 | |
| 6 | Total number of volunteers (estimate if necessary) | 23 | | |
| 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 | 0 | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 7,469,071 | 9,136,762 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,435,071 | 1,614,548 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 128,672 | 169,982 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,108 | -27,715 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,034,922 | 10,893,577 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,917,398 |
| 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) | 2,983,200 | 2,881,229 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 774,525 | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 4,876,136 | 4,604,695 |
| 18 | | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 11,776,734 | 11,832,345 |
| 19 | | Revenue less expenses Subtract line 18 from line 12 | -2,741,812 | -938,768 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | |
| | 20 | Total assets (Part X, line 16) | 18,096,019 | 15,961,999 |
| | 21 | Total liabilities (Part X, line 26) | 1,898,272 | 2,355,174 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 16,197,747 | 13,606,825 |

| | |
|----------------|------------------------|
| 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 | 2012-10-12 Date | | |
| | GARY A OFFICER PRESIDENT & CEO Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature ▶ FRANK H SMITH | Date 2012-10-12 | Check if self-employed ▶ <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) P00639053 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | RAFFA PC 1899 L STREET NW SUITE 900 WASHINGTON, DC 20036 | | EIN ▶ 52-1511275 |
| | | | | Phone no ▶ (202) 822-5000 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

REBUILDING TOGETHER (RT) 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 200 AFFILIATES PROVIDES HOME REPAIRS, HOME MODIFICATION AND CRITICAL REPAIRS TO OVER 10,000 LOW-INCOME AMERICAN HOMES 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 and section 4947(a)(1) trusts 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 \$ 3,738,117 including grants of \$ 905,405) (Revenue \$ 1,612,048)

AFFILIATE RELATIONS - THE AFFILIATE RELATIONS PROGRAM AND TEAM SERVES AFFILIATES BY PROVIDING TECHNICAL TRAINING, SUPPORT, COACHING, AND TOOLS TO IMPROVE AFFILIATE LEADERSHIP AND OPERATIONS MANAGEMENT OF THE FOLLOWING PROGRAMS AND INITIATIVES FALL UNDER THE AFFILIATE RELATIONS PROGRAM 1) THE ORGANIZATIONAL DEVELOPMENT INSTITUTE, PROVIDING 70 TRAININGS PER YEAR AND CONVENING OUR NATIONAL CONFERENCE FOR AFFILIATES, 2) OUR CAPACITYCORPS PROGRAM, PROVIDING OVERSIGHT FOR 65 AMERICORPS MEMBERS TO SERVE AT 33 AFFILIATES ACROSS THE COUNTRY, 3) LIAISONS TO THE NATIONAL AFFILIATE COUNCIL, LINKING NATIONAL OFFICE POLICIES WITH THE ADVOCACY VOICE FOR AFFILIATES, 4) OUR COMPLIANCE PROGRAM, INSURING THAT ALL AFFILIATES MEET OUR MINIMUM STANDARDS AND COMPLY WITH BASIC NONPROFIT MANDATES, AND 5) GENERAL SUPPORT, IN THE FORM OF ADVISEMENT, COACHING, AND SUPPORT TO AFFILIATES AS NEEDED THROUGHOUT THE YEAR

4b

(Code) (Expenses \$ 3,718,669 including grants of \$ 2,797,102) (Revenue \$)

VETERANS' HOUSING - THE VETERANS' HOUSING INITIATIVE'S PRIMARY GOAL IS TO ASSIST VETERANS AND MILITARY FAMILIES WITH HOME MODIFICATIONS AND REPAIRS TO PROVIDE SAFETY, ACCESSIBILITY, AND COMFORT IN THEIR HOMES DURING 2011 REBUILDING TOGETHER AND THE AFFILIATE NETWORK COMPLETED MORE THAN 299 PROJECTS FOR VETERANS AND THEIR FAMILIES

4c

(Code) (Expenses \$ 1,422,854 including grants of \$ 0) (Revenue \$)

CAPACITY CORPS (AMERICORPS) - REBUILDING TOGETHER'S AMERICORPS PROGRAM, CALLED THE REBUILDING TOGETHER CAPACITYCORPS IS A HIGH-IMPACT NATIONAL AMERICORPS PROGRAM OF 65 FULL-TIME AMERICORPS MEMBERS SERVING IN 33 REBUILDING TOGETHER AFFILIATES IN 20 STATES REBUILDING TOGETHER CAPACITYCORPS MEMBERS WILL BUILD THE CAPACITY OF REBUILDING TOGETHER AFFILIATES TO SERVE ADDITIONAL LOW-INCOME HOMEOWNERS THROUGH VOLUNTEER RECRUITMENT, CLIENT OUTREACH, DIRECT REPAIRS FOR LOW-INCOME HOMEOWNERS, NEW PROJECT IMPLEMENTATION, COMMUNITY PARTNERSHIP DEVELOPMENT AND PROGRAM EXPANSION

(Code) (Expenses \$ 914,718 including grants of \$ 483,036) (Revenue \$)

SAFE AT HOME

(Code) (Expenses \$ 200,837 including grants of \$ 92,500) (Revenue \$)

GULF COAST OPERATIONS

(Code) (Expenses \$ 167,511 including grants of \$ 68,378) (Revenue \$)

GREEN HOUSING

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,283,066 including grants of \$ 643,914) (Revenue \$)






















4e

Total program service expenses

\$ 10,162,706

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>  | 1 | Yes |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  | 4 | Yes |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>  | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | Yes |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>  | 11c | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 11e | Yes |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>  | 17 | Yes |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | 18 | Yes |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | Yes | No |
|--|--|-------|-----|----|
| Check if Schedule O contains a response to any question in this Part V | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a47 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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. | 2a142 | | |
| 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 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | | |
| 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 or securities account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 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? | 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the 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? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a | | |
| b | Enter the aggregate 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 aggregate 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? If "No," provide an explanation in Schedule O. | 14b | | |

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 to any question in this Part VI ☒

| Section A. Governing Body and Management | | | Yes | No |
|--|---|------|-----|----|
| | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a19 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b19 | | |
| 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? | 2 | | No |
| 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? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | 9 | | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No |
|---|--|-----|-----|----|
| | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 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? | 16a | | No |
| b | 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? | 16b | | |

| Section C. Disclosure | |
|-----------------------|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AR , AZ , CA , CT , FL , GA , HI , IL , KS , KY , LA , MA , MD , ME , MI , MN , MO , NH , NJ , NM , NC , ND , OH , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 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. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PATTY O'MALLEY 1899 L STREET NW SUITE 1000 WASHINGTON, DC 20036 (800) 473-4229 |

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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) WILLIAM GOOD CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) MELL MEREDITH FRAZIER VICE CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) KEN SCHERER VICE CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (4) MARY HERCHE IMMED PAST CHAIR | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (5) BRUCE HAASE TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (6) REESE FAYDE SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (7) REV JOHN ALBERS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) RED CAVANEY DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) JAMES FONTENO DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) SUSAN HAWFIELD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) CARA HEIDEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) DOUGLAS HUTCHESON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) DEBBIE LAWRENCE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) HERBERT MACARTHUR DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) DAVID M MATTA DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) JIM NUSSLE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (17) KELLY REED DIRECTOR | 1 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 (describe hours for related organizations in Schedule O) | (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) BRAD SEGAL DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (19) ROBERT WELLS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (20) GARY A OFFICER PRESIDENT & CEO | 40 00 | | | X | | | | 219,887 | 0 | 11,936 |
| (21) MARY KAY MEILUNAS VP FIN & ADMIN (THRU 07/2011) | 40 00 | | | X | | | | 69,776 | 0 | 7,407 |
| (22) CYNTHIA J YOUNG VP, MARKETING/COMMUNICATIONS | 40 00 | | | | | X | | 127,397 | 0 | 11,406 |
| (23) JOHN WHITE VP, BUS DEVELOPMENT/ADVOCACY | 40 00 | | | | | X | | 115,455 | 0 | 32,966 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 532,515 | 0 | 63,715 |

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▶3

| | 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> | | No |
| 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> | 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> | | 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 |
|---|--------------------------------|---------------------|
| RUBINO & MCGEEHIN 6903 ROCKLEDGE DR 1200 BETHESDA, MD 208171818 | ACCOUNTING SERVICES | 330,471 |
| JLL MANAGEMENT 12301 WILSHIRE BLVD 303 LOS ANGELES, CA 90025 | MARKETING SERVICES | 240,000 |
| SSI CONSULTING 1616 ANDERSON RD 301 MCLEAN, VA 22102 | CONSULTANT/SOFTWARE | 130,409 |
| | | |
| | | |

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|---------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | 9,629 | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 62,523 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 1,240,438 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,824,172 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 21,000 | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | MEMBERSHIP DUES | 900099 | 739,193 | 739,193 | | |
| | b | CHAPTER FEES | 900099 | 470,125 | 470,125 | | |
| | c | CHAPTER INSURANCE | 900099 | 297,984 | 297,984 | | |
| | d | ANNUAL NATIONAL CONF | 900099 | 107,246 | 104,746 | | 2,500 |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | 1,614,548 | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 69,577 | | | 69,577 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | 100,405 | | | 100,405 |
| | 8a | Gross income from fundraising events (not including \$ 62,523 of contributions reported on line 1c) See Part IV, line 18 | | 42,750 | | | |
| | | a | 99,371 | | | | |
| | | b | | | | | |
| | c | Net income or (loss) from fundraising events . . | | -56,621 | | | -56,621 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | | a | | | | | |
| b | | | | | | | |
| c | Net income or (loss) from gaming activities . . | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | |
| | a | | | | | | |
| | b | | | | | | |
| c | Net income or (loss) from sales of inventory . . | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | OTHER INCOME | 900099 | 28,906 | | | 28,906 | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 28,906 | | | |
| 12 | Total revenue. See Instructions | | | 10,893,577 | 1,612,048 | 0 | 144,767 |

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 4,346,421 | 4,346,421 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 309,006 | 83,415 | 225,591 | |
| 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 | 1,585,343 | 1,425,448 | 1,518 | 158,377 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 119,878 | 106,276 | 3,390 | 10,212 |
| 9 | Other employee benefits | 596,782 | 492,300 | 58,625 | 45,857 |
| 10 | Payroll taxes | 270,220 | 221,908 | 27,726 | 20,586 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 1,209 | 1,209 | | |
| c | Accounting | 515,992 | 125,407 | 377,297 | 13,288 |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 34,495 | 25,789 | 2,203 | 6,503 |
| g | Other | 517,748 | 306,320 | 17,024 | 194,404 |
| 12 | Advertising and promotion | 307,492 | 238,293 | 505 | 68,694 |
| 13 | Office expenses | 215,898 | 171,974 | 14,688 | 29,236 |
| 14 | Information technology | 239,576 | 190,609 | 21,214 | 27,753 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 497,856 | 378,135 | 79,654 | 40,067 |
| 17 | Travel | 527,230 | 440,614 | 9,487 | 77,129 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 333,863 | 314,642 | 2,380 | 16,841 |
| 20 | Interest | 1,275 | 6 | 1,269 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 90,827 | 68,985 | 14,532 | 7,310 |
| 23 | Insurance | 25,422 | 19,460 | 3,967 | 1,995 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | MEMBER LIVING ALLOWANCE | 767,475 | 767,475 | | |
| b | AFFILIATE INSURANCE | 263,191 | 260,691 | 2,500 | |
| c | REHAB PROJECTS | 113,887 | 111,181 | 64 | 2,642 |
| d | BAD DEBT | 66,477 | 20,344 | 30,133 | 16,000 |
| e | | | | | |
| f | All other expenses | 84,782 | 45,804 | 1,347 | 37,631 |
| 25 | Total functional expenses. Add lines 1 through 24f | 11,832,345 | 10,162,706 | 895,114 | 774,525 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|---------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 250,479 | 1 | 55,899 |
| | 2 | Savings and temporary cash investments | | | 5,685,361 | 2 | 4,556,210 |
| | 3 | Pledges and grants receivable, net | | | 8,484,273 | 3 | 7,666,464 |
| | 4 | Accounts receivable, net | | | 444,070 | 4 | 441,285 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 131,147 | 9 | 152,977 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 880,040 | | | |
| | b | Less accumulated depreciation | 10b | 354,025 | 507,460 | 10c | 526,015 |
| | 11 | Investments—publicly traded securities | | | 2,593,229 | 11 | 2,563,149 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 18,096,019 | 16 | 15,961,999 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 246,679 | 17 | 366,856 |
| | 18 | Grants payable | | | 199,556 | 18 | 275,143 |
| | 19 | Deferred revenue | | | 9,086 | 19 | 9,086 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | 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 | | | 1,442,951 | 25 | 1,704,089 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,898,272 | 26 | 2,355,174 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 2,575,381 | 27 | 1,766,425 |
| | 28 | Temporarily restricted net assets | | | 12,720,652 | 28 | 10,938,686 |
| | 29 | Permanently restricted net assets | | | 901,714 | 29 | 901,714 |
| | Organizations that do not follow SFAS 117, 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 | | | 16,197,747 | 33 | 13,606,825 |
| | 34 | Total liabilities and net assets/fund balances | | | 18,096,019 | 34 | 15,961,999 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,893,577 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,832,345 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -938,768 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,197,747 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -1,652,154 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 13,606,825 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 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 | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 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? | Yes | |
| 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 | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 6,376,216 | 6,324,519 | 5,779,853 | 7,469,071 | 9,136,762 | 35,086,421 |
| 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 | 6,376,216 | 6,324,519 | 5,779,853 | 7,469,071 | 9,136,762 | 35,086,421 |
| 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) | | | | | | 16,656,486 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 18,429,935 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 6,376,216 | 6,324,519 | 5,779,853 | 7,469,071 | 9,136,762 | 35,086,421 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 396,252 | 248,185 | 93,990 | 72,541 | 69,577 | 880,545 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 27,972 | 18,857 | 45,013 | 45,622 | 28,906 | 166,370 |
| 11 Total support (Add lines 7 through 10) | | | | | | 36,133,336 |

12

Gross receipts from related activities, etc (See instructions)

12

6,560,777

13

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

Section C. Computation of Public Support Percentage

| | | | |
|----|--|----|----------|
| 14 | Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 51 010 % |
| 15 | Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 49 270 % |

16a

33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 IV.) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Explanation |
|-------------|
| |
| |
| |
| |

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization REBUILDING TOGETHER INC | Employer identification number 52-1585880 |
|---|--|

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 on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

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

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

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

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

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- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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) | 43,415 | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 126,194 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 169,609 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 11,624,519 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 11,794,128 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 739,706 | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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) | 184,927 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 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 instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | 514,814 | 569,346 | 738,837 | 739,706 | 2,562,703 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,844,055 |
| c Total lobbying expenditures | 69,490 | 92,418 | 166,705 | 169,609 | 498,222 |
| d Grassroots non-taxable amount | 128,704 | 142,337 | 184,709 | 184,927 | 640,677 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 961,016 |
| f Grassroots lobbying expenditures | 24,880 | 27,526 | 27,635 | 43,415 | 123,456 |

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)).

| | | (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? If "Yes," describe in Part IV | | | |
| j | Total 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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a | Current year | | |
| b | Carryover from last year | | |
| c | Total | | |
| 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

| | | |
|---|--|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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 |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 | 1,358,975 | 1,315,848 | 1,256,797 | 1,293,066 |
| b | Contributions | | | 3,314 | |
| c | Investment earnings or losses | -4,211 | 66,935 | 86,459 | -39,583 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 50,333 | 23,808 | 27,408 | |
| f | Administrative expenses | | | | |
| g | End of year balance | 1,304,431 | 1,358,975 | 1,315,848 | 1,256,797 |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 28 430 %

b

Permanent endowment ▶ 2 440 %

c

Term endowment ▶ 69 130 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 | 200,000 | | | 200,000 |
| b Buildings | | | | |
| c Leasehold improvements | | 79,913 | 34,429 | 45,484 |
| d Equipment | | 485,364 | 295,689 | 189,675 |
| e Other | | 114,763 | 23,907 | 90,856 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 526,015 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|--|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 10,893,577 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 11,832,345 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -938,768 |
| 4 | Net unrealized gains (losses) on investments | 4 | -144,461 |
| 5 | Donated services and use of facilities | 5 | -1,507,693 |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -1,652,154 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -2,590,922 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 10,977,726 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -144,461 |
| b | Donated services and use of facilities | 2b | 129,239 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 99,371 |
| e | Add lines 2a through 2d | 2e | 84,149 |
| 3 | Subtract line 2e from line 1 | 3 | 10,893,577 |
| 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 | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 10,893,577 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|--|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 13,568,648 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 1,636,932 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 99,371 |
| e | Add lines 2a through 2d | 2e | 1,736,303 |
| 3 | Subtract line 2e from line 1 | 3 | 11,832,345 |
| 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 | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 11,832,345 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE ORGANIZATION'S ENDOWMENT PRIMARILY CONSISTS OF INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. IN ADDITION, THERE ARE FUNDS INTERNALLY DESIGNATED BY THE BOARD OF DIRECTORS AND HELD IN RESERVES TO SUPPORT FUTURE YEARS' OPERATIONS, PROVIDE A RESOURCE FOR UNEXPECTED DOWNTURNS AND TO SUPPORT THE ORGANIZATION'S AFFILIATE NETWORK. |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2011, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
REBUILDING TOGETHER INC

Employer identification number
52-1585880

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| DONNA FISHER-LEWIS 4210 KELWAY ROAD BALIMORE, MD 21218 | CONSULTING MAJOR GIFTS PROGRAM DEVELOPMENT | | No | 334,984 | 49,500 | 285,484 |
| | | | | | | |
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| | | | | | | |
| Total ▶ | | | | 334,984 | 49,500 | 285,484 |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NH, NJ, NM, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|------------------|--------------------|----------------------------------|
| | | <u>GOLF TOURN/AUCT.</u> (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 105,273 | | 105,273 |
| | 2 | Less Charitable contributions | 62,523 | | 62,523 |
| | 3 | Gross income (line 1 minus line 2) | 42,750 | | 42,750 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | 50,711 | | 50,711 |
| | 7 | Food and beverages | 63 | | 63 |
| | 8 | Entertainment | 725 | | 725 |
| | 9 | Other direct expenses | 47,872 | | 47,872 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | |
| | | | | | (99,371) |
| | | | | | -56,621 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | | | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | |
| | | | | | () |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
REBUILDING TOGETHER INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
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2

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

109

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| | | | | | |
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| | | | | | |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 THE GRANT PROCESS IS SUPERVISED BY PROGRAM DIRECTORS AND GRANTS MANAGERS FOR THE VARIOUS GRANTS GENERALLY, THERE IS AN APPLICATION PROCESS FOR THE GRANTS AFFILIATES ARE PROVIDED AN OPPORTUNITY TO APPLY FOR GRANT FUNDS THROUGH THE ORGANIZATION'S WEBSITE ALL AFFILIATES MUST BE IN GOOD STANDING WITH REBUILDING TOGETHER IF THE AFFILIATE IS IN GOOD STANDING THEY MAY APPLY FOR THE GRANTS UPON MEETING THE ADDITIONAL CRITERIA FOR THE SPECIFIC GRANT THE APPLICATIONS ARE REVIEWED BY THE REBUILDING TOGETHER'S STAFF, AND UPON APPROVAL, THE AFFILIATES MUST SUBMIT A STATEMENT OF ACCEPTANCE THAT THEY WILL MEET THE GRANT REQUIREMENTS FOR THE PROJECT ONCE REBUILDING TOGETHER RECEIVES THAT FORM, A PORTION OF THE GRANT FUNDS ARE DISTRIBUTED TO THE AFFILIATE WITHIN 45 DAYS OF THE 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 |

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHRISTMAS IN APRIL ST MARY'S COUNTYPO BOX 705 HOLLYWOOD, MD 20636 | 56-1722094 | 501(C)(3) | 29,750 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER ACADIANAPO BOX 80153 LAYFETTE, LA 70598 | 72-1407473 | 501(C)(3) | 20,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 ALBUQUERQUEPO BOX 27684 ALBUQUERQUE, NM 87125 | 85-0464472 | 501(C)(3) | 35,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER ALEXANDRIA700 PRINCESS STREET ALEXANDRIA, VA 22314 | 54-1389286 | 501(C)(3) | 21,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 1516 JABEZ RUN MILLERSVILLE, MD 21108 | 52-1773114 | 501(C)(3) | 9,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER ARLINGTON2666 MILITARY ROAD ARLINGTON, VA 22207 | 52-1133518 | 501(C)(3) | 23,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 AURORA501 COLLEGE AVENUE AURORA, IL 60505 | 36-3866692 | 501(C)(3) | 20,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER BALTIMORE3034 ST JOHNS LANE BALTIMORE, MD 212142645 | 52-1636425 | 501(C)(3) | 56,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 ROUGEPO BOX 53501 BATON ROUGE, LA 70892 | 20-1459780 | 501(C)(3) | 8,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER BERGEN COUNTY PO BOX 1389 RIDGEWOOD, NJ 074511389 | 22-3614933 | 501(C)(3) | 45,384 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 BOSTONPO BOX 301209 JAMAICA PLAIN, MA 02130 | 04-3142781 | 501(C)(3) | 92,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER BROWARD COUNTY4824 NE 12TH AVENUE OAKLAND PARK, FL 33334 | 86-1065925 | 501(C)(3) | 42,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 CALCASIEU2100 W PRIEN LAKE ROAD LAKE CHARLES,LA 70605 | 72- 1323334 | 501(C)(3) | 26,310 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER CAMDEN1721 HADDON AVENUE CAMDEN,NJ 08103 | 27- 3398638 | 501(C)(3) | 25,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 ALABAMA 1125 E FAIRVIEW AVENUE MONTGOMERY, AL 36106 | 63-1108865 | 501(C)(3) | 40,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER CENTRAL OHIOPO BOX 1347 GROVE CITY, OH 43123 | 31-1317239 | 501(C)(3) | 13,225 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 SAN GABRIEL VALLEY 2527 PENNY STREET WEST COVINA, CA 91792 | 77-0625933 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER CLAY COUNTY2050 PLUMBERS WAY LIBERTY, MO 64068 | 75-3041389 | 501(C)(3) | 10,750 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 COLORADO SPRINGS1975 RESEARCH PARKWAY COLORADO SPRINGS, CO 80920 | 84-1326001 | 501(C)(3) | 60,187 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER DAYTON1056 BROWN STREET DAYTON, OH 45409 | 31-1457626 | 501(C)(3) | 63,941 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 DETROIT 19800 GRAND RIVER DETROIT, MI 48223 | 76-0821735 | 501(C)(3) | 11,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER DUTCHESS CO 47 SOUTH HAMILTON STREET POUGHKEEPSIE, NY 12601 | 22-3153808 | 501(C)(3) | 20,783 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 EAST BAY-NORTH3318 ADELINE STREET BERKELEY, CA 94703 | 94-3146773 | 501(C)(3) | 18,700 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER FAIRFIELD CO945 SUMMER STREET 3RD FLOOR STAMFORD, CT 06905 | 06-1613415 | 501(C)(3) | 24,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 GENESEO- CAMBRIDGEPO BOX 254 GENESEO, IL 61254 | 36- 3988294 | 501(C)(3) | 20,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER GREATER BISMARCK- MANDAN AREA I 600 S SECOND STREET BISMARCK, ND 58504 | 45- 0448654 | 501(C)(3) | 9,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER GREATER DALLAS PO BOX 560061 DALLAS, TX 75356 | 04-3613194 | 501(C)(3) | 138,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER GREATER DES MOINES 1111 NINTH STREET DES MOINES, IA 50314 | 42-1439898 | 501(C)(3) | 17,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER GREATER FREEPORT550 WEST MEADOWS DRIVE FREEPORT, IL 61032 | 20-1298054 | 501(C)(3) | 17,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER GREATER HARRISBURG251 VERBEKE STREET HARRISBURG, PA 17102 | 23-2811100 | 501(C)(3) | 7,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER GREATER LOS ANGELES PO BOX 882108 LOS ANGELES, CA 90009 | 26-1109351 | 501(C)(3) | 80,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER GREATER MILWAUKEE 700 W VIRGINIA STREET MILWAUKEE, WI 53204 | 39-2006470 | 501(C)(3) | 25,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER HARTFORDPO BOX 230295 HARTFORD, CT 061230295 | 06-1418008 | 501(C)(3) | 17,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER HAVERHILLPO BOX 5161 HAVERHILL, MA 01835 | 22-3137806 | 501(C)(3) | 22,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 HOUSTONPO BOX 15315 HOUSTON,TX 77220 | 76-0027902 | 501(C)(3) | 52,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER HOWARD COUNTY 8775 CENTRE PARK DRIVE COLUMBIA,MD 21045 | 52-1748888 | 501(C)(3) | 20,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER INDIANAPOLIS 1625 W THOMPSON ROAD INDIANAPOLIS, IN 462061507 | 35-2099908 | 501(C)(3) | 133,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER LAKE COUNTY28855 EUCLID AVENUE WICKLIFFE, OH 44092 | 34-1670155 | 501(C)(3) | 8,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER LIMA ALLEN1100 W MARKET STREET ROOM 108 LIMA, OH 45805 | 14-1875048 | 501(C)(3) | 8,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER LITCHFIELD COUNTY122 STILLSON HILL ROAD NEW MILFORD, CT 06776 | 38-3693059 | 501(C)(3) | 18,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER LONG ISLANDPO BOX 1554 MASSAPEQUA, NY 11758 | 11-3115730 | 501(C)(3) | 33,612 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER LYNCHBURG926 COMMERCE STREET LYNCHBURG, VA 24504 | 54-1976958 | 501(C)(3) | 21,207 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER MANCHESTER41 CENTER STREET MANCHESTER, CT 06040 | 06- 1356443 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER MANITOWOCPO BOX 935 MANITOWOC, WI 54221 | 39- 2026437 | 501(C)(3) | 9,310 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER METRO CHICAGO PO BOX 641250 CHICAGO,IL 606641250 | 36-3803312 | 501(C)(3) | 225,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER METRO DENVER 2422 S TRENTON WAY DENVER,CO 80231 | 84-1514642 | 501(C)(3) | 219,088 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER MIAMI-DADE1533 SUNSET DRIVE MIAMI,FL 33143 | 65-0424304 | 501(C)(3) | 91,612 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER MONTGOMERY COUNTY3925 PLYERS MILL ROAD KENSINGTON,MD 20895 | 52-1667026 | 501(C)(3) | 18,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER MORGAN COUNTY PO BOX 697 DECATUR,GA 35602 | 63-1159300 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER N SUBURBAN CHICAGO PO BOX 626 GLENVIEW,IL 600250626 | 36-4111206 | 501(C)(3) | 17,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER NASHVILLE209 10TH AVE SOUTH NASHVILLE,TN 37203 | 62- 1593990 | 501(C)(3) | 40,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER NEW BRITAIN200 MYRTLE STREET NEW BRITAIN,CT 06053 | 06- 1466916 | 501(C)(3) | 34,647 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER NEW ORLEANS923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130 | 72-0760857 | 501(C)(3) | 117,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER NEW YORK CITYPO BOX 3726 NEW YORK, NY 10163 | 13-3997769 | 501(C)(3) | 87,700 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER NORTH CENTRAL FLORIDA 4550 SOUTHWEST 41ST BOULEVARD GAINESVILLE, FL 32608 | 20-3022563 | 501(C)(3) | 108,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER NORTHWEST ARKANSAS614 E EMMA AVENUE SPRINGDALE, AR 72764 | 14-1855395 | 501(C)(3) | 134,228 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER OAKLAND1171 OCEAN AVENUE OAKLAND, CA 94608 | 94-3213325 | 501(C)(3) | 31,112 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER OAKLAND COUNTY 31700 WEST 12 MILE ROAD FARMINGTON HILLS, MI 48334 | 38-3156047 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER OF GREATER GREEN BAYPO BOX 702 GREEN BAY, WI 543050702 | 27-3101212 | 501(C)(3) | 30,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER OF THE CAROLINASPO BOX 34037 CHARLOTTE, NC 282344037 | 39-1783561 | 501(C)(3) | 15,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER OF THE PALM BEACHES SOLID WASTE AUTHORITY OF PALM BEACH COUNTY WEST PALM BEACH,FL 33412 | 65-0691732 | 501(C)(3) | 20,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER OF THE TRIANGLE324 S WILMINGTON STREET RALEIGH,NC 27601 | 56-1955629 | 501(C)(3) | 28,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER OKLAHOMA CITY 730 WEST WILSHIRE BOULEVARD OKLAHOMA CITY, OK 73116 | 73-1450790 | 501(C)(3) | 66,306 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER OMAHAPO BOX 540436 OMAHA, NE 68154 | 47-0793980 | 501(C)(3) | 18,600 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER ORANGE COUNTY 625 S CYPRESS AVENUE SANTA ANA, CA 92701 | 33-0587571 | 501(C)(3) | 82,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER ORLANDO PO BOX 2779 APOPKA, FL 32704 | 35-2180064 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER OWEN-PUTNAMPO BOX 521 GREENCASTLE,IN 46135 | 20-8401934 | 501(C)(3) | 6,750 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER PENINSULAPO BOX 4031 MENLO PARK,CA 94026 | 94-3106209 | 501(C)(3) | 15,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER PETALUMAPO BOX 100 PETALUMA,CA 94953 | 91-1762902 | 501(C)(3) | 18,612 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER PETERSBURGPO BOX 1005 PETERSBURG,VA 23804 | 54-1748332 | 501(C)(3) | 13,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER PHILADELPHIAPO BOX 42752 PHILADELPHIA, PA 191012752 | 23-2549594 | 501(C)(3) | 85,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER PITT COUNTYPO BOX 20574 GREENVILLE, NC 27858 | 26-0757622 | 501(C)(3) | 13,275 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER PITTSBURGH631 IRON CITY DRIVE PITTSBURGH, PA 15205 | 25- 1696634 | 501(C)(3) | 105,459 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER POLK COUNTY675 EAST MEMORIAL BOULEVARD LAKELAND, FL 33801 | 20- 2367388 | 501(C)(3) | 45,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER PORTLAND5000 N WILLAMETTE BOULEVARD PORTLAND,OR 97203 | 01-0480604 | 501(C)(3) | 30,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER PROVIDENCE55 EDDY STREET PROVIDENCE,RI 029031727 | 05-0477133 | 501(C)(3) | 57,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| REBUILDING TOGETHER ROANOKEPO BOX 4532 ROANOKE, VA 24015 | 54-1961045 | 501(C)(3) | 26,612 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SACRAMENTOPO BOX 255584 SACRAMENTO, CA 958255584 | 68-0246355 | 501(C)(3) | 42,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER SAN ANTONIOPO BOX 6071 SAN ANTONIO,TX 78209 | 74-2707477 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SAN DIEGO2013 FRANKLIN AVENUE SAN DIEGO, CA 92113 | 33-0676518 | 501(C)(3) | 61,260 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER SAN FRANCISCOPIER 28 THE EMBARCADERO SAN FRANCISCO, CA 94105 | 94-3107808 | 501(C)(3) | 8,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SANDOVAL COUNTYPO BOX 44755 RIO RANCHO, NM 87174 | 85-0464571 | 501(C)(3) | 15,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| REBUILDING TOGETHER SANTA CRUZ COUNTY 3061 NORTH SUNRISE PLACE NOGALES, TX 85621 | 86-0892583 | 501(C)(3) | 20,400 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SANTA ROSAPO BOX 1787 SANTA ROSA, CA 954021787 | 68-0460129 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|----------------|---|---------------------------------|--|--|---|---|
| REBUILDING TOGETHER SARATOGA COPO BOX 95 SCHUYLERVILLE, NY 12871 | 20-0530683 | 501(C)(3) | 47,448 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SAVANNAHPO BOX 9933 SAVANNAH, GA 31412 | 58-2288102 | 501(C)(3) | 10,750 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 SEATTLE811 HARRISON STREET SEATTLE, WA 98109 | 91-1606330 | 501(C)(3) | 21,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SHAWNEE JOHNSON COPO BOX 3617 SHAWNEE,KS 66203 | 26-1297839 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 SHEBOYGANPO BOX 831 SHEBOYGAN, WI 53082 | 39- 1927916 | 501(C)(3) | 15,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SILICON VALLEY 2827 AIELLO DRIVE SAN JOSE, CA 95111 | 77- 0289381 | 501(C)(3) | 31,612 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 SOUND1423 EAST 29TH STREET TACOMA, WA 98404 | 91-2147601 | 501(C)(3) | 32,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SOUTHERN NEVADA611 SOUTH NINTH STREET LAS VEGAS, NV 89101 | 88-0328770 | 501(C)(3) | 49,394 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 SPRINGFIELD1145 MAIN STREET SPRINGFIELD,MA 01103 | 04- 3172737 | 501(C)(3) | 32,112 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER ST JOSEPH CO227 W JEFFERSON BOULEVARD SOUTH BEND,IN 46601 | 35- 1939069 | 501(C)(3) | 17,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 LOUIS357 MARSHALL AVENUE WEBSTER GROVES, MO 63119 | 43-1626999 | 501(C)(3) | 61,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER SUMMIT COUNTY 788 DONALD AVENUE AKRON, OH 44306 | 34-1814515 | 501(C)(3) | 17,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 TAMPA BAY2918 W KENNEDY BOULEVARD TAMPA,FL 33609 | 59-3664580 | 501(C)(3) | 119,474 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER THURSTON COUNTYPO BOX 4416 TUMWATER,WA 98501 | 77-0613860 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 TUCSONPO BOX 27143 TUCSON,AZ 857267143 | 86-0759111 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER TULSA PO BOX 52201 TULSA,OK 741520201 | 73-1528164 | 501(C)(3) | 30,367 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 CITIES2633 FOURTH STREET SE MINNEAPOLIS, MN 55414 | 41-1893180 | 501(C)(3) | 47,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER VALLEY OF THE SUN2123 SOUTH PRIEST DRIVE TEMPE,AZ 85282 | 86-0680607 | 501(C)(3) | 35,950 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 VALPARAISO 166 LINCOLNWAY VALPARAISO, IN 46383 | 35- 1818636 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER WARNER ROBINS PO BOX 8664 WARNER ROBINS, GA 31095 | 58- 2282663 | 501(C)(3) | 10,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 WASHINGTON CO (OR)12555 SW 4TH STREET BEAVERTON, OR 97005 | 93-1120908 | 501(C)(3) | 6,774 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER WASHINGTON DC PO BOX 40026 WASHINGTON, DC 200160026 | 52-1299048 | 501(C)(3) | 218,900 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 WORCESTER16 ROCKWELL DRIVE SHREWSBURY,MA 01545 | 04-3545530 | 501(C)(3) | 7,500 | | | | FURTHER THE MISSION OF THE ORGANIZATION |
| REBUILDING TOGETHER YELLOWSTONE COUNTY241 ANNANDALE ROAD BILLINGS,MT 59105 | 45-0499564 | 501(C)(3) | 40,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| SOUTHERN CALIFORNIA COUNCILPO BOX 51088 IRVINE,CA 92619 | 73-1685917 | 501(C)(3) | 15,000 | | | | FURTHER THE MISSION OF THE ORGANIZATION |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
REBUILDING TOGETHER INC

Employer identification number
52-1585880

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>1b</div><div>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 the expenses described above? If "No," complete Part III to explain</div></div> | | |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div> | | |
| <div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div> | | |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div> | | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | Yes | |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | | No |
| <div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div> | | |
| <div><div>5a</div><div>The organization?</div></div> | | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | No |
| <div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div> | | |
| <div><div>6a</div><div>The organization?</div></div> | | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | No |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div> | Yes | |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | | |

For each individual whose compensation must be reported in 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.

[illegible]

Part III **Supplemental Information**

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

| Identifier | 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 AN UNFUNDED DEFERRED COMPENSATION PLAN TO CREATE A SIGNIFICANT PENSION BENEFIT FOR CERTAIN EMPLOYEES. JOHN WHITE, VICE PRESIDENT OF BUSINESS DEVELOPMENT & ADVOCACY 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 \$26,412 FOR THE YEAR ENDED DECEMBER 31, 2011. |
| | PART I, LINE 7 | PRESIDENT & CEO, GARY A. OFFICER, RECEIVED A BONUS BASED ON AN APPRAISAL OF HIS PERFORMANCE FOR THE YEAR ENDED DECEMBER 31, 2011. |

2011

**Open to Public
Inspection**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
REBUILDING TOGETHER INC

Employer identification number

52-1585880

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE VICE PRESIDENT OF FINANCE & ADMINISTRATION (VP) COMPILES THE DATA WITH ASSISTANCE FROM FINANCE, RESOURCE DEVELOPMENT, BUSINESS DEVELOPMENT, AND AFFILIATE RELATIONS STAFF INFORMATION IS PROVIDED TO THE OUTSIDE AUDITOR DRAFTS OF THE FEDERAL FORM 990 ARE PREPARED BY THE OUTSIDE AUDITOR UPON RECEIPT OF THE DRAFTS, THE VP REVIEWS IT THEN SHARES IT WITH THE AUDIT COMMITTEE, COMPRISED OF BOARD MEMBERS, FOR REVIEW UPON THE AUDIT COMMITTEE'S APPROVAL, THE OUTSIDE AUDITOR IS NOTIFIED OF ANY ADDITIONAL CHANGES AND A FINAL REVIEW IS DONE BY THE VP BEFORE IT IS SIGNED A COPY OF THE FEDERAL FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS AND POSTED ON THE RT'S WEBSITE BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | <p>ANY CONFLICT OF INTEREST ON THE PART OF ANY MEMBER OF THE BOARD OF DIRECTORS, OR ANY MEMBER OF THE IMMEDIATE FAMILY OF A BOARD MEMBER OCCUPYING THE SAME HOUSEHOLD, SHALL BE DISCLOSED BY THE BOARD MEMBER TO THE BOARD OF DIRECTORS AT LEAST ANNUALLY AND MADE A MATTER OF RECORD WHEN ANY SUCH INTEREST BECOMES RELEVANT TO ANY SUBJECT REQUIRING ACTION OF THE BOARD OF DIRECTORS, THE DIRECTOR HAVING A CONFLICT SHALL CALL IT TO THE ATTENTION OF THE PRESIDENT AND THE CHAIRMAN AND, IF THE MATTER IS BEING CONSIDERED BY A COMMITTEE OF THE BOARD OF DIRECTORS, TO THE ATTENTION ALSO OF THE CHAIR OF SUCH COMMITTEE. THE DIRECTOR HAVING SUCH CONFLICT SHALL NOT PARTICIPATE OR USE ANY PERSONAL INFLUENCE IN THE DISCUSSION OF THE SUBJECT OR MAKE ANY RECOMMENDATIONS REGARDING THE SUBJECT. HOWEVER, THE DIRECTOR WILL BRIEFLY STATE THE NATURE OF THE CONFLICT AND WILL BE EXPECTED TO ANSWER PERTINENT QUESTIONS FROM THE OTHER DIRECTORS WHEN THE DIRECTOR'S KNOWLEDGE OF THE SUBJECT WILL ASSIST THE BOARD. THE MINUTES OF ANY MEETING ATTENDED BY THE DIRECTOR AT WHICH THE SUBJECT INVOLVING THE CONFLICT IS DISCUSSED SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE DIRECTOR REFRAINED FROM DISCUSSION, EXCEPT TO THE EXTENT PROVIDED ABOVE, AND DID NOT VOTE ON THE SUBJECT. THE SECRETARY ANNUALLY, AND AT OTHER TIMES ON REQUEST FROM ANY MEMBER OF THE BOARD OF DIRECTORS, SHALL MAKE AVAILABLE TO THE MEMBERS OF THE BOARD OF DIRECTORS COPIES OF THIS POLICY AND FORMS FOR DISCLOSING CONFLICTS. ANY BOARD MEMBER MAY REQUEST A DETERMINATION FROM THE BOARD OF DIRECTORS AS TO THE EXISTENCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS' DECISION, BY MAJORITY VOTE, SHALL BIND THE BOARD MEMBER AND THE BOARD OF DIRECTORS.</p> |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD OF DIRECTORS DETERMINES THE PRESIDENT AND CEO'S SALARY AND ANNUAL BONUS BASED UPON PERFORMANCE FOR THE YEAR AND USING PERIODIC STUDIES TO VERIFY THE COMPARABILITY OF THE COMPENSATION BEING AWARDED WITH THAT OF OTHER ORGANIZATIONS THE DELIBERATIONS ARE HELD IN CLOSED SESSIONS AND THE RESULTS ARE CONVEY ED IN WRITING THE SECRETARY OF THE BOARD OF DIRECTORS MAINTAINS NOTES OF THE DISCUSSIONS OF THE EXECUTIVE SESSIONS THE PRESIDENT AND CEO DETERMINES THE SALARY FOR THE KEY EMPLOYEES WITHIN THE CONSTRAINTS OF THE APPROVED BUDGET AND BASED UPON THE ANNUAL PERFORMANCE EVALUATION |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE AUDITED FINANCIAL STATEMENTS AND THE FEDERAL FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S MEMBERS ONLY WEBSITE. THE FEDERAL FORM 990 IS PROVIDED TO GUIDESTAR AS WELL FOR POSTING IN THEIR DATABASE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |

| Identifier | Return Reference | Explanation |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -144,461 DONATED SERVICES AND USE OF FACILITIES -1,507,693 TOTAL TO FORM 990, PART XI, LINE 5 -1,652,154 |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | FORM 990, PART I, LINE 6 IN 2011, REBUILDING TOGETHER HAD A TOTAL OF 4 VOLUNTEERS (NOT INCLUDING MEMBERS OF THE BOARD OF DIRECTORS) WHO ASSISTED IN FURTHERING ITS MISSION HOWEVER, THROUGH REBUILDING TOGETHER'S AFFILIATES AN ADDITIONAL 200,000 VOLUNTEERS HELPED REPAIR AND MODIFY NEARLY 10,000 HOMES WHICH SERVED OVER 800,000 PEOPLE IN NEED REBUILDING TOGETHER'S VOLUNTEER DATA IS OBTAINED BY THE AFFILIATE RELATIONS DEPARTMENT FROM THE ANNUAL STATISTICAL REPORT |

Additional Data

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

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | | |
|----------------------------|--------------|---------|------------------------|-------------------------|
| 4d. Other program services | | | | |
| (Code) | (Expenses \$ | 914,718 | including grants of \$ | 483,036) (Revenue \$) |
| SAFE AT HOME | | | | |
| (Code) | (Expenses \$ | 200,837 | including grants of \$ | 92,500) (Revenue \$) |
| GULF COAST OPERATIONS | | | | |
| (Code) | (Expenses \$ | 167,511 | including grants of \$ | 68,378) (Revenue \$) |
| GREEN HOUSING | | | | |