

Form **990**

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)

2012

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

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		D Employer identification number	
	REBUILDING TOGETHER, INC.		52-1585880	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
1899 L STREET, NW	1000	(800) 473-4229		
City, town, or post office, state, and ZIP code		G Gross receipts \$		
WASHINGTON, DC 20036		13,041,526.		
F Name and address of principal officer: CHARLEY SHIMANSKI SAME AS C ABOVE		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)		
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		H(c) Group exemption number ▶		
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 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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	144	
	6	Total number of volunteers (estimate if necessary)	19	
	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			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,136,762.	9,955,689.
	9	Program service revenue (Part VIII, line 2g)	1,614,548.	1,880,818.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	169,982.	145,068.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-27,715.	-36,786.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,893,577.	11,944,789.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,346,421.	4,177,351.
	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)	2,881,229.	3,069,973.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	34,350.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 534,988.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,604,695.	4,577,425.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,832,345.	11,859,099.
19	Revenue less expenses. Subtract line 18 from line 12	-938,768.	85,690.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	15,961,999.	16,230,227.
	21	Total liabilities (Part X, line 26)	2,355,174.	1,930,825.
22	Net assets or fund balances. Subtract line 21 from line 20	13,606,825.	14,299,402.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	CHARLEY SHIMANSKI, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK H. SMITH	Frank H. Smith	11/12/13		P00639053
	Firm's name ▶ RAFFA, P.C.	Firm's EIN ▶ 52-1511275			
Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036			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 [X]

1 Briefly describe the organization's mission: REBUILDING TOGETHER (THE ORGANIZATION) IS THE NATION'S LEADING NONPROFIT WORKING TO PRESERVE AFFORDABLE HOMEOWNERSHIP AND REVITALIZE COMMUNITIES. WE BELIEVE THAT EVERY AMERICAN DESERVES TO LIVE IN A SAFE AND HEALTHY HOME. OUR NETWORK OF MORE THAN 200 AFFILIATES PROVIDES

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 [X] No

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

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

4a (Code:) (Expenses \$ 5,885,954. including grants of \$ 2,167,579.) (Revenue \$ 1,864,986.) SAFE AND HEALTHY HOUSING/AFFILIATE RELATIONS - REBUILDING TOGETHER BRINGS VOLUNTEERS AND COMMUNITIES TOGETHER TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME HOMEOWNERS IN NEED. WE PROVIDE CRITICAL REPAIRS, ACCESSIBILITY MODIFICATIONS AND ENERGY EFFICIENT UPGRADES TO LOW-INCOME HOMES AND COMMUNITY CENTERS ACROSS THE COUNTRY. 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) LIAISONS TO THE NATIONAL AFFILIATE COUNCIL, LINKING NATIONAL OFFICE POLICIES WITH THE ADVOCACY

4b (Code:) (Expenses \$ 2,877,846. including grants of \$ 1,754,572.) (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 2012 THE ORGANIZATION AND THE AFFILIATE NETWORK COMPLETED MORE THAN 214 PROJECTS FOR VETERANS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 1,388,696. including grants of \$ 0.) (Revenue \$) CAPACITY CORPS - THE ORGANIZATION'S AMERICORPS PROGRAM, CALLED THE REBUILDING TOGETHER CAPACITYCORPS IS A HIGH-IMPACT NATIONAL AMERICORPS PROGRAM OF 65 FULL-TIME AMERICORPS MEMBERS SERVING IN 35 REBUILDING TOGETHER AFFILIATES IN 20 STATES. REBUILDING TOGETHER CAPACITYCORPS MEMBERS WILL BUILD THE CAPACITY OF THE ORGANIZATION'S 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 370,220. including grants of \$ 255,200.) (Revenue \$)

4e Total program service expenses 10,522,716.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	X	
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>		X
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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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 and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KRIS CARROLL - (800) 473-4229
1899 L STREET, NW, SUITE 1000, WASHINGTON, DC 20036

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD SEGAL 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) WILLIAM A. GOOD 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) CARL BANKS DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID N. BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) KATHRYN GREINER DIRECTOR	1.00	X						0.	0.	0.
(10) MARY BUSEY HARRIS DIRECTOR	1.00	X						0.	0.	0.
(11) SUSAN HAWFIELD DIRECTOR	1.00	X						0.	0.	0.
(12) BEVERLY JACKSON DIRECTOR	1.00	X						0.	0.	0.
(13) DEBBIE LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
(14) CARRIE PETTY DIRECTOR	1.00	X						0.	0.	0.
(15) MEREDITH A. ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
(16) ROBERT WELLS DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN C. WHITAKER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY A. OFFICER PRESIDENT & CEO	40.00			X				232,433.	0.	17,428.
(19) CYNTHIA J. YOUNG VP, MARKETING/COMMUNICATIONS	40.00					X		132,601.	0.	11,182.
(20) JOHN WHITE VP, BUS DEVELOPMENT/ADVOCACY	40.00					X		118,852.	0.	34,919.
(21) GARY G. DEVERMAN CHIEF DEVELOPMENT OFFICER	40.00					X		142,257.	0.	10,258.
(22) AMBER M. HAMILTON VP, AFFILIATE RELATIONS	40.00					X		108,948.	0.	10,944.
1b Sub-total								735,091.	0.	84,731.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								735,091.	0.	84,731.

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 **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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 & COMPANY, 6903 ROCKLEDGE DRIVE, #1200, BETHESDA, MD 20817-1818	ACCOUNTING SERVICES	501,849.
JLL MANAGEMENT C/O CARTER'S KIDS, 12301 WILSHIRE BLVD., #412, LOS ANGELES, CA	REHAB CONSULTANT	300,000.
IPROMOTEU, INC 321 COMMONWEALTH RD., WAYLAND, MA 01778	PROMOTIONAL SERVICES	103,957.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 8,347.				
	b	Membership dues	1b				
	c	Fundraising events	1c 33,718.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 737,619.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,176,005.				
	g	Noncash contributions included in lines 1a-1f: \$	9,985.				
	h	Total. Add lines 1a-1f	▶ 9,955,689.				
	Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 900099	827,015.	827,015.	
b		CHAPTER FEES	900099	632,500.	632,500.		
c		CHAPTER INSURANCE	900099	286,391.	286,391.		
d		NATIONAL CONFERENCE	900099	134,912.	119,080.	15,832.	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶ 1,880,818.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	64,690.		64,690.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1076525.			
		Less: cost or other basis and sales expenses		996,147.			
		Gain or (loss)		80,378.			
		Net gain or (loss)	▶	80,378.			80,378.
	8 a	Gross income from fundraising events (not including \$ 33,718. of contributions reported on line 1c). See Part IV, line 18	a	42,750.			
		Less: direct expenses	b	100,590.			
		Net income or (loss) from fundraising events	▶	-57,840.			-57,840.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities		▶					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	21,054.			21,054.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶	21,054.				
12	Total revenue. See instructions.	▶	11944789.	1,864,986.	0.	124,114.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	4,177,351.	4,177,351.		
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	249,861.	54,969.	194,892.	
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	1,907,773.	1,672,095.	64,458.	171,220.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	132,217.	120,081.	2,305.	9,831.
9 Other employee benefits	498,758.	429,253.	34,981.	34,524.
10 Payroll taxes	281,364.	240,039.	22,078.	19,247.
11 Fees for services (non-employees):				
a Management				
b Legal	7,218.	104.		7,114.
c Accounting	548,271.		548,271.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	34,350.			34,350.
f Investment management fees	36,055.		36,055.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	232,299.	91,100.	128,621.	12,578.
12 Advertising and promotion	280,809.	236,671.	678.	43,460.
13 Office expenses	310,869.	89,751.	196,393.	24,725.
14 Information technology	114,057.	81,922.	20,154.	11,981.
15 Royalties				
16 Occupancy	496,923.		496,923.	
17 Travel	418,478.	323,971.	54,804.	39,703.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	459,314.	399,305.	39,974.	20,035.
20 Interest	3,182.		2,471.	711.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,616.		81,616.	
23 Insurance	29,693.		29,693.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER STIPENDS	740,650.	740,650.		
b AFFILIATE INSURANCE	263,127.	263,127.		
c SPECIAL EVENTS	201,434.	196,201.	603.	4,630.
d BAD DEBT	158,675.	31,231.	127,444.	
e All other expenses	194,755.	1,374,895.	-1,281,019.	100,879.
25 Total functional expenses. Add lines 1 through 24e	11,859,099.	10,522,716.	801,395.	534,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

COPY

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	55,899.	1	64,325.	
	2 Savings and temporary cash investments	4,556,210.	2	2,464,017.	
	3 Pledges and grants receivable, net	7,666,464.	3	9,931,136.	
	4 Accounts receivable, net	441,285.	4	363,214.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	152,977.	9	149,225.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 881,105.			
	b Less: accumulated depreciation	10b 434,563.	526,015.	10c 446,542.	
	11 Investments - publicly traded securities	2,563,149.	11	2,811,768.	
	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)	15,961,999.	16	16,230,227.		
Liabilities	17 Accounts payable and accrued expenses	366,856.	17	350,770.	
	18 Grants payable	275,143.	18	152,750.	
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,704,089.	25	1,418,219.	
	26 Total liabilities. Add lines 17 through 25	2,355,174.	26	1,930,825.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,766,425.	27	1,123,685.	
	28 Temporarily restricted net assets	10,938,686.	28	12,274,003.	
	29 Permanently restricted net assets	901,714.	29	901,714.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	13,606,825.	33	14,299,402.		
34 Total liabilities and net assets/fund balances	15,961,999.	34	16,230,227.		

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	11,944,789.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,859,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	85,690.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,606,825.
5	Net unrealized gains (losses) on investments	5	182,012.
6	Donated services and use of facilities	6	424,875.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,299,402.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
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	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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

2012

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 described in **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. See **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 - Non-functionally integrated
- 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?

	Yes	No
(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 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).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6324519.	5779853.	7469071.	9136762.	9955689.	38665894.
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	6324519.	5779853.	7469071.	9136762.	9955689.	38665894.
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)						15188426.
6 Public support. Subtract line 5 from line 4.						23477468.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6324519.	5779853.	7469071.	9136762.	9955689.	38665894.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	248,185.	93,990.	72,541.	69,577.	64,690.	548,983.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	18,857.	45,013.	45,622.	28,906.	21,054.	159,452.
11 Total support. Add lines 7 through 10						39374329.
12 Gross receipts from related activities, etc. (see instructions)					12	7,510,773.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	59.63	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	51.01	%
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SALE OF REO PROPERTIES & OTHER INCOME

Multiple horizontal lines for providing detailed explanations for the income.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

REBUILDING TOGETHER, INC.

52-1585880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,922,487.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>717,802.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>2,319,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>422,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>1,458,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

COPY

Name of organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

COPY

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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, Part V, line 35c (Proxy Tax), then

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

Name of 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 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 function 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	26,596.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	91,626.													
c	Total lobbying expenditures (add lines 1a and 1b)	118,222.													
d	Other exempt purpose expenditures	11,744,511.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	11,862,733.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	743,137.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	185,784.													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	569,346.	738,837.	739,706.	743,137.	2,791,026.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,186,539.
c Total lobbying expenditures	92,418.	166,705.	169,609.	118,222.	546,954.
d Grassroots nontaxable amount	142,337.	184,709.	184,927.	185,784.	697,757.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,046,636.
f Grassroots lobbying expenditures	27,526.	27,635.	43,415.	26,596.	125,172.

Schedule C (Form 990 or 990-EZ) 2012

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic land, historic structure) and a table for details on conservation easements held at the end of the tax year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII

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	1,304,431.	1,358,975.	1,315,848.	1,256,797.	1,293,066.
b Contributions					3,314.
c Net investment earnings, gains, and losses	81,238.	-4,211.	66,935.	86,459.	-39,583.
d Grants or scholarships					
e Other expenditures for facilities and programs	46,658.	50,333.	23,808.	27,408.	
f Administrative expenses					
g End of year balance	1,339,011.	1,304,431.	1,358,975.	1,315,848.	1,256,797.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 27.70 %
- b Permanent endowment 67.34 %
- c Temporarily restricted endowment 4.96 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII 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.	31,899.	48,014.
d Equipment		579,126.	385,188.	193,938.
e Other		22,066.	17,476.	4,590.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				446,542.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CHAPTERS	662,059.
(3) DEFERRED COMPENSATION PAYABLE	293,760.
(4) CAPITAL LEASE OBLIGATIONS	27,563.
(5) DEFERRED INSURANCE LIABILITY	251,500.
(6) DEFERRED RENT	183,337.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,418,219.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,235,474.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	182,012.
b	Donated services and use of facilities	2b	8,008,083.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	100,590.
e	Add lines 2a through 2d	2e	8,290,685.
3	Subtract line 2e from line 1	3	11,944,789.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,944,789.

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

1	Total expenses and losses per audited financial statements	1	19,542,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,583,208.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	100,590.
e	Add lines 2a through 2d	2e	7,683,798.
3	Subtract line 2e from line 1	3	11,859,099.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,859,099.

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

PART V, LINE 4: RT'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.

PART X, LINE 2: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2012, AND DETERMINED THAT

Part XIII Supplemental Information (continued)

THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 100,590.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 100,590.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes entries for DONNA FISHER-LEWIS and FOR MOMENTUM LLC.

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURN/AUCT. (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	76,468.			76,468.
	2 Less: Contributions	33,718.			33,718.
	3 Gross income (line 1 minus line 2)	42,750.			42,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,021.			34,021.
	7 Food and beverages	13,375.			13,375.
	8 Entertainment	1,025.			1,025.
	9 Other direct expenses	52,169.			52,169.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(100,590)
	11 Net income summary. Combine line 3, column (d), and line 10				-57,840.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7					

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 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DONNA FISHER-LEWIS

(I) ADDRESS OF FUNDRAISER: 4210 KELWAY ROAD, BALTIMORE, MD 21218

(I) NAME OF FUNDRAISER: FOR MOMENTUM LLC

(I) ADDRESS OF FUNDRAISER: 1641 WELLSHIRE LANE, DUNWOODY, GA 30338

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2012

**Open to Public
Inspection**

Name of the organization **REBUILDING TOGETHER, INC.** Employer identification number **52-1585880**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTMAS IN APRIL KANSAS CITY P.O. BOX 32108 KANSAS CITY, MO 64171	43-1431964	501(C)(3)	90,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
COMMUNITY FAMILY CENTER 7524 AVENUE E. HOUSTON, TX 77012	74-1691632	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
JLL MANAGEMENT C/O CARTER'S KIDS 12301 WILSHIRE BOULEVARD, #303 LOS ANGELES, CA 90025	20-5848484	501(C)(3)	300,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
JOHN ALBERS 401 LAFAYETTE STREET VALPARAISO, IN 46383	35-1818636	501(C)(3)	12,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
MOTION PICTURE TELEVISION FUND 343 N. LABREA AVENUE LOS ANGELES, CA 90036	95-1652916	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ACADIANA P.O. BOX 80153 LAYFETTE, LA 70598	72-1407473	501(C)(3)	35,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 112.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER ALBUQUERQUE P.O. BOX 27684 ALBUQUERQUE, NM 87125	85-0464472	501(C)(3)	6,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS STREET ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	41,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ANNE ARUNDEL COUNTY - 1516 JABEZ RUN - MILLERSVILLE, MD 21108	52-1773114	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ARLINGTON 2666 MILITARY ROAD ARLINGTON, VA 22207	52-1133518	501(C)(3)	20,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ATLANTA P.O. BOX 44884 ATLANTA, GA 30336	58-1983743	501(C)(3)	24,677.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER AURORA 501 COLLEGE AVENUE AURORA, IL 60505	36-3866692	501(C)(3)	33,351.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BALTIMORE 3034 ST. JOHN'S LANE BALTIMORE, MD 21214-2645	52-1636425	501(C)(3)	23,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BATON ROUGE P.O. BOX 53501 BATON ROUGE, LA 70892	20-1459780	501(C)(3)	15,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BERGEN COUNTY P.O. BOX 1389 RIDGEWOOD, NJ 07451-1389	22-3614933	501(C)(3)	83,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER BOSTON P.O. BOX 301209 JAMAICA PLAIN, MA 02130	04-3142781	501(C)(3)	25,976.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BROOME COUNTY P.O. BOX 77 BINGHAMPTON, NY 13903	16-1535907	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER BROWARD COUNTY 4824 NE 12TH AVENUE OAKLAND PARK, FL 33334	86-1065925	501(C)(3)	28,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CAMDEN 1721 HADDON AVENUE CAMDEN, NJ 08103	27-3398638	501(C)(3)	6,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CENTRAL ALABAMA - 1125 E. FAIRVIEW AVENUE - MONTGOMERY, AL 36106	63-1108865	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CENTRAL OHIO P.O. BOX 1347 GROVE CITY, OH 43123	31-1317239	501(C)(3)	60,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CENTRAL SAN GABRIEL VALLEY - 2527 PENNY STREET - WEST COVINA, CA 91792	77-0625933	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER CLAY COUNTY 2050 PLUMBERS WAY LIBERTY, MO 64068	75-3041389	501(C)(3)	55,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER COLORADO SPRINGS - 1975 RESEARCH PARKWAY - COLORADO SPRINGS, CO 80920	84-1326001	501(C)(3)	33,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER DAYTON 1056 BROWN STREET DAYTON, OH 45409	31-1457626	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER DETROIT 19800 GRAND RIVER DETROIT, MI 48223	76-0821735	501(C)(3)	62,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER DUTCHESS CO. 47 SOUTH HAMILTON STREET POUGHKEEPSIE, NY 12601	22-3153808	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER EAST BAY-NORTH 3318 ADELIN STREET BERKELEY, CA 94703	94-3146773	501(C)(3)	8,700.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER EL PASO 5823 N. MESA, SUITE 535 EL PASO, TX 79912	74-2718788	501(C)(3)	13,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER FAIRFIELD CO. 945 SUMMER STREET, 3RD FLOOR STAMFORD, CT 06905	06-1613415	501(C)(3)	15,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER FOX VALLEY 605 EAST HANCOCK APPLETON, WI 54911	39-2013200	501(C)(3)	21,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER FREDERICKSBURG P.O. BOX 41280 FREDERICKSBURG, VA 22404	54-1697213	501(C)(3)	8,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GENESE- CAMBRIDGE - P.O. BOX 254 - GENESE, IL 61254	36-3988294	501(C)(3)	15,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER GREATER BISMARCK-MANDAN AREA I - 600 S. SECOND STREET - BISMARCK, ND 58504	45-0448654	501(C)(3)	6,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER CUYAHOGA VALLEY - 788 DONALD AVENUE - AKRON, OH 44306	34-1814515	501(C)(3)	27,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER DALLAS P.O. BOX 560061 DALLAS, TX 75356	04-3613194	501(C)(3)	50,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER DES MOINES - 1111 NINTH STREET - DES MOINES, IA 50314	42-1439898	501(C)(3)	67,434.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREATER MILWAUKEE - 700 W. VIRGINIA STREET - MILWAUKEE, WI 53204	39-2006470	501(C)(3)	58,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER GREEN BAY P.O. BOX 702 GREEN BAY, WI 54302	39-1783561	501(C)(3)	20,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER HAVERHILL P.O. BOX 5161 HAVERHILL, MA 01835	22-3137806	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER HOUSTON P.O. BOX 15315 HOUSTON, TX 77220	76-0027902	501(C)(3)	17,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER HOWARD COUNTY 8775 CENTRE PARK DRIVE COLUMBIA, MD 21045	52-1748888	501(C)(3)	9,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER INDIANAPOLIS 1625 W. THOMPSON ROAD INDIANAPOLIS, IN 46206-1507	35-2099908	501(C)(3)	36,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER KERN COUNTY 1509 E. 11TH STREET BAKERSFIELD, CA 93307	26-2142845	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER KIAMICHI COUNTY - P.O. BOX 300 - HARTSHORNE, OK 74547	45-4724709	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER LITCHFIELD COUNTY - 122 STILLSON HILL ROAD - NEW MILFORD, CT 06776	38-3693059	501(C)(3)	12,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER LONG ISLAND P.O. BOX 1554 MASSAPEQUA, NY 11758	11-3115730	501(C)(3)	22,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER LYNCHBURG 926 COMMERCE STREET LYNCHBURG, VA 24504	54-1976958	501(C)(3)	20,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MANCHESTER 41 CENTER STREET MANCHESTER, CT 06040	06-1356443	501(C)(3)	6,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER METRO CHICAGO P.O. BOX 641250 CHICAGO, IL 60664-1250	36-3803312	501(C)(3)	160,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER METRO DENVER 2422 S. TRENTON WAY DENVER, CO 80231	84-1514642	501(C)(3)	84,554.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER MIAMI-DADE 1533 SUNSET DRIVE MIAMI, FL 33143	65-0424304	501(C)(3)	14,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MOHAWK VALLEY 185 GENESEE STREET UTICA, NY 13501	16-1527385	501(C)(3)	12,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MONTEREY-SALINAS - P.O. BOX 3323 - MONTEREY, CA 95020	77-0411718	501(C)(3)	15,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MONTGOMERY COUNTY - 3925 PLYERS MILL ROAD - KENSINGTON, MD 20895	52-1667026	501(C)(3)	143,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER MORGAN COUNTY P.O. BOX 697 DECATUR, GA 35602	63-1159300	501(C)(3)	7,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NASHVILLE 209 10TH AVE SOUTH NASHVILLE, TN 37203	62-1593990	501(C)(3)	11,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NEW BRITAIN 200 MYRTLE STREET NEW BRITAIN, CT 06053	06-1466916	501(C)(3)	21,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NEW ORLEANS 923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(C)(3)	117,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NEW YORK CITY P.O. BOX 3726 NEW YORK, NY 10163	13-3997769	501(C)(3)	48,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER NORTH CENTRAL FLORIDA - 4550 SOUTHWEST 41ST BOULEVARD - GAINESVILLE, FL 32608	20-3022563	501(C)(3)	12,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NORTH SUBURBAN CHICAGO - P.O. BOX 626 - GLENVIEW, IL 60025	36-4111206	501(C)(3)	17,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NORTHWEST ARKANSAS - 614 E. EMMA AVENUE - SPRINGDALE, AR 72764	14-1855395	501(C)(3)	35,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER NORTHWEST NEVADA - P.O. BOX 11885 - RENO, NV 89510	26-0736588	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OAKLAND 1171 OCEAN AVENUE OAKLAND, CA 94608	94-3213325	501(C)(3)	55,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OAKLAND COUNTY 31700 WEST 12 MILE ROAD FARMINGTON HILLS, MI 48334	38-3156047	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OF THE CAROLINAS - P.O. BOX 34037 - CHARLOTTE, NC 28234-4037	39-1783561	501(C)(3)	250,525.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OF THE PALM BEACHES - SOLID WASTE AUTHORITY OF PALM BEACH COUNTY - WEST PALM BEACH, FL 33412	65-0691732	501(C)(3)	7,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OF THE TRIANGLE - 324 S. WILMINGTON STREET - RALEIGH, NC 27601	56-1955629	501(C)(3)	50,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER OKLAHOMA CITY 730 WEST WILSHIRE BOULEVARD OKLAHOMA CITY, OK 73116	73-1450790	501(C)(3)	22,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OMAHA P.O. BOX 540436 OMAHA, NE 68154	47-0793980	501(C)(3)	34,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ORLANDO P.O. BOX 2779 APOPKA, FL 32704	35-2180064	501(C)(3)	125,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER OWEN-PUTNAM P.O. BOX 521 GREENCASTLE, IN 46135	20-8401934	501(C)(3)	8,200.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PENINSULA P.O. BOX 4031 MENLO PARK, CA 94026	94-3106209	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PETALUMA P.O. BOX 100 PETALUMA, CA 94953	91-1762902	501(C)(3)	24,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PHILADELPHIA P.O. BOX 42752 PHILADELPHIA, PA 19101-2752	23-2549594	501(C)(3)	206,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PITT COUNTY P.O. BOX 20574 GREENVILLE, NC 27858	26-0757622	501(C)(3)	30,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PITTSBURGH 631 IRON CITY DRIVE PITTSBURGH, PA 15205	25-1696634	501(C)(3)	23,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PORTAGE P.O. BOX 2511 PORTAGE, IN 46368	35-2030513	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PORTLAND 5000 N. WILLAMETTE BOULEVARD PORTLAND, OR 97203	01-0480604	501(C)(3)	34,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER PROVIDENCE 55 EDDY STREET PROVIDENCE, RI 02903-1727	05-0477133	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ROANOKE P.O. BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	46,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SACRAMENTO P.O. BOX 255584 SACRAMENTO, CA 95825-5584	68-0246355	501(C)(3)	37,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SAN DIEGO 2013 FRANKLIN AVENUE SAN DIEGO, CA 92113	33-0676518	501(C)(3)	35,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SAN FRANCISCO PIER 28, THE EMBARCADERO SAN FRANCISCO, CA 94105	94-3107808	501(C)(3)	30,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SANDOVAL COUNTY - P.O. BOX 44755 - RIO RANCHO, NM 87174	85-0464571	501(C)(3)	25,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SANTA CRUZ COUNTY - 3061 NORTH SUNRISE PLACE - NOGALES, TX 85621	86-0892583	501(C)(3)	14,250.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SANTA ROSA P.O. BOX 1787 SANTA ROSA, CA 95402-1787	68-0460129	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SARATOGA CO P.O. BOX 95 SCHUYLERVILLE, NY 12871	20-0530683	501(C)(3)	16,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SAVANNAH P.O. BOX 9933 SAVANNAH, GA 31412	58-2288102	501(C)(3)	23,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SEATTLE 811 HARRISON STREET SEATTLE, WA 98109	91-1606330	501(C)(3)	96,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SHEBOYGAN P.O. BOX 831 SHEBOYGAN, WI 53082	39-1927916	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SILICON VALLEY 2827 AIELLO DRIVE SAN JOSE, CA 95111	77-0289381	501(C)(3)	28,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SOUTH SOUND 1423 EAST 29TH STREET TACOMA, WA 98404	91-2147601	501(C)(3)	15,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SOUTHERN NEVADA - 611 SOUTH NINTH STREET - LAS VEGAS, NV 89101	88-0328770	501(C)(3)	63,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER SPOKANE P.O. BOX 48440 SPOKANE, WA 99228	91-2113477	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SPRINGFIELD 1145 MAIN STREET SPRINGFIELD, MA 01103	04-3172737	501(C)(3)	29,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ST. JOSEPH CO. 227 W. JEFFERSON BOULEVARD SOUTH BEND, IN 46601	35-1939069	501(C)(3)	25,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER ST. LOUIS 357 MARSHALL AVENUE WEBSTER GROVES, MO 63119	43-1626999	501(C)(3)	25,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TAMPA BAY 2918 W KENNEDY BOULEVARD TAMPA, FL 33609	59-3664580	501(C)(3)	30,770.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER THURSTON COUNTY - P.O. BOX 4416 - TUMWATER, WA 98501	77-0613860	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TRI-CITIES (PETERSBURG) - P.O. BOX 1005 - PETERSBURG, VA 23804	54-1748332	501(C)(3)	6,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TUCSON P.O. BOX 27143 TUCSON, AZ 85726-7143	86-0759111	501(C)(3)	61,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER TWIN CITIES 2633 FOURTH STREET, SE MINNEAPOLIS, MN 55414	41-1893180	501(C)(3)	115,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER VALLEY OF THE SUN - 2123 SOUTH PRIEST DRIVE - TEMPE, AZ 85282	86-0680607	501(C)(3)	154,050.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER VALPARAISO 166 LINCOLNWAY VALPARAISO, IN 46383	35-1818636	501(C)(3)	8,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER WARNER ROBINS P.O. BOX 8664 WARNER ROBINS, GA 31095	58-2282663	501(C)(3)	10,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER WASHINGTON CO (OR) - 12555 SW 4TH STREET - BEAVERTON, OR 97005	93-1120908	501(C)(3)	14,550.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER WASHINGTON, DC P.O. BOX 40026 WASHINGTON, DC 20016-0026	52-1299048	501(C)(3)	49,500.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER WORCESTER 16 ROCKWELL DRIVE SHREWSBURY, MA 01545	04-3545530	501(C)(3)	8,400.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
REBUILDING TOGETHER YELLOWSTONE COUNTY - 241 ANNANDALE ROAD - BILLINGS, MT 59105	45-0499564	501(C)(3)	11,000.	0.			FURTHER THE MISSION OF THE ORGANIZATION.
SOUTHERN CALIFORNIA COUNCIL P.O. BOX 51088 IRVINE, CA 92619	73-1685917	501(C)(3)	7,300.	0.			FURTHER THE MISSION OF THE ORGANIZATION.

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.
Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 THE ORGANIZATION. 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 ORGANIZATION'S STAFF, AND UPON APPROVAL, THE AFFILIATES MUST SUBMIT A STATEMENT OF ACCEPTANCE THAT THEY WILL MEET THE GRANT

Part IV Supplemental Information

REQUIREMENTS FOR THE PROJECT. ONCE THE ORGANIZATION RECEIVES THAT FORM, A PORTION OF THE GRANT FUNDS ARE DISTRIBUTED TO THE AFFILIATE. WITHIN 45 DAYS OF THE 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

Part I Questions Regarding Compensation

	Yes	No
1a 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 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: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 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: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 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	7	X
8 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY A. OFFICER PRESIDENT & CEO	(i)	214,933.	17,500.	0.	11,504.	5,924.	249,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN WHITE VP, BUS DEVELOPMENT/ADVOCACY	(i)	118,852.	0.	0.	34,132.	787.	153,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY G. DEVERMAN CHIEF DEVELOPMENT OFFICER	(i)	142,257.	0.	0.	5,385.	4,873.	152,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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 \$28,189 FOR THE
 YEAR ENDED DECEMBER 31, 2012.

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,
 2012.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

REBUILDING TOGETHER, INC.

Employer identification number

52-1585880

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOME REPAIRS, HOME MODIFICATION AND CRITICAL REPAIRS TO OVER 10,000

LOW-INCOME AMERICAN HOMES ON AN ANNUAL BASIS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VOICE FOR AFFILIATES; 3) OUR COMPLIANCE PROGRAM, INSURING THAT ALL

AFFILIATES MEET OUR MINIMUM STANDARDS AND COMPLY WITH BASIC NONPROFIT

MANDATES; AND 4) GENERAL SUPPORT, IN THE FORM OF ADVISEMENT, COACHING,

AND SUPPORT TO AFFILIATES AS NEEDED THROUGHOUT THE YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISASTER RELIEF

EXPENSES \$ 370,220. INCLUDING GRANTS OF \$ 255,200. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE CONTROLLER COMPILES THE DATA

WITH ASSISTANCE FROM FINANCE, RESOURCE DEVELOPMENT, BUSINESS DEVELOPMENT,

AND AFFILIATE RELATIONS STAFF. INFORMATION IS PROVIDED TO THE OUTSIDE TAX

PREPARERS. DRAFTS OF THE FEDERAL FORM 990 ARE PREPARED BY THE OUTSIDE TAX

PREPARERS. UPON RECEIPT OF THE DRAFTS, THE CONTROLLER REVIEWS IT THEN

SHARES IT WITH THE AUDIT COMMITTEE, COMPRISED OF BOARD MEMBERS, FOR REVIEW.

UPON THE AUDIT COMMITTEE'S APPROVAL, THE OUTSIDE TAX PREPARER IS NOTIFIED

OF ANY ADDITIONAL CHANGES AND A FINAL REVIEW IS DONE BY THE CONTROLLER

BEFORE IT IS SIGNED. A COPY OF THE FEDERAL FORM 990 IS EMAILED TO THE BOARD

OF DIRECTORS AND POSTED ON THE ORGANIZATION'S WEBSITE BEFORE IT IS FILED

WITH THE INTERNAL REVENUE SERVICE.

Name of the organization REBUILDING TOGETHER, INC.	Employer identification number 52-1585880
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FORM 990, PART VI, SECTION B, LINE 12C: 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.

HUMAN RESOURCES MONITORS COMPLIANCE WITH THE CIP OF ANY QUESTIONABLE ISSUE FOR CLARIFICATION AND/OR RESOLUTION IN ACCORDANCE WITH THE POLICY

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

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

THE HUMAN RESOURCE DEPARTMENT MONITORS ANY QUESTIONABLE ISSUES FOR CLARIFICATION AND/OR RESOLUTION IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY FOR KEY EMPLOYEES OF REBUILDING TOGETHER.

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 CONVEYED 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NH, NJ, NM, NC, MD, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Name of the organization
REBUILDING TOGETHER, INC.

Employer identification number
52-1585880

AVAILABLE UPON REQUEST.

FORM 990, PART I, LINE 6: IN 2012, THE ORGANIZATION HAD A TOTAL OF 2
VOLUNTEERS (NOT INCLUDING MEMBERS OF THE BOARD OF DIRECTORS) WHO
ASSISTED IN FURTHERING ITS MISSION. HOWEVER, THROUGH THE ORGANIZATION'S
AFFILIATES AN ADDITIONAL 200,000 VOLUNTEERS HELPED REPAIR AND MODIFY
NEARLY 10,000 HOMES WHICH SERVED OVER 800,000 PEOPLE IN NEED. THE
ORGANIZATION'S VOLUNTEER DATA IS OBTAINED BY THE AFFILIATE RELATIONS
DEPARTMENT FROM THE ANNUAL STATISTICAL REPORT.

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions Rebuilding Together, Inc.	Employer identification number (EIN) or 52-1585880
	Number, street, and room or suite no. If a P.O. box, see instructions. 1899 L Street, NW, No. 1000	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Patty O'Malley

• The books are in the care of **▶ 1899 L Street, NW, Suite 1000 - Washington, DC 20036**
 Telephone No. **▶ (800) 473-4229** FAX No. **▶**

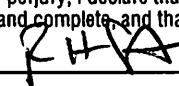
• If the organization does not have an office or place of business in the United States, check this box **▶**
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶**. If this is for the whole group, check this box **▶**. If it is for part of the group, check this box **▶** and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2013.**
 5 For calendar year **2012**, or other tax year beginning **▶**, and ending **▶**.
 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
 7 State in detail why you need the extension **Additional time is needed to gather information necessary to file a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**  Title **▶** CPA Date **▶** 8/9/13