

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization REBUILD METRO, INC.</td> <td>D Employer identification number 23-2671667</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 410-563-6220</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 15,521,677.</td> </tr> <tr> <td>1129 NORTH CAROLINE STREET</td> <td></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21213</td> <td>F Name and address of principal officer: CHARLES METZGER, JR SAME AS C ABOVE</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>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</td> <td colspan="2">H(c) Group exemption number</td> </tr> <tr> <td>J Website: WWW.REBUILDMETRO.COM</td> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1991 M State of legal domicile: PA</td> </tr> </table>	C Name of organization REBUILD METRO, INC.		D Employer identification number 23-2671667	Doing business as		E Telephone number 410-563-6220	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,521,677.	1129 NORTH CAROLINE STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21213	F Name and address of principal officer: CHARLES METZGER, JR SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	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.REBUILDMETRO.COM	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: 1991 M State of legal domicile: PA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REBUILD METRO, INC. (RBMI) ASSEMBLES LAND, PARTICIPATES IN REAL ESTATE TRANSACTIONS AND BUILDS
	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) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 24
	6 Total number of volunteers (estimate if necessary) 6 12
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 4,990,310. Current Year 14,886,712.
	9 Program service revenue (Part VIII, line 2g) 1,445,567. 455,946.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,639. 92,199.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 151,271. 86,820.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,607,787. 15,521,677.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,363,950. 1,818,046.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 149,734.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,459,231. 6,637,019.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,823,181. 8,455,065.	
19 Revenue less expenses. Subtract line 18 from line 12 1,784,606. 7,066,612.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 39,942,541. End of Year 56,332,612.
	21 Total liabilities (Part X, line 26) 31,196,897. 40,834,896.
	22 Net assets or fund balances. Subtract line 21 from line 20 8,745,644. 15,497,716.

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 CHARLES METZGER, JR, CONTROLLER	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL M. SCHUCK, CPA	Preparer's signature
	Firm's name GORFINE, SCHILLER & GARDYN, PA	Date
	Firm's address 10045 RED RUN BLVD, SUITE 250 OWINGS MILLS, MD 21117	Check if self-employed <input type="checkbox"/> PTIN P00746529
		Firm's EIN 52-1231901
		Phone no. 410-356-5900

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: RBMI SEEKS TO CREATE WEALTH AND OPPORTUNITY FOR THE COMMUNITIES IT SERVES BY MAKING REAL ESTATE INVESTMENTS THAT REINFORCE COMMUNITY ASSETS, REVITALIZE DOWNWARD MARKETS AND CREATE SUITABLE ENVIRONMENTS FOR MARKET GROWTH. ITS INVESTMENT PROCESS SEEKS LONG-TERM SUSTAINABLE

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,463,466. including grants of \$) (Revenue \$ 542,766.) PARTICIPATES IN 1) REAL ESTATE TRANSACTIONS AND BUILDS AFFORDABLE HOMES TO CREATE OPPORTUNITY FOR DISADVANTAGED FAMILIES IN SUBURBAN LOCATIONS AND 2) COMMUNITY-LED REDEVELOPMENT OF DISTRESSED URBAN NEIGHBORHOODS. SUBURBAN INCOME-RESTRICTED HOUSING DEVELOPMENTS INCLUDE TWO PROJECTS UNDER DEVELOPMENT: A 60-UNIT APARTMENT BUILDING IN MAPLE SHADE, NJ, AND A 58-UNIT APARTMENT BUILDING IN SADDLE BROOK, NJ; AND 6 COMPLETED PROJECTS PROVIDING OVER 550 AFFORDABLE RENTAL UNITS FOR FAMILIES AND SENIORS IN NJ, DE, AND MD. REBUILD METRO'S REDEVELOPMENT OF DISTRESSED URBAN AREAS IS FOCUSED ON BALTIMORE, MD. CURRENTLY, REBUILD METRO IS ADVANCING THE REHABILITATION OF OVER 40 HISTORIC TOWNHOMES FOR SALE IN EAST BALTIMORE AND WORKING ON THE DEVELOPMENT OF 113 AFFORDABLE RENTAL UNITS. REBUILD

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,463,466.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records
CHARLES METZGER, JR - 410-563-6220
1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) C. SEAN CLOSKEY PRESIDENT	40.00			X			169,448.	0.	14,787.	
(2) MICHAEL BAINUM DIRECTOR OF DEVELOPMENT	40.00				X		137,997.	0.	9,948.	
(3) CHARLES METZGER, JR CONTROLLER	40.00			X			115,866.	0.	6,044.	
(4) JENNIFER GUILLAUME DIRECTOR OF PLANNING AND COMMUNITY E	40.00				X		111,600.	0.	4,464.	
(5) REV. CALVIN KEENE CHAIRMAN	2.00	X		X			0.	0.	0.	
(6) ROBERT ENGLISH VICE CHAIR	2.00	X		X			0.	0.	0.	
(7) DANA JOHNSON SECRETARY	2.00	X		X			0.	0.	0.	
(8) TOD GLENN TREASURER	2.00	X		X			0.	0.	0.	
(9) NANCY WAGNER-HISLIP BOARD MEMBER	2.00	X					0.	0.	0.	
(10) JANET HARVEY BOARD MEMBER	2.00	X					0.	0.	0.	
(11) ARCHIE REED BOARD MEMBER	2.00	X					0.	0.	0.	
(12) REV. MARSHAL PRENTICE BOARD MEMBER	2.00	X					0.	0.	0.	
(13) ERICA SHELTON, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(14) PETER BAIN BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JULIE DAY BOARD MEMBER	2.00	X					0.	0.	0.	
(16) KAREN STOKES BOARD MEMBER	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,167,756.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,718,956.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			14,886,712.			
Program Service Revenue	2 a INTEREST	Business Code					
		531390	281,206.	281,206.			
	b REAL ESTATE REVENUE	531390	174,740.	174,740.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			455,946.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,199.			92,199.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ACCRETION INCOME	Business Code					
		900099	79,948.	79,948.			
	b OTHER INCOME	900099	6,872.	6,872.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d			86,820.				
12 Total revenue. See instructions			15,521,677.	542,766.	0.	92,199.	

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	306,146.	254,101.	36,738.	15,307.
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	1,351,296.	1,121,575.	162,156.	67,565.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,747.	13,070.	1,890.	787.
9 Other employee benefits	9,284.	7,706.	1,114.	464.
10 Payroll taxes	135,573.	112,525.	16,269.	6,779.
11 Fees for services (nonemployees):				
a Management				
b Legal	265,649.	239,084.	26,565.	
c Accounting	96,264.	86,638.	9,626.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	300,558.	246,458.	39,072.	15,028.
12 Advertising and promotion	26,400.	23,760.	2,640.	
13 Office expenses	643,656.	527,797.	83,676.	32,183.
14 Information technology				
15 Royalties				
16 Occupancy	133,395.	109,384.	17,341.	6,670.
17 Travel	30,294.	6,059.	22,720.	1,515.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,439.	3,688.	13,829.	922.
20 Interest	628,987.	628,987.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	410,230.	389,719.	20,511.	
23 Insurance	125,079.	18,762.	106,317.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUITY LOSS IN SUBSIDIA	2,801,661.	2,801,661.		
b CLEANING AND MAINTENANCE	313,316.	313,316.		
c MISCELLANEOUS	233,551.		233,551.	
d CONSULTING FEES	228,467.	194,197.	34,270.	
e All other expenses	381,073.	364,979.	13,580.	2,514.
25 Total functional expenses. Add lines 1 through 24e	8,455,065.	7,463,466.	841,865.	149,734.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	8,108,279.	1	11,903,579.	
	2 Savings and temporary cash investments	4,000,000.	2	3,025,647.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,466,021.	4	8,988,522.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	14,820,192.	7	15,150,524.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	234,247.	9	143,004.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,589,038.			
	b Less: accumulated depreciation	10b 4,806,603.	7,317,542.	10c	6,782,435.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	1,111,767.	13	3,504,039.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,884,493.	15	6,834,862.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,942,541.	16	56,332,612.		
Liabilities	17 Accounts payable and accrued expenses	1,229,717.	17	1,243,845.	
	18 Grants payable		18		
	19 Deferred revenue	2,428,204.	19	2,179,623.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	26,909,566.	24	32,159,996.	
	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	629,410.	25	5,251,432.	
	26 Total liabilities. Add lines 17 through 25	31,196,897.	26	40,834,896.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	8,745,644.	27	15,497,716.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	8,745,644.	32	15,497,716.	
33 Total liabilities and net assets/fund balances	39,942,541.	33	56,332,612.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,521,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,455,065.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,066,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,745,644.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-314,540.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,497,716.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4238161.	2497866.	2072020.	4990310.	14886712.	28685069.
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	4238161.	2497866.	2072020.	4990310.	14886712.	28685069.
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)						3607699.
6 Public support. Subtract line 5 from line 4.						25077370.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4238161.	2497866.	2072020.	4990310.	14886712.	28685069.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,309.	8,109.	1,736.	20,639.	92,199.	127,992.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						28813061.
12 Gross receipts from related activities, etc. (see instructions)					12	6,861,116.
13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	87.03 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.36 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

REBUILD METRO, INC.

Employer identification number

23-2671667

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization REBUILD METRO, INC.	Employer identification number 23-2671667
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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
1	DEUTSCH FOUNDATION 1122 KENILWORTH DRIVE TOWSON, MD 21204	\$ 385,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE HARRY & JEANETTE WEINBERG FOUNDATION 7 PARK CENTER CT OWINGS MILLS, MD 21117	\$ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GAIL AND JIM RIEPE 1 ISLE RIDGE W HOBE SOUND, FL 33455	\$ 553,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BALTIMORE MAYOR'S OFFICE- ARPA 100 HOLLIDAY ST BALTIMORE, MD 21202	\$ 369,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MD-DEPT OF HOUSING AND COMMUNITY DEV 7800 HARKINS ROAD LANHAM, MD 20706	\$ 1,726,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FANNIE MAE 5600 GRANITE PARKWAY PLANO, TX 75204	\$ 444,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REBUILD METRO, INC.	Employer identification number 23-2671667
--	---

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization REBUILD METRO, INC.	Employer identification number 23-2671667
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization REBUILD METRO, INC. Employer identification number 23-2671667

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		215,070.		215,070.
b Buildings		11,229,589.	4,662,552.	6,567,037.
c Leasehold improvements				
d Equipment		1,242.	1,242.	0.
e Other		143,137.	142,809.	328.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,782,435.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN		
(2) SUBSIDIARIES	3,504,039.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	3,504,039.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) PROPERTY HELD FOR DEVELOPMENT OR SALE	6,834,862.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,834,862.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	340,316.
(3) INVESTMENT IN SUBSIDIARIES	4,911,116.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,251,432.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COMPANY IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. THE COMPANY HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE.

FASB ASC 740, ACCOUNTING FOR INCOME TAXES, REQUIRES THE COMPANY TO RECOGNIZE OR DISCLOSE ANY TAX POSITIONS THAT WOULD RESULT IN UNRECOGNIZED TAX BENEFITS. THE COMPANY HAS NO POSITIONS THAT WOULD REQUIRE DISCLOSURE OR RECOGNITION UNDER THE TOPIC.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

REBUILD METRO, INC.

Employer identification number

23-2671667

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) C. SEAN CLOSKEY PRESIDENT	(i)	169,448.	0.	0.	6,778.	8,009.	184,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization REBUILD METRO, INC.	Employer identification number 23-2671667
--	---

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

**AFFORDABLE HOMES IN COMMUNITIES THROUGHOUT THE MID-ATLANTIC,
CONCENTRATING IN AREAS WHERE IT CAN CREATE OPPORTUNITIES FOR WORKING
FAMILIES.**

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

**CHANGE AND REQUIRES EFFECTIVE PARTNERSHIPS WITH NEIGHBORHOOD
ORGANIZATIONS, LOCAL GOVERNMENTS AND PRIVATE DEVELOPERS.**

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

**ALSO DIRECTLY MANAGES 160 AFFORDABLE RENTAL UNITS AND IS THE
CO-DEVELOPER AND MINORITY PARTNER OF 3 AFFORDABLE APARTMENT BUILDINGS
WHICH SERVE 189 LOW-INCOME FAMILIES IN EAST BALTIMORE. AS PART OF ITS
URBAN REDEVELOPMENT WORK, REBUILD METRO IS THE LED DEVELOPER FOR THE
JOHNSTON SQUARE PLAN AND IT HAS SITE CONTROL OVER 550 VACANT
PROPERTIES, WHICH ARE BEING REVITALIZED TO CREATE RESIDENTIAL
DEVELOPMENT, PARKS, PLAYGROUNDS, AND OTHER COMMUNITY AMENITIES.**

FORM 990, PART VI, SECTION A, LINE 7A:

**BY-LAWS, ARTICLE III, SECTION 2 STATES "THE ANNUAL MEETING OF THE SOLE
MEMBER OF THE CORPORATION SHALL BE HELD AT SUCH TIME AND PLACE AS THE
MEMBER MAY DETERMINE, DURING WHICH REBUILD METRO, INC. (RBMI), AS THE SOLE
MEMBER, SHALL ELECT THE BOARD OF DIRECTORS OF THE CORPORATION ("THE BOARD"
OR "BOARD OF DIRECTORS").**

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

REBUILD METRO, INC.

Employer identification number

23-2671667

THE ORGANIZATION HAS ENGAGED AN INDEPENDENT FIRM TO PREPARE FORM 990 IN ACCORDANCE WITH OUR AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FORM 990 IS THEN REVIEWED BY MANAGEMENT AND RBMI'S AUDIT AND FINANCE COMMITTEE WHICH IS A SUB-COMMITTEE OF THE FULL BOARD WITH FISCAL AND FIDUCIARY OVERSIGHT. A COPY OF 990 IS PROVIDED TO THE BOARD BEFORE THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A COMPREHENSIVE CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY TO ALL BOARD AND COMMITTEE MEMBERS. UPON RECEIPT OF THE QUESTIONNAIRE, ALL BOARD AND COMMITTEE MEMBERS HAVE 60 DAYS TO RETURN THE COMPLETED QUESTIONNAIRE TO THE ORGANIZATION'S HUMAN RESOURCE DEPARTMENT. THE COMPLETED QUESTIONNAIRES ARE REVIEWED AND MONITORED BY THE HUMAN RESOURCE DEPARTMENT AND ANY POTENTIAL CONFLICTS ARE COMMUNICATED TO THE ORGANIZATION'S MANAGEMENT AND BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO THROUGH A VARIETY OF SOURCES, INCLUDING COMPETITOR DATA AND SURVEYS. ADDITIONALLY, THE ORGANIZATION HAS ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO PROVIDE AN OPINION ON THE REASONABLENESS OF THE COMPENSATION PLAN FOR THE CEO AND THREE TOP MANAGEMENT OFFICIALS USING COMPARATIVE DATA AND SURVEY DATA. THE OPINION LETTER FOR THE CEO COMPENSATION IS SENT DIRECTLY TO THE CHAIRMAN OF THE BOARD. THE OPINION LETTER FOR THE THREE TOP MANAGEMENT OFFICIALS IS SENT DIRECTLY TO THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization REBUILD METRO, INC.	Employer identification number 23-2671667
---	--

STATEMENT, FORM(S) 1023, 990, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER ADJUSTMENTS -314,540.

FORM 990, PART XI, LINE 9

THERE IS AN ADJUSTMENT TO THE BEGINING OF NET ASSETS THAT RESULTED IN A DECREASE IN THE AMOUNT OF \$(314,540) DUE TO INTERCOMPANY ELIMINATION AND TIMING DIFFERENCE.

FORM 990, PART XII, LINE 2C

THE COMPANY DID NOT CHANGE ITS OVERSIGHT PROCESS FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **REBUILD METRO, INC.** Employer identification number **23-2671667**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REBUILD METRO - PHILADELPHIA, LLC - 20-8007552, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	79.	1,378,431.	REBUILD METRO BALTIMORE, LLC
REBUILD METRO - RIDGE AVENUE, LLC - 20-8323524, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	NEW JERSEY	0.	0.	REBUILD METRO, INC.
REBUILD METRO - BALTIMORE, LLC - 20-4974859 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	-2,015,441.	5,127,912.	REBUILD METRO, INC.
REBUILD METRO - OLIVER, LLC - 26-0620985 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	-779,977.	5,832,232.	REBUILD METRO BALTIMORE, LLC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REBUILD METRO - 1500, LLC - 26-4788224 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	-334.	0.	REBUILD METRO BALTIMORE, LLC
REBUILD METRO - 8, LLC - 27-0881428 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	-349.	38,525.	REBUILD METRO BALTIMORE, LLC
REBUILD METRO - JACKSON GREEN, LLC - 46-1442157, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	NEW JERSEY	0.	0.	REBUILD METRO, INC.
EAST SIDE PARTNERS, LLC - 27-5009516 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	-758,964.	2,367,862.	REBUILD METRO BALTIMORE, LLC
REBUILD METRO - BUFORD MANLOVE MANOR, LLC - 45-4278230, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	DELAWARE	23,297.	7,059.	REBUILD METRO, INC.
REBUILD METRO HOLDINGS, LLC - 36-4783089 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	-228,854.	8,605,093.	REBUILD METRO BALTIMORE, LLC
REBUILD METRO - MOUNT HOLLY URBAN RENEWAL, LLC - 46-5439261, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	NEW JERSEY	0.	0.	REBUILD METRO, INC.
REBUILD METRO PROPERTY MANAGEMENT, LLC - 82-2641048, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	PROPERTY MANAGEMENT FOR RELATED ENTITIES	MARYLAND	0.	1,662,012.	REBUILD METRO, INC.
REBUILD METRO BALTIMORE 2, LLC - 83-1982281 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	27,234.	9,029,753.	REBUILD METRO, INC.
REBUILD JOHNSTON SQUARE PARTNERS, LLC - 82-2627423, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	REBUILD METRO, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REBUILD JOHNSTON SQUARE PHASE 1, LLC - 87-4734927, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	-228,715.	3,139,109.2	REBUILD METRO BALTIMORE 2, LLC
REBUILD METRO JOHNSTON SQUARE LIHTC, LLC - 87-4762662, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	-45,366.	56,832.	REBUILD METRO, INC.
EAST BALTIMORE HISTORIC I, LLC - 46-1761885 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	EAST BALTIMORE MANAGING MEMBER, INC.
EAST BALTIMORE HISTORIC II, LLC - 46-4922302 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	EAST BALTIMORE MANAGING MEMBER II, INC.
EAST BALTIMORE MASTER TENANT, LLC - 46-1784160, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	EAST BALTIMORE MASTER TENANT, INC.
EAST BALTIMORE MASTER TENANT II, LLC - 46-4924834, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	EAST BALTIMORE MASTER TENANT MANAGER II, INC.
EAST BALTIMORE MASTER TENANT III, LLC - 47-5522577, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	0.	0.	EAST BALTIMORE MASTER TENANT MANAGER III, INC.
GREEN SPACE REGISTER LLC - 92-3288062 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	-93,639.	8,705.	EAST SIDE PARTNERS, LLC
TEACHER HOUSING AT BIDDLE - 93-1519997 1129 NORTH CAROLINE STREET BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MARYLAND	-1,771.	666,237.	REBUILD JOHNSTON SQUARE PARTNERS, LLC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST BALTIMORE HISTORIC III, LLC - 47-5304349, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MD	EAST BALTIMORE MANAGING MEMBER III, INC.	RELATED	-252,965.	1,764,956.	X		N/A	X		1.00%
BURLINGTON MM, LLC - 45-3977308, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MD	REBUILD METRO - SCOTLAND COMMONS, INC.	RELATED	7,587.			X	N/A	X		51.00%
MANALAPAN MM, LLC - 27-4537935, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES	MD	REBUILD METRO - SCOTLAND COMMONS, INC.	RELATED	16,278.			X	N/A	X		51.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
REBUILD METRO - SCOTLAND COMMONS, INC. - 27-3130079, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED	NJ	REBUILD METRO, INC.	C CORP	21,456.	221,915.	100%	X	
EAST BALTIMORE MANAGING MEMBER, INC. - 46-1773208, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED	MD	REBUILD METRO, INC.	C CORP	71,804.	6,577,420.	100%	X	
EAST BALTIMORE MASTER TENANT, INC. - 46-1795861, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED	MD	REBUILD METRO, INC.	C CORP	-212,779.	157,493.	100%	X	
EAST BALTIMORE MANAGING MEMBER II, INC. - 46-4937041, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED	MD	REBUILD METRO, INC.	C CORP	-144,800.	6,517,011.	100%	X	
EAST BALTIMORE MASTER TENANT MANAGER II, INC. - 46-4937318, 1129 NORTH CAROLINE STREET, BALTIMORE, MD 21213	REAL ESTATE INVESTMENT FOR DISADVANTAGED	MD	REBUILD METRO, INC.	C CORP	-163,018.	260,306.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EAST BALTIMORE MASTER TENANT I, INC.	Q	114,390.	FMV
(2) EAST BALTIMORE MASTER TENANT II, INC.	Q	118,922.	FMV
(3) EAST BALTIMORE MASTER TENANT III, INC.	Q	153,792.	FMV
(4) EAST BALTIMORE HISTORIC I, LLC	A	153,528.	FMV
(5) EAST BALTIMORE HISTORIC II, LLC	A	33,322.	FMV
(6) EAST BALTIMORE HISTORIC III, LLC	A	39,100.	FMV

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE HISTORIC III, LLC

DIRECT CONTROLLING ENTITY: EAST BALTIMORE MANAGING MEMBER III, INC.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

REBUILD METRO - SCOTLAND COMMONS, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MANAGING MEMBER, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MASTER TENANT, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MANAGING MEMBER II, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MASTER TENANT MANAGER II, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

REBUILD METRO - 1700, LLC

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MANAGING MEMBER III, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EAST BALTIMORE MASTER TENANT MANAGER III, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

BUFORD MANLOVE MEMBERS, LLC

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

REBUILD METRO - GREENMOUNT, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES

NAME OF RELATED ORGANIZATION:

REBUILD METRO-MAPLE SHADE, INC.

PRIMARY ACTIVITY: REAL ESTATE INVESTMENT FOR DISADVANTAGED COMMUNITIES