Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Department of the Treasury

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	Amend	ded return	DURHAM				NC			G Gross			640.
	Applica	ation pending	F Name and add	ess of principal	officer			ì		a group return		\ <u></u>	Yes X No
			STANCIL M CLA					10 2 / 202	Are all !f'No,'	subordinates attach a list (included see instr	? uctions)	Yes No
<u></u>		mpt status	X 501(c)(3)	501(c) () ~ (in	sert no)	4947(a)(1)	or \ \(\frac{527}{527}\frac{5}{5}					
J	Websit	te: ► N/	Α				<u> </u>		H(c) Group	exemption nu	mber 🏲	<u> </u>	
K	Form of 0	organization	X Corporation	Trust	Association	Other >		L Year of formatio	199	9 M	State of le	egal domicile	NC
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			e the organizat			uficant activi	ties:]	RECLAIMIN	IG REN	TAL HO	USIN	G IN T	HE_CITY_
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			business taxab								7b		0.
									P	rior Year		Curre	nt Year
•	8 Co	ntributions	and grants (Par	t VIII, line 11	n)					· · · · · · · · · · · · · · · · · · ·			
₹0	9 Pro	ogram serv	ice revenue (Pa	rt VIII, line 2	g)		The state of the s	=======================================	ZZ .94	91,1	51.		94,640.
₽	10 Inv	estment in	come (Part VIII,	column (A),	lines 3, 4, an	d 7d) . 🤼 .		ENED					
Revenue	11 Oth		e (Part VIII, colu						(3)				
_			- add lines 8 t						3 1	91,1	51.	- <u>-</u>	94,640.
9	1		milar amounts p			6	11		<i>i</i>				
FEB			to or for membe				6\ @ · · ·		3				
	15 Sa	laries, othe	r compensation	, employee	benefits (Part	IX, column	(A)∬lines 5-	10)"					
L	16a Pro	ofessional f	undraising fees	(Part IX, col	umn (A), line	11e)							
SC/Expanses	b To	tal fundrais	ıng expenses (F	Part IX, colur	mn (D), line 2	5) ►		0.	第17号	<u> </u>	, 2, 7, , 2, 4,	學園演	動物では、
	17 Oth	her expens	es (Part IX, colu	ımn (A), lıne	s 11a-11d, 11	f-24e)				100,9	48.	1	106,739.
5	18 To	tal expense	es Add lines 13	-17 (must ed	լual Part IX, c	olumn (A), I	ıne 25)		L	100,9	48.	1	106,739.
_		venue less	expenses Sub	tract line 18	from line 12			<u> </u>	J	-9,7	97.		12,099.
P 80									Beginnır	ng of Curre	nt Year	End o	of Year
alan	20 To	•	Part X, line 16)							660,7	149.		39,960.
ot Assets or nd Balances	21 To	tal liabilities	(Part X, line 26	3)		• • • • •			<u></u>	763 , 0	24.		754,684.
S.S.		t assets or	fund balances	Subtract line	21 from line	20	· · · · · ·			-102,2	275.		14,724.
Pa	rt II	Signatur	e Block										
Unde	er penalties d	of perjury, I dec	lare that I have examer (other than officer)	ined this return.	including accomp	anying schedul	es and stateme	nts, and to the bes	of my know	ledge and be	lief, it is tr	ue, correct, an	d
Comp	Diete Decian	audit of prepare	er (other than officer)	is based on all	information of with	cn preparer nas	any knowledge	<u> </u>					
		Sugnetiv	re of officer										
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	eparer	Firm's name			IAMS ACC	PUNTANT	SINC						
US	e Only	Firm's addre	====		<u>i blvd</u>	<u>Suite 1</u>				Firm's EIN	20	-148616	5
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_			s return with the			<u> </u>		<u> </u>	<u></u>		<u> </u>	. X Yes	No
BA	A For Pa	perwork R	leduction Act N	lotice, see	the separate	instruction	s.	TEE	A0101 10/1.	2/15		Form	990 (2015)

Form	990 (2015)	REBUILD DURHAM			5	6-2150393	Page 2
Par		ement of Program Se		nents			
		r if Schedule O contains a re	esponse or note to any lir	e in this Part III		<u></u>	<u></u> []
1	Briefly describ	oe the organization's missio	n:				
	• •	NG RENTAL HOUSIN					
		M, NORTH CAROLIN					
	35 3346						
				~			
2	Did the organ	uzation undertake any signi	ficant program services d	uring the year wh	ich were not listed on the prior	 	
_	Form 990 or 9		· · · · ·	-		Yes	X No
		be these new services on					<u> </u>
3	· · · · · · · · · · · · · · · · · · ·			es in how it condu	cts, any program services? .	· · · · T Yes	X No
•	_	be these changes on Sche	-	55 III 116W II 66 II 66	ione, any program convices		<u> </u>
4	Describe the	organization's program sen	uce accomplishments for	each of its three l	argest program services, as m	easured by expens	es
•	Section 501(c	c)(3) and 501(c)(4) organization of the control of	tions are required to repo	ort the amount of	grants and allocations to others	the total expenses	3,
4 a	(Code:) (Expenses \$	106,172. includ	ing grants of \$	0 .) (Reve	nue \$9	(4,640.)
	PURCHASE	E RESTORATION AND	RENTAL OF PRO	PERTY LOCAT	ED IN DURHAM		
	NORTH CA	AROLINA					
							-
						 -	
41	(Code) (Expenses \$	ınclud	ing grants of \$) (Reve	nue \$)
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	: (Code) (Expenses \$	unclud	ling grants of \$) (Reve	nue \$	
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4		m services, (Describe in Sc					
	(Expenses	\$	including grants of) (Revenue \$)
4	otal program	m service expenses	106,172				

ADC Page 3

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

Part IV Checklist of Required Schedules (continued)

Yes No Х 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.................. 24c 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Χ Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Χ 31 32 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Χ 35a Χ 35b Χ 36 Х Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2015) REBUILD DURHAM INC 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		· · ·	. [
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a		1-	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	-	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►	7.3	; -	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	`*-	, ,	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6 a	-	X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		 _
7 -	Organizations that may receive deductible contributions under section 170(c).	ŝ		7,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	- <u>-</u>		
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		$\frac{x}{x}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h]	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ŧ.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	j	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1
11	Section 501(c)(12) organizations. Enter.			ļ
а	Gross income from members or shareholders	4		,
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		-,	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.		T	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
AA	TEFA0105 10/12/15	Form	990 /2	0151

	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			. Гх
Sec	tion A. Governing Body and Management			· 14,
	Mon A Covorting Doub and management		Yes	No
1:	Enter the number of voting members of the governing body at the end of the tax year	_	, ,	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		i .	
ı	b Enter the number of voting members included in line 1a, above, who are independent			
2			λ , 	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents)		1
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 :	a 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?	7 a		Х
	h Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,	*	÷
	a The governing body?	8 a	Х	
1	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
i	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	l		
	operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a	_X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
•	C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	.'- -		<u> </u>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a		_ <u>X</u> _
	b Other officers or key employees of the organization	15 b		_X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	İ	· [*]
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
١	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
Ser	organization's exempt status with respect to such arrangements?	16 b		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	 vailab	e	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
19		e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
		.9) 6	80-9	ያስፍ
BAA		Form		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

Form 990 (2015)

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REBUILD	DUDLIAM	TNC
KERUTED	DUKHAM	TINC

Part VIII Compensation of Officers, Independent Contractors	Directors,	Trustees,	Key Employees,	Highest	Compensat	ed Employees	, and
Independent Contractors							

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

				(C)							
(A) Name and Title	(B) Average hours per	15	both dire	an of ector/	ficer a truste	ck more person and a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DORCUS BRADLEY	0.50										
SECRETARY		Х		X				0.	0.	0.	
(2) DARLENE TILLEY BOOKKEEPING/CONSULTANT	0.50	Х		х				0.	0.	0.	
(3) STANCIL CLARK CHAIRMAN	0.50	х		х				0.	0.	0.	
	0.50	Х						. 0.	0.	0.	
(5) EUGENE TATUM DIRECTOR	0.50	х						0.	0.	0.	
(6) PEARL MASON DIRECTOR	0.50	х						0.	0.	_ 0.	
	10.00	х		х				25,458.	0.	0.	
(8) NANCY LOVE DIRECTOR	0.50	х						0.	0.	0.	
(9) ROGER CHILDS DIRECTOR	0.50	X						0.	0.	0.	
(10)											
(11)											
<u>(12)</u>											
(13)			-								
(14)		-	-								

TEEA0107 10/12/15

Part VII Section A. Officers, Directors, 110	(B)	Ley	<u> </u>) (C	_	c 3, (alic	i riigilest Con	iperisateu Emp	loyee	s (continuea)
· (A) Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)				Reportable compensation from	(E) Reportable compensation from	amou	(F) stimated unt of other		
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	pensation om the anization d related anizations
(15)											
(16)											
(17)											
(18)											 -
(19)							_				
(20)											
(21)											 -
(22)				,							
(23)											
(24)											 .
(25)											
1 b Sub-total	<u> </u>		<u> </u>		<u></u>		-	25,458.	0.		0.
c Total from continuation sheets to Part VII, Section	on A						>				
d Total (add lines 1b and 1c)							>	25,458.	0.		0.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	abo	ve)	who	rece	eive	d more than \$100,0	000 of reportable con		
			-								Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in								st compensated em		. 3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	han \$150,	00Ò?	If 'Y	es' (com	olete	Sch	nedule J for			
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat	on fr	om a	any i	unre	lated	org	anization or individ		5	X
Section B. Independent Contractors										.1 0	^A
Complete this table for your five highest compensation from the organization. Report compensation.	ed indepensation fo	nden r the	t cor cale	ntrac nda	ctors r yea	that ar end	reco	eived more than \$1 with or within the	00,000 of organization's tax yea	ar.	
(A) Name and business addr	ess		·					(B) Description o			C) nsation
			_								
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	ose	liste	d ab	ove) who received moi	re than		
RΔΔ					_	_					

Form 990 (2015) REBUILD DURHAM INC 56-2150393 Page 9 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 Unrelated Revenue exempt business excluded from tax function under sections revenue revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue **Business Code** 2a RENTAL INCOME 531110 92,686 92,686 0 b OTHER TENANT INCOME _ _ 531110 0 0. 531110 MISCELLANEOUS 1,954 0 f All other program service revenue . . 94,640 Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds . . . (ı) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss)........ 8 a Gross income from fundraising events Other Revenue (not including.,\$ of contributions reported on line 1c) See Part IV, line 18. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19.

			}	ļ	ſ
b Less direct expenses b	1		-		
c Net income or (loss) from gaming activities	s				
10 a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventor	y >				
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					

BAA

12

e Total. Add lines 11a-11d

TEEA0109 10/12/15

94,640

94,640

Form 990 (2015)

0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) a	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 ar	ny line in this Part IX

Do 6b,	not include amounts reported on lines 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		эхролоос	general expenses	expenses
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				
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			 	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				1
9	Other employee benefits				
10	Payroll taxes			 	
11	Fees for services (non-employees).	····		 	
a	Management			1	
t	Legal	· · · · · · · · · · · · · · · · · · ·		 	
c	Accounting	630.	0.	630.	
c	Lobbying		<u> </u>	630.	0.
e	Professional fundraising services See Part IV, line 17 .		1,2	1 2 4	
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	8,329.	8,329.	0.	0.
14	Information technology				
15 16	Royalties				
17	Occupancy	5,537.	5,537.	0.	0.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	500.	0.	500.	
20	Interest	7,169.	7,169.	0.	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,655.	20,655.	0.	0.
23	Insurance	4,084.	4,084.	0.	0.
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,			
а	RENTAL R&M	25,194.	25,194.	0.	
	TELEPHONE	2.755.	2.755.	0.1	0.
С	CONTRACT LABOR	25,458.	25,458.	0.1	
d	BOARD MEETING SUPPLIES	0.	2.7, 4.70.	0.	0.
е	All other expenses	6,428.	6,428.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	106,739.	105,609.	1,130.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).	, , , , , ,		1,100	0.

		Check if Schedule O contains a response or note to any line in this Part X		• • •	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,602.	1	1,468.
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,905.	4	9,905.
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees. Complete		ļ	
		1		5	<u> </u>
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	7
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	100	Land, buildings, and equipment cost or other basis	,		
	iva	Complete Part VI of Schedule D	•		
	b	Less: accumulated depreciation	647,442.	10 c	626,787.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11	1,800.	12	1,800.
	13	Investments - program-related See Part IV, line 11		13	
ĺ	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	660,749.	16	639,960.
	17	Accounts payable and accrued expenses	2,640.	17	2,640.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	······	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	719,557.	23	712,617.
l	24	Unsecured notes and loans payable to unrelated third parties	110,001.	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
		· · · · ·	40,827.	25	39,427.
	26	Total liabilities. Add lines 17 through 25	763,024.	26	754,684.
S		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	r ³		-
질	27	Unrestricted net assets		27	
曺	28	Temporarily restricted net assets		27	
m	29	Permanently restricted net assets		28 29	
2	25	Organizations that do not follow SFAS 117 (ASC 958), check here ► X		29	
Net Assets or Fund Balance		and complete lines 30 through 34.			
ध	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds	-102,275.	32	-114,724.
<u>ē</u>	33	Total net assets or fund balances	-102,275.	33	-114,724.
	34	Total liabilities and net assets/fund balances	660,749.	34	639,960.
BA	A				Form 990 (2015)

Forr	n 990 (2015) REBUILD DURHAM INC 56-	<u>-2150</u>	<u> 393 </u>		Page 1	2
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·	<u></u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94	,640.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		106	739.	
3	Revenue less expenses. Subtract line 2 from line 1	3			,099.	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,275.	_
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				-
7	Investment expenses	7				_
8	Prior penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		-114	<u>,374.</u>	_
Pa	rt XII- Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII]
				Ye	s No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u>, , , , , , , , , , , , , , , , , , , </u>			,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			装装	[4]	1
	in Schedule O			34 49 14 14		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	1	E	osia Da		-
	separate basis, consolidated basis, or both		L			
	X Separate basis				ŀ	
	b Were the organization's financial statements audited by an independent accountant?		· · L	2 b	X	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			.,	1 .	
	basis, consolidated basis, or both			1.4	열.	
	Separate basis Consolidated basis Both consolidated and separate basis			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		_
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audreview, or compilation of its financial statements and selection of an independent accountant?	lit, 		2c >	χ	
	If the organization changed either its oversight process or selection process during the tax year, explain			77	1	-
	ın Schedule O		is.			اِ
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a	l _x	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			\top	-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits]	3 b		
BA				orm 990	(2015)	- }

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer Identification number

REBUILD DURHAM INC			56-215039	
Part I Reason for Public Charity Status	(All organizations must c	omplete thi	s part.) See instructio	ns.
The organization is not a private foundation because it i	s: (For lines 1 through 11, ched	k only one bo	x.)	A
1 A church, convention of churches, or associate	ion of churches described in s	ection 170(b)	(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 99	00 or 990-EZ).)	
3 A hospital or a cooperative hospital service of	ganization described in sectio	n 170(b)(1)(A)(iii).	
4 A medical research organization operated in a	conjunction with a hospital desi	cribed in secti	on 170(b)(1)(A)(iii). Enter t	the hospital's
name, city, and state				•
5 An organization operated for the benefit of a c	college or university owned or o	perated by a	governmental unit describe	d in section
6 A federal, state, or local government or gover	nmental unit described in sect i	on 170(b)(1)(A)(v).	
7 X An organization that normally receives a subsin section 170(b)(1)(A)(vi). (Complete Part I	tantial part of its support from a	a governmenta	al unit or from the general p	ublic described
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 An organization that normally receives: (1) more from activities related to its exempt functions investment income and unrelated business ta June 30, 1975 See section 509(a)(2). (Comp.)	 subject to certain exceptions xable income (less section 511 	, and (2) no m	ore than 33-1/3% of its sup	port from gross
10 An organization organized and operated exclu			, ,, ,	
11 An organization organized and operated exclion or more publicly supported organizations designed lines 11a through 11d that describes the type	cribed in section 509(a)(1) or s	section 509(a)	(2). See section 509(a)(3)	urposes of one . Check the box in
Type I. A supporting organization operated, s organization(s) the power to regularly appoint complete Part IV, Sections A and B.	upervised, or controlled by its so or elect a majority of the direct	supported orga tors or trustees	inization(s), typically by giv s of the supporting organiza	ing the supported ation You must
b Type II. A supporting organization supervised management of the supporting organization v must complete Part IV, Sections A and C.	or controlled in connection wit ested in the same persons that	h its supported control or ma	d organization(s), by having nage the supported organiz	control or zation(s). You
c Type III functionally integrated. A supporting organization(s) (see instructions). You must o	g organization operated in con complete Part IV, Sections A	nection with, a D, and E.	nd functionally integrated v	vith, its supported
d Type III non-functionally integrated. A supp functionally integrated The organization gene instructions) You must complete Part IV, Se	rally must satisfy a distribution	connection w requirement a	ith its supported organization ind an attentiveness required in the control of th	on(s) that is not ement (see
Check this box if the organization received a untegrated, or Type III non-functionally integra	written determination from the lited supporting organization.	RS that it is a	Type I, Type II, Type III fun	ctionally
f Enter the number of supported organizations .				
g Provide the following information about the support	orted organization(s).			
(i) Name of supported (ii) EIN organization	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization liste in your governin document?		(vI) Amount of other support (see instructions)
	Į.	Yes No	_	
		1 1		
(A)		1		}
(B)				
(C)				
(D)				
(D)		+	+	
(E)				
Total				<u> </u>
BAA For Paperwork Reduction Act Notice, see the I	nstructions for Form 990 or	990-EZ.	Schedule A (Forr	n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 REBUILD DURHAM INC 56-2150393

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 I	ne 5. 7. or 8 of Part I	I or if the organization	failed to qualify	under Part III. If the
(Complete only if you	Origonou and box our		. o and organization,	idilod to quality	411461 1 411 1111 11 416
organization fails to q	ualify under the tests	listed below, please	complete Part III.)		

<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		6,000.				6,000.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 [6,000.				6,000.
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)			,		er i i	
6	Public support. Subtract line 5 from line 4		43,			2 7 7 72 2 70 2 70	6,000.
<u>Sec</u>	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		6,000.				6,000.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	1 * 1 * 2 * 1 SK			· ·	1.52.1	6,000.
12	Gross receipts from related activities	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and st						▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 2015						100.00%
15	Public support percentage from 20	14 Schedule A, Pa	art II, line 14			15	6.89%
16 a	16a 33-1/3% support test — 2015. 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						
t	b 33-1/3% support test – 2014. 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						
17 a	17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organize	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	s ▶ ∐
BAA					Sch	nedule A (Form 990	or 990-EZ) 2015

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

Complete anti- from absolved	the boy on line 0 of Part I or if the	Organization failed to qualify	under Dort II. If the organization foile
(Complete only if you checked	the box on line 3 of Fart For it the	organization falled to quality	under Part II. If the organization fails
to qualify under the tests listed	below, please complete Part II.)		

Sect	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions						
	and membership fees received (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admis-						/
-	sions, merchandise sold or						
	services performed, or facilities						1
	furnished in any activity that is						1
	related to the organization's	\ 					j
•	tax-exempt purpose			 			
3	that are not an unrelated trade			{			1
	or business under section 513 .					1	
4	Tax revenues levied for the					t — — —	
	organization's benefit and						
	either paid to or expended on						1
_	its behalf	<u></u>					
Э	facilities furnished by a						
	governmental unit to the			1		}	ł
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1.						
	2, and 3 received from						
	disqualified persons					<u> </u>	<u> </u>
b	Amounts included on lines 2						
	and 3 received from other than	ĺ				}	ĺ
	disqualified persons that		<i>[</i>			[1
	exceed the greater of \$5,000 or 1% of the amount on line 13					<u> </u>	<u> </u>
	for the year		/				i
	Add lines 7a and 7b			-			
	Public support. (Subtract line	1 h 1 h	5 A 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1	11 Mg 01	s (5g 5) 78	J. 1 J. 1	- .
•	7c from line 6.)		1 100 10	The state of the s	弘小泰江高州	制造操作等	हें
Sec	tion B. Total Support			<u> </u>	· _ ·_		
	dar year (or fiscal year beginning in)	(a) 2011/	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(-) (-)	(3) = 3 1 2	(0) = 0.15	(=) == :	(0,000	
	Gross income from interest, dividends,					 	
iva	payments received on securities loans,						
	rents, royalties and income from					ł	
	similar sources						
b	Unrelated business taxable	1					
	income (less section 511 taxes) from businesses			İ		}	
	acquired after June 30, 1975						
c	Add lines 10a and 10b		··				
11	Net income from unrelated business						
• •	activities not included in line/10b,			l			l
	whether or not the business is						İ
	regularly carried on . //				ļ	ļ	
12	Other income Do not include]]	1
	gain or loss from the sale of capital assets/(Explain in						
	Part VI)	}		ľ		1	Í
13	Total support. (Add lines 9,					i	
	10c, 11, and 12.)				<u> </u>	,	
14		s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
	organization, check this box and s				<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Pu				<u> </u>		
15	Public support percentage for 201						15
16	Public support percentage from 20	014 Schedule A, Pa	art III, line 15				16 %
	tion D. Computation of Inv						
17	Investment income percentage for))	T.	17 %
18						 -	
	Investment income percentage fro					L	18 8
туа	33-1/3% support tests — 2015. If	tne organization d	a not check the bo	ox on line 14, and l	ine 15 is more tha	n 33-1/3%, and	d line 17
L	is not more than 33-1/3%, check to		-			_	L-I
D	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz						
	- II-vate Iouiluation. II the organiz	auon did not check	va pox on line 14,	isa, or isb, check	uns pox and see	mstructions	· · · · · · · · · · •

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

				V	L
		_		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	- 1	,	, , , , , , , , , , , , , , , , , , ,	
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain		1		
	,,,,	· ·	•		-
2	Did the organization have any supported organization that does not have an IRS determination of status under section			`	
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		2		
		∵. ⊢	-		-
3 :	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)				ļ
	and (c) below	· ·	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	7	,	13.	ľ
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			-31 A.	<u>`</u>
	made the determination	· · L	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		, ,	1	
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		3c		
4 :	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	-	-		
	in you checked that of the literatti, answer (b) and (c) below	· ·	4a		ļ
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		*		ζ,
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	<u> </u>			
	or supervised by or in connection with its supported organizations	· · _	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination under			, , ,	
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that				
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	· · _'	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)	-	· .	. [
	and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported	Ì		٤	
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by				
	amendment to the organizing document)	/	5a		
	Type Lor Type II only. Was any added or substituted supported accounts to a least the standard account of a least the standard				
•	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	· · _ ;	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one				
	or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		6		
_			_	\dashv	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	•	}	l	
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		7		
8	Did the organization make a loan to a dismissified names (so defined in a still 4050) and described in the TO KING I		_	\neg	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>	8		
_		·	_	\dashv	
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			}	
	If 'Yes,' provide detail in Part VI		9a		
ŀ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the		7	\neg	
-	supporting organization had an interest? If 'Yes,' provide detail in Part VI	[9ь		
				\neg	
•	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		9c		
40-				-	
108	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'				
	answer 10b below	10	0a		
ŀ	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine		\top		
•	whether the organization had excess business holdings.)	10	0b		

11 Has the organization accepted a gift or contribution from any of the following persons? 3 A version who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported againstation? 5 A Stift controlled entity of a person described in (a) above? 5 A Stift controlled entity of a person described in (a) above? 5 A Stift controlled entity of a person described in (a) above? 6 A Stift controlled entity of a person described in (a) above? 6 A Stift controlled entity of a person described in (a) above? 7 Yes I No. 8 Section B. Type I Supporting Organizations 1 Did the direction, trustees, or membership of one or more supported organizations have the power to requisitly appoint or elect at least a majority of the organization of effectively operated, supervised, or controlled the organizations activities in Part V flow this supported organization (a) effectively operated, supervised, or controlled the organization and the purposes of the supported organization have the power to support a organization of the supported organization of the result of the properties of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the person of the supported organization of the result of the organization of the supported organization of the result of the organization of the supported organization of the result of the supported organization of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result	Га	it iv Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? b A family member of a person described in (a) above? b A family member of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part W 11b Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect all least is amportly of the organization in derectors or trustees are supported organizations. As well all least is amportly of the organization of the control organization and the control organization and the control organization and the control organization and the control organization and the control organization and the control organization and the control organization organization and the control organization organizat	11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If Yes to a, b, or c, provide detail in Part VI. 11b Section B. Type Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organizations of directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organizations of directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organizations or directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organizations and the proposed organization and the proposed organization and the proposed organization and the proposed organization and the proposed organization or examination or examinations of the temporal proposed organization and the purposes of the supported organizations of the tax person or controlled the supported organizations of the supported organizations of the tax person or trustees of each of the agrinazation and the supported organizations of the supported organization of the supported organization or supporting organization and the supported organization organization was vested in the same persons that controlled or managed the supported organization (s) the last day of the fifth month of the organization provide to each of its supported organizations by the last day of the fifth month of the organization provide to each of its supported organizations by the last day of the fifth month of the organization received by a supported organization or supported organization (s) or the supported organization organization (s) or the supported organization organization (s) or the organization organization (s) or the organization organization (s) or the organization or		a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	44-	<u>, ;</u>	
c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI				 	ļ
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2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 or (iii) returning on the governing body of a supported organization's in the part VI how the organization and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported 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. 3 Section E. Type III Functionally-Integrated Supporting Organizations. 4 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions): 5 a The organization satisfied the Activities Test Complete line 2 below. 5 b The organization is the parent of each of its supported organizations. Complete line 3 below 6 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 7 Activities Test. Answer (a) and (b) below. 8 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 during the tax year directly further the exempt purposes of the supported organization has activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations and explain how these activities during the tax year directly further the exempt purposes of the organization was responsive to those supported organizations, and how the organization is position that its supported organization (s) would have		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			* ^ v@
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
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	I	o Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions A	ber 20, 1970. See Instru e A through E	ctions. All
Sec	tion 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		
Sec	tion 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):			
8	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)	,		te-
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3	· 	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, , ,	
2	Enter 85% of line 1	2	, - = ,,	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	*, - ·	<u> </u>
	Enter greater of line 2 or line 3	4	, ,	
5	Income tax imposed in prior year	5	, ,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	· ·	
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	e III supporting organization	on

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		<u> </u>	——————————————————————————————————————
3	Administrative expenses paid to accomplish exempt purposes of support			
4	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>	. <u> </u>	
7	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6	<u>.</u>	<u>.</u>	
10	Line 8 amount divided by Line 9 amount			
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iil) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)	;		
3	Excess distributions carryover, if any, to 2015	,		
a		×		*
b				* ,_
	· · · · · · · · · · · · · · · · · · ·			
d	From 2013	,		;
	From 2014			
	Total of lines 3a through e		and the second s	
	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	And the second s	
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			,
- 	Remainder. Subtract lines 3g, 3h, and 3i from 3f			- · · , · · ·
<u>_</u>	Distributions for 2015 from Section D,	Pa	4	
4	line 7	* '.		
a	Applied to underdistributions of prior years	,		
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	-1		·
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	,		
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
-8	Breakdown of line 7)		
a				
<u>a</u>				
	Excess from 2013	4	 	
	Excess from 2014			
	Excess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

| 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.)

SCHEDULE D (Form 990) ·

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	REBUILD DURHAM INC			56-2150393
Par	Organizations Maintaining Don	or Advised Funds or Other	Similar Fun	nds or Accounts.
<u>. u.</u>	Complete if the organization answ	vered 'Yes' on Form 990, Par	t IV, line 6.	
		(a) Donor advised fund	s	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono are the organization's property, subject to the or	r advisors in writing that the assets h	neld in donor ad	dvised funds
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing that g f the donor or donor advisor, or for a	rant funds can	be used only se conferring
Par	t II Conservation Easements.			
	Complete if the organization answ	vered 'Yes' on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply	<i>(</i>)	
	Preservation of land for public use (e g , red	creation or education)	Preservation of	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contri	bution in the for	rm of a conservation easement on the
	last day of the tax year.			Uplied at the End of the Tay Voc
_	Total surplies of concentration comments			Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easem			
	Number of conservation easements on a certific	• •		. 26
•	Number of conservation easements included in structure listed in the National Register			. 2 d
3	Number of conservation easements modified, tr tax year ►			
4	Number of states where property subject to con	servation easement is located >		
5	Does the organization have a written policy rega		ction handling	- of violations
•	and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violations, a	and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, ins ▶\$	pecting, handling of violations, and e	enforcing conse	rvation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	ents of section	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	rts conservation easements in its rev the organization's financial statemer	venue and expe	ense statement, and balance sheet, and es the organization's accounting for
	conservation easements. t Organizations Maintaining Coll	actions of Art Historical Tr	00011700 07	Other Similar Accets
Par	Complete if the organization ansv	vered 'Yes' on Form 990, Par	t IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under sart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its financial	neld for public exhibition, education,	or research in f	atement and balance sheet works of furtherance of public service, provide,
ı	If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these items	SFAS 116 (ASC 958), to report in its for public exhibition, education, or re	revenue staten esearch in furth	nent and balance sheet works of art, lerance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			·
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	3	
	Revenue included on Form 990, Part VIII, line 1			
1	Assets included in Form 990, Part Y			- c

Part III Organizations Maintain	ing Collec	tions of A	rt, Histo	orical T	reasures, or	Other Simila	ar Ass	ets (c	ontınu	ıed)
3 Using the organization's acquisition, items (check all that apply)	accession, an	d other recor	ds, check	any of the	e following that a	re a significant u	use of its	collect	ion	
a Public exhibition		ď	Loan	or exchan	ge programs					
b Scholarly research		e	Other							
c Preservation for future generatio	ns									
4 Provide a description of the organiza Part XIII.	tion's collection	ons and expla	in how the	ey further	the organization'	s exempt purpor	se ın			
5 During the year, did the organization to be sold to raise funds rather than t	to <u>be maintain</u>	ed as part of	the organ	ization's c	ollection?	. <u></u> . <u>.</u> <u>.</u> .		Yes		No
Part IV Escrow and Custodial A	Arrangeme ount on Fo	e nts. Comp rm 990, Pa	plete if that art X, line	he orgai e 21.	nization answ	rered 'Yes' or	n Form	990,	Part I\	√,
1 a Is the organization an agent, trustee, on Form 990, Part X?	custodian or	other interme	diary for c	contributio	ns or other asset	ts not included	[Yes	Γ	□No
b If 'Yes,' explain the arrangement in P	art XIII and co	omplete the fo	ollowing ta	ble				_	_	_
							-	Amount		
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance										
2 a Did the organization include an amou						=	_		<u> </u>	No
b If 'Yes,' explain the arrangement in P	art XIII. Chec	k here if the e	explanation	n has bee	n provided on Pa	art XIII			[ال
12					, ,					
Part V Endowment Funds. Co										
. <u>.</u>	(a) Current ye	ear (I	b) Prior year	<u>r(</u>	c) Two years back	(d) Three yea	rs back	(e) F	our years	s back
1 a Beginning of year balance								<u> </u>		
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		I						ļ		
2 Provide the estimated percentage of	•	ear end balan	ce (line 1g	g, column	(a)) held as:					
a Board designated or quasi-endowme	nt ►	· · · · · · · · · · · · · · · · · · ·	용							
b Permanent endowment	⁹⁶									
c Temporarily restricted endowment										
The percentages on lines 2a, 2b, and	d 2c should ed	qual 100%.								
3 a Are there endowment funds not in the organization by:	e possession	of the organiz	zation that	t are held	and administered	d for the			Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' on line 3a(ii), are the related of	organizations	listed as requ	uired on So	chedule R	?			3b		
4 Describe in Part XIII the intended use	es of the orga	nızatıon's end	dowment f	unds						
Part VI Land, Buildings, and E Complete if the organiza			n Form	990, Pa	rt IV, line 11a	. See Form 9	990, Pa	rt X, li	ine 10	 !.
Description of property		a) Cost or other	er basis	(b) Co	ost or other is (other)	(c) Accumulated	ted		Book va	
1a Land							1			
b Buildings					884,364.	279,	137.		605,	,227.
c Leasehold improvements										
d Equipment			_		11,560.		0.		11.	560.
e Other					18,485.	8.4	485.			,000.
Total. Add lines 1a through 1e. (Column (c	d) must equal	Form 990, Pa	art X, colu	mn (B), lir						787.
BAA							Schedu	le D (F		

Part VII Investments - Other Securities - Other Sec	·	56-2150393	Page
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 1 (c) Method of valuation Cost or end-of-year market value	12.
(1) Financial derivatives	(*)	(c) Welflod of Valuation Cost of end-of-year market value	e
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Part VIII Investments - Program Related. Complete if the organization answered	Yes' on Form 990 F	Part IV line 11c See Form 000 Dest V line 1	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	3.
(1)		(-) Meaned of Valuation Gost of end-of-year market (alue
(2)			
(3)			
(4)			
(5) (6)			
(7)			
_(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >			
Part IX Other Assets. Complete if the organization answered "	Yes' on Form 990 P	art IV, line 11d. See Form 990, Part X, line 15	
(a) De:	scription	(b) Book va	o. lue
(1) (2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Formula (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	
(1) Federal income taxes	(b) Book value		
(2) SUNTRUST LINE OF CREDIT	25,557	7.	
(3) SECURITY DEPOSITS	13,870		
(4) (5)			
(6)		<u>-</u>	
(7)			
(8)			
(9) (10)			j
(11)		_	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	20 407	· ·	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnet	ote to the organization's finance	gal statements that reports the organizations lieblib.	
tax positions under 1 in 46 (ASC 740). Check here it the text of the foothole ha	as been provided in Part XIII.		. 🗇
BAA	TEEA3303 06/03/15	Schedule D (Form 990) 2015
		, to an in a day	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	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.	£ 3
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	-7 ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	1
b Other (Describe in Part XIII.)	- · - -
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:	v-
a Donated services and use of facilities	1
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII)	- [-]
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 la la la la la la la la la la la la la
Total design to the control of the c	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
REBUILD DURHAM INC	56-2150393
Pt VI, Line 8a	YES
	THE 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED WITH IRS BY MEETING
Pt VI, Line 11b	AND ONLINE
	BOARD MEMBERS ANNUAL DISCLOSE ANY CONFLICTS OF INTEREST AND THE BOARD
Pt VI, Line 12c	VOTES ON THOSE CONFLICTS AND NOTES THEM
	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
Pt VI, Line 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST