Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AI	or the	2017 calend	ar year, or tax year beginning July 1, , 2017, and ending J	une 30	, 20 18					
B	Check if ap	plicable	C Name of organization D Emplo	oyer ide	entification number					
	Address cl	hange		1-2688417						
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep	hone nu	imber					
=	Initial retur		165 West Main Street	52	0-689-0200					
=	Amended i	n∕terminated return	City or town, state or province, country, and ZIP or foreign postal code	р Ехе	mption					
=	Application		Superior, Arizona 85173 Num	ber 🕨	·					
G /	Account	ing Method:	✓ Cash Accrual Other (specify) ► H Check ►	► 🗆 i	the organization is not					
1.	Vebsite	:► <u>www</u> .			ach Schedule B					
JT	ax-exem	npt status (che	eck only one) — 501(c)(3)	90, 990)-EZ, or 990-PF).					
K	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets							
(Pa	rt II, colı		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$						
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instruc							
		Check if	the organization used Schedule O to respond to any question in this Part I	<u>. </u>	🗸					
	1		ons, gifts, grants, and similar amounts received	1	36,876					
	2	Program s	ervice revenue including government fees and contracts	2	0					
	3	Membersh	ip dues and assessments	3	0					
	4	Investment	·	4	0					
	5a		ount from sale of assets other than inventory 5a							
	b		or other basis and sales expenses							
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0					
	6	6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than								
•	а									
Ž			6a							
Revenue	b		ome from fundraising events (not including \$ of contributions							
ď	1		aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b							
			· · · · · · · · · · · · · · · · · · ·							
	C		et expenses from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		•					
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines of and ob and subtract							
		•	s of inventory, less returns and allowances	- Ou	0					
	7a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	b		of goods sold	7c	•					
	8 8		nue (describe in Schedule O)	8						
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,876					
_	10		d similar amounts paid (list in Schedule O)	10	500					
	11		aid to or for members	h1	0					
Ø	12		ther compensation, and employee benefits	12	0					
enses	13		al fees and other navments to independent contractors Ω	13	53,570					
96	L		v rent utilities and maintenance	14	0					
Exp	15	Printing, p	ublications, postage, and shipping	15	2,355					
	16	Other exp	enses (describe in Schedule O)	16	60,679					
	17	Total expe	enses. Add lines 10 through 16	17	117,104					
_	140		(deficit) for the year (Subtract line 17 from line 9)	18	-80,228					
¥	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with							
Ass			ar figure reported on prior year's return)	19	104,311					
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	0					
Ž	21		or fund balances at end of year. Combine lines 18 through 20	21	24,083					
Fo	Papen		tion Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2017)					

	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	· ·	🗸
$\overline{}$				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[104,311	22	24,083
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[0	24	C
25	Total assets		[104,311	25	24,083
26	Total liabilities (describe in Schedule O)		<i>.</i> . [26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	104,311	27	24,083
Par						· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?					pured for section
	cribe the organization's program service accomplis					(c)(3) and 501(c)(4) inizations, optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	e services provided	, the number of	othe	
28	Blight Mitigation: Clean ups (3-4 town-wide per yr); o					
	persons served; 400-500 volunteers Incl. faith-based					
	date; collaboration with Town on securing vacant & c					
	(Grants \$ 20,000) If this amount				28a	15,044
29	Small Business Dev. Assistance & creative place-mal	king: Business work	shops to improve ma	arketing;		
	to engage Main Street businesses to advertise togeth	er and welcome new	hotel opening 2019;	social media		
	focus to urge townspeople to buy local; implementing	g bidg murais in Malı	n St. biz district.		i	
	(Grants \$ 6,000) If this amount	ıncludes foreign gra	nts, check here .	<u> ▶ ⊔</u>	29a	5,429
30						
	an Interest In, and serve, Superior residents. Per yea	r, this marketing incl	udes tours of the co	mmunity and	ł	
	on-going projects to 6-8 entitles, both private and pul					
	(Grants \$ 10,000) If this amount	ıncludes foreign gra	nts, check here .	▶ □	30a	5,624
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	<u> </u>
32	Total program service expenses (add lines 28a t	hrough 31a)	. .	<u> ▶</u>	32	<u>l</u>
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	pensated—see the ii	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this			
	Check if the organization used Schedule	T	(c) Reportable	Part IV (d) Health benefits,	<u>· ·</u>	<u> </u>
	Check if the organization used Schedule (a) Name and title	(b) Average hours per week	(c) Reportable compensation	Part IV (d) Health benefits, contributions to employ		
		(b) Average	(c) Reportable	Part IV (d) Health benefits, contributions to employ		Estimated amount of other compensation
Susa	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and		
Susa		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio		
	(a) Name and title an L. Anderson, President	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n C	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	o	
Gary	(a) Name and title in L. Anderson, President Michael Montiel, Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n C	
Gary	(a) Name and title an L. Anderson, President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	o	
Gary	(a) Name and title In L. Anderson, President Michael Montiel, Secretary a C. McKee, Treasurer	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	o	
Gary	(a) Name and title in L. Anderson, President Michael Montiel, Secretary	(b) Average hours per week devoted to position 6 2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	o o	
Gary	(a) Name and title In L. Anderson, President Michael Montiel, Secretary a C. McKee, Treasurer	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	o	
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-Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	Fari	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		./
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
L	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
ь	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	-		-
.	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
ь 39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			İ
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u> </u>		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	4955, and 4958	l		
	40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► None			_
42a	The organization's books are in care of ▶ Rebuild Superior, Inc. (Debra McKee) Telephone no. ▶ Located at ▶ 165 West Main Street, Superior, AZ		9-0200 173	0
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	05	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-	Did the assessmention resintant and described founds during the year? If "Ves." Farm 000 result has	_	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	—	√
C	Did the organization receive any payments for indoor tanning services during the year?	44c	\sqcup	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	 		 -
45-	explanation in Schedule O	44d	\vdash	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\vdash	\vdash
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		V

Form 95	9U-EZ (2	U1 <i>7)</i>						,	age 4
	•							Yes	No
46	Did ti	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposit	tion	-	
·		ndidates for public office? If "Yes," c		, Part I	• • •	<u> </u>	· 46		✓
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations		etions 47, 40h ar	d E2 and	d aamalata th	o tobloo	for lin	~~
		50 and 51.	s illust aliswei que	5110115 41 -43D ai	iu Jz, aik	a complete th	e lables	IOI III I	5 3
		Check if the organization used Sch	adula O to respond	to any question i	n thic Par	F V/I			
		Check if the organization used oci	reduie O to respond	to any question	ii tilis i ai			Yes	No
47		he organization engage in lobbying ? If "Yes," complete Schedule C, Part		section 501(h) elec				T	1
48	•	organization a school as described in		i)? If "Yes." comple	te Schedu	le F			7
49a		he organization make any transfers to	, , , , , , ,						7
b		es," was the related organization a se	•	-			. 491	$\overline{}$	
50		plete this table for the organization's					ors, trust	es, an	d key
		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, itions to employee blans, and deferred empensation	(e) Estima other co	ted amor	
NONE									
					ŀ				
				ľ					
			·····	ļ.,. <u>.</u>		·			
f	Total	number of other employees paid over	er \$100,000	. ▶		_			
51	Comp	plete this table for the organization's	s five highest compe	ensated independe	ent contra	ctors who each	n receive	d more	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensa	tion	
									
NONE				1		ł			
			· . · · · · · · · · · · · · · · · · · ·		_		-		
				1					
					·				
				1					
									
				1		1			
		······································		<u> </u>	-	<u> </u>			
				1					
	Total	number of other independent contra	ctors each receiving	over \$100 000	•	<u> </u>			
52		the organization complete Schedu	•	•	nanizatıor	s must attach	າ ລ		
		pleted Schedule A					.► ⁄ Ye	s ∏ l	No
Under p		of perjury, I declare that I have examined this re	etum, including accompan	ving schedules and stat	ements, and	to the best of my kr			nt us
		d complete Declaration of preparer (other than					g		
	ļ	Lanen	Jastan	re-		may 1	1.200	9	
Sign	- 1	Signature of officer				Date	/	1	
Here		Karen LaFrance, Assistant Treasur	er						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	f PTIN		
Prep	arer					self-employed			
Use	in a let a l				Firm's EIN ▶				
		Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			► 🗌 Ye	s 🔲 ī	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

81-2688417 Rebuild Superior, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in vour governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			167639	36876		204 515
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0		204,515
3	The value of services or facilities furnished by a governmental unit to the organization without charge			o	o		0
4	Total. Add lines 1 through 3			167639	36876		204,515
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)						
6	Public support. Subtract line 5 from line 4		Ϊ				
Secti	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in) 🕨	. (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			167639	36876		204,515
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			o	o		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	o		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			o	o		0
11	Total support. Add lines 7 through 10						204,515
12	Gross receipts from related activities, etc.					12	····
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her				<u> </u>	<u> </u>	🕨 📝
	on C. Computation of Public Suppor				-		
14	Public support percentage for 2018 (line 6		•	1, column (t))		14	<u>%</u>
15	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi				[15	check this
16a	box and stop here. The organization qual						
b	331/2% support test—2017. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16a	a, and line 15 i	s 33¹/₃% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	s-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets th	ne "facts-and-c	circumstances"	test, check t	his box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a,	or 17b, check	this box and	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked the						nder Part II.
·	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	11.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·				<u>/</u>
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201,8 ²	(f) Total
1	Gifts, grants, contributions, and membership fees						1
•	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			<u> </u>			
2	sold or services performed, or facilities						1
	furnished in any activity that is related to the				/		
_	organization's tax-exempt purpose .						ļ
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				/		1
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and 3			1		· · · · · · · · · · · · · · · · · · ·	1
	received from disqualified persons .						1
ь	Amounts included on lines 2 and 3			/			
	received from other than disqualified		l /				
	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	line 6.)	٠.			2		.
Secti	on B. Total Support	; p 4+;	/	6 2 2 6	20'_ 5		1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				1		
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,						1
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	/					1 .
С	Add lines 10a and 10b	/					
11	Net income from unrelated business	7					
	activities not included in line 10b, whether		•				
	or not the business is regularly carned 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.)						1
14	First five years. If the Form 990 is for the	-			-		on 501(c)(3)
	organization, check this box and stop he			<u></u>		· · ·	· · • □
	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8					15	<u>%</u>
16	Public support percentage from 2017 Sch			<u> </u>	· · · · ·	16	%
	on D. Computation of Investment In				(0)	49	
17	Investment income percentage for 2018 (17	<u>%</u>
18	Investment income percentage from 2017					18	%
19a	331/s% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	=	=	-		-	
b	331/2% support tests—2017. If the organize line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di						
20	THE OLIVATION OF	a not oneck a	POV OU III E 14	, ioa, oi iou,	CLIECK RIIIS DOY	und ace moth	

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	æ : ——	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	*,	*
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	·-	٠,
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	· ·	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		4
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		17 T
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	,	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	*	· · · · · · · · · · · · · · · · · · ·
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		* .
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		£3-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	- '	*
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	,		-
L.	supporting organizations)? If "Yes," answer 10b below.	10a		٠ '
b	determine whether the organization had excess business holdings)	10h		<u> </u>

Part	V Supporting Organizations (continued)			
			Yes	No
41	Has the organization accepted a gift or contribution from any of the following persons?	c	3	. ,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			34
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
Secti	on B. Type I Supporting Organizations			
`			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	*		7
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		٠.,	"
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>	γ	<u></u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			4-1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	<u> </u>		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	٠.٠	- *	
	supervised, or controlled the supporting organization.	2		
Secti	on 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	1	<u>.</u>	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	> ^	٦, ٠	"
	or management of the supporting organization was vested in the same persons that controlled or managed		<u>.</u>	
	the supported organization(s).	1		
Secti	on 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	5* 3	- 5	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	• •	ŀ	"
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u>^ -</u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		- 1	١. ١
	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7 .	- •	, =
	significant voice in the organization's investment policies and in directing the use of the organization's		3-	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			لنتا
	supported organizations played in this regard.	3	L	<u> </u>
Secti	on 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 it	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, YA		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		-
	those supported organizations and explain how these activities directly furthered their exempt purposes,	١٠.	٠.	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		لــن∣
	that these activities constituted substantially all of its activities.	2a		ļ,
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	*,,*		"
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	٠ ـ ١	. `	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u> -	لـــــا
	activities but for the organization's involvement.	2b	 	Ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.	1.	:	,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	<u> </u>	الث.
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لنــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	ani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	ain 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 1-1/2% of line 3 (for greater amount, see instructions).	4	•			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C – Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).					

Part	Type III Non-Functionally Integrated 509(a)(3) Supporung Organi	zations (continuea)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	•	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			·
3	Excess distributions carryover, if any, to 2018			-
а	From 2013			
b	From 2014			
¢	From 2015		•	•
d	From 2016			
Ө	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			, j
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			3
4	Distributions for 2018 from Section D, line 7: \$	5 0 0		
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	. <u></u>		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			٠
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		•	
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.		,	-
8	Breakdown of line 7:			2 .11
а	Excess from 2014	e		
b	Excess from 2015	S a secret 13		
С	Excess from 2016		,	,
d	Excess from 2017		- '	
е	Excess from 2018	,	٠,	

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.)
~	

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
Rebuild Superior, Inc	81-2688417
Part I, line 16 Other Expenses	
External Marketing and Advertising: 7,234.90	
External Marketing and Advertising: 7,234,90	
Bank Service Charges: 212.62	
Website; dues & Subscriptions: 2,375	
Charles Blanches WOTA and Miles 4 400 00	
Strategic Planning, VISTA and Misc: 1,189.03	
Training, travel, meals & entertainment: 3,141.36	
	•
Insurance: 850	
Out to the true of	
Outreach & capacity-building: 3,249.96	
Prior Year expenses adjustment (start up): 16,320	
Program Expenses:	
A constitution of the state of	
Community Marketing and collaborations with other NGOs: 5,623.99	
Blight Mitigation and Residential Paint Program: 15,053.46	
Small business assistance & creative place-making: 5,428.67	
TOTAL . CO C70 00	
TOTAL: 60,678.99	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Rebuild Superior, Inc.	81-2688417