	EXTENDED TO MAY 15, 2020	•						
Form 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0687						
2	(and proxy tax under section 6033(e))							
& 1	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 2018							
Department of the Treasury	nent of the Treasury Goes to www.irs.gov/Form990T for instructions and the latest information.							
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only							
A Check box if address changed								
B Exempt under section	Print PROJECT REBUILD, INC.	34-1912951						
X 501(a0)3)		E Unrelated business activity code						
408(e) 220(e)	Type 406 SHORB AVENUE NW	(See instructions)						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code							
529(a)		230000						
C Book value of all assets at end of year	F Group exemption number (See instructions.)							
2,9	12. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) t	trust Other trust						
H Enter the number of the	organization's unrelated trades or businesses. 🕨1 Describe the only (or first) unre	elated						
trade or business here	► CONSTRUCTION . If only one, complete Parts I-V. If	f more than one,						
describe the first in the b	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional	l trade or						
business, then complete								
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No						
	and identifying number of the parent corporation.	20 500 2005						
	► JOANNA JAMES Telephone number ► 3. Trade or Business Income (A) Income (B) Expenses							
		(C) Net						
1a Gross receipts or sale								
b Less returns and allow								
2 Cost of goods sold (S	2.505	3,527.						
3 Gross profit. Subtract 4a Capital gain net incom		3,321.						
• -	4797, Part II, line 17) (attach Form 4797) 4b							
c Capital loss deduction								
•	partnership or an S corporation (attach statement) 5							
6 Rent income (Schedu								
•	ed income (Schedule E)							
	/alties, and rents from a controlled organization (Schedule F) 8							
· · ·	f a section 501(c)(7), (9), or (17) organization (Schedule G)							
	vity income (Schedule I)							
11 Advertising income (S	Schedule J)							
12 Other income (See ins	structions; attach schedule)							
13 Total. Combine lines		3,527.						
	ns Not Taken Elsewhere (See instructions for limitations on deductions)							
(Except for d	contributions, deductions must be directly connected with the unrelated business income)							
· · · · · · · · · · · · · · · · · · ·	icers, directors, and trustees (Schedule K)	14						
15 Salaries and wages		15 1,550.						
16 Repairs and mainten	iance S MAR 1 3 2020	16						
17 Bad debts		17						
	dule) (See ilisti octions)	18 19 303.						
19 Taxes and licenses	OGDEN, UT	<u> </u>						
	ons (See instructions for limitation rules)	20						
·	Form 4562) 21 22a 22a	22b						
23 Depletion	Emilies on Schedule A and eisewhere on return	23						
	erred compensation plans	24						
25 Employee benefit pro		25						
26 Excess exempt exper		26						
27 Excess readership co	` <i>'</i>	27						
28 Other deductions (at		28 3,360.						
•	dd lines 14 through 28	29 5,213.						
	axable income before net operating loss deduction. Subtract line 29 from line 13	80 -1,686.						
	erating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31						
32 Unrelated business t	axable income. Subtract line 31 from line 30	$\frac{1}{32}$ -1,686.						
1 UA Fa	or Panarwark Paduetian Ast Nation, and instructions	Form 990-T (2018)						

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Form 990-1	(2018) PROJECT REBUILD, INC.	34-191295:	1 Page 2
Part I	II Total Unrelated Business Taxable Income		
39	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-1,686.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
		- 55	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	اما	-1,686.
	lines 33 and 34	70 36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 1	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	39	
	enter the smaller of zero or line 36	<u> つ(38</u>]	-1,686.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
		43	
43	Tax on Noncompliant Facility Income. See instructions		0.
Dort V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44]	U •
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
6	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atte	ich schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	10	
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 500		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		•
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	ded ► 55	
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
			<u>x</u>
	here	- 440	$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	├
	If "Yes," see instructions for other forms the organization may have to file.		1 1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$		
C:	Under peralities of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the bescorrect, and complete the peralition of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t of my knowledge and b	pelief, it is true,
Sign	$\sim 10^{10} \text{ M} \sim 10^{10} $	May the IR	S discuss this return with
Here	EXECUTIVE DIRECT		r shown below (see
	Signature of officer Date Title	instructions	s)? X Yes No
	Print/Type preparer's name Preparer's signature Date Ch	eck if PTI	N
Paid		f- employed	
	DAUTE I COURAGE / Called (DA 1-9-50)		00015836
Prepa	ANT ONEY MOTOMIN II O		4-0677006
Use C	4774 MUNSON STREET NW, SUITE 402	5	
	1	hone no. (330) 966-9400
000744 04		none no. (330	Form 990-T (2018)
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Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A	,				
1 Inventory at beginning of year				6 Inventory at end of year				
2 Purchases	2	7 Cost of goods sold. Subtrac			ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2		7			
(attach schedule)	48		8 Do the rules of section	with respect to		Yes	No	
Other costs (attach schedule)	4b		property produced or acquired for resale) apply					
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	(From Real F	Property and	l Personal Property L	.ease	d With Real Propo	erty)		
1. Description of property								
(1)								
(2)								
(3)					<u>. </u>			
_(4)					,			
		d or accrued			3(a) Deductions directly	connected wi	th the income ii	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)				schedule)	
(1)			<u> </u>					
(2)								
(3)			<u></u>					
_(4)								
Total	0.	Total		0.	.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
			2. Gross income from	ł	Deductions directly conn to debt-finance		allocable	
1. Description of debt-financed property			an all annululus de deba		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						1		
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	edjusted basis llocable to iced property schedule)	6. Column 4 divided by column 5	reportable (column (column		llocable deduct n 6 x total of co 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		ere and on paç line 7, column	
Totals			•		0.			0.
Total dividends-received deductions in	ncluded in column	8			>			0.
							Form 990-T	(2018)

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(4)

0.

0.

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Totals (carry to Part II, line (5))

101111 000 1 (2010) 2 1100 2 0 1										
Part II Income From Perio	dicals Reporte	ed on a	Separ	ate Basis (For ea	ch peno	dical listed	ın Pai	rt II, fill in		
columns 2 through 7 on a	line-by-line basis))								
1. Name of periodical	2. Gross 3. advertising income advertis		rect ig costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	or (loss) (col 2 minus 5. Cir i3) If a gain, compute inc		6. F	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more then column 4)	
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.						0.	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)							Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)			0.					0		
Schedule K - Compensation	n of Officers, I	Director	s, and	Trustees (see in	structio	ns)				
1. Name				2. Title					pensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)					·		%			
Total Enter here and on page 1, Part II, I	ine 14						▶		0.	

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
CONSTRUCTION PROJECTS INSURANCE OFFICE SUPPLIES PROFESSIONAL FEES		693. 1,156. 20. 1,491.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	3,360.