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DEC	

Exempt Organization Business Income Tax Return (and proxy tax under section 0803e) For disorder year 2017 of the tax year becoming for instructions and the latest information by the for town as year careful organization is a 501(c) in the formation of the section of the sect	\cdot (C)	8E)				293	39350/	U 4 4	414 0		
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Name of organization (Chreck box if name changed and see instructions.)	Department of the Treasu	ury .		ļ,	Open to Public Inspection for						
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Section Sec	B Exempt under sea	esteron Print	PROJECT HOM	E. INC.				1	•		
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Note		-			8		<u> </u>	236	000		
During the tax year, was the corporation is subsidiary in an affiliated group or a parent-subsidiary controlled group?	at end of year				noration	501(c) trust	401(a)	trust	Other trust		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No			•				40 I(a)	11031	Onler trade		
Tre books are in care of ▶ DANN NELSON Telephone numberr ▶ 60.8 – 24.6 – 37.37			•				▶ [Ye	s X No		
Part I Unrolated Trade or Business Income (A) Income (B) Expenses (C) Net											
1a Gross recepts or sales									_		
b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 2 3 Gross proful. Subtract line 2 from line 10 4 2 2 3 4 4 2 8 6 3 4 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			de or Business Inc	come	_	(A) Income	(B) Expenses	3	(C) Net		
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		A For Paper	work Reduction Act Notice	e, see instructions.				`	Form 990-T (2017)		

Form 990-T	PROJECT HOME, INC.	39-12	<u>79307</u>	Page 2
Part I	II Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation			
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and			
a.	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		[]	
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34		35c	4,211.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on life	ne 34 from.		
	Tax rate schedule or Schedule D (Form 1041)	>	36	
37	Proxy tax. See instructions	•	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	4,211.
Part I				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41	a		
	Other credits (see instructions)	b	7	
	General business credit. Attach Form 3800	С	7	
-	Credit for prior year minimum tax (attach Form 8801 or 8827) 41		7	
	Total credits Add lines 41a through 41d		41e	
	Subtract line 41e from line 40		42	4,211.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	43	1,211
44	Total tax Add lines 42 and 43		44	4,211.
	Payments: A 2016 overpayment credited to 2017	<u>.</u>	''- -	<u> </u>
	2017 estimated tax payments 45	0.000	-	
	Tax deposited with Form 8868 45		'	
	The state of the s		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 45		-	
	Backup withholding (see instructions) 45		-	
	Credit for small employer health insurance premiums (Attach Form 8941))T	-	
9	Other credits and payments: Form 2439			
	Form 4136 Other Total ▶ 45	g		0 000
	Total payments. Add lines 45a through 45g		46	2,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	48	2,211.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	
	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	50	
Part V				1 1
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or of	•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign	gn country		
	here ▶			- X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	eror to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	ients, and to the best of my kn s any knowledge	owledge and belief,	it is true,
Here	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	[May the IRS discuss	this return with
icic	Shipture of officer		he preparer shown	·
	Signature of officer Date Title		nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check L	if PTIN	
Paid	SCOTT HAUMERSEN,	self- employed		
Prepa	rer CPA	<u>'</u>	P0008	
Use C	Firm's name WEGNER CPAS LDP	Fırm's EIN	39-09	74031
	2921 LANDMARK PL STE 300			
	Firm's address ► MADISON, WI 53713-4236	Phone no.	608-274-	
			Form	990-T (2017)

;

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory v	valuation N/A			-	
1 Inventory at beginning of year 1				6 Inventory at end of year 6			6	
2 Purchases	2			7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3_		from line 5. Enter here a			Part I,		
4a Additional section 263A costs		line 2			L			
(attach schedule)	4a	8 Do the rules of section :				with respect to		Yes No
b Other costs (attach schedule)	4b		_	property produced or a	cquire	for resale) apply to		
5 Total. Add lines 1 through 4b	5	- <u></u>		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property I	Leas	ed With Real Pro	per	ty)
Description of property		- -	_					
(1)	<u> </u>					·		
(2)								·
(3)						•		·
(4)								
•	2. Rent receiv	red or accrued			-			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directli columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)
(1)	•							
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columi		nter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ictions)		•		
		- .	2	Gross income from		3 Deductions directly cor to debt-finan		pperty
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(D) 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-fina	e adjusted basis allocable to unced property h schedule)	6). Column 4 divided by column 5		7 Gross income reportable (column 8)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			 	%				
(2)				%				
(3)		·		%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions in	ncluded in columi	n 8		•			•	0.

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r _i			Exempt	Controlled O	rganızatı	ons				
1 Name of controlled organiza	identi	nployer fication mber	3. Net uni (loss) (see	related income e instructions)		al of specified nents made	include	of column 4 : d in the contr tion's gross i	olling	6 Deductions directly connected with income in column 5
1)										
2)										
3)										
(4)						<u> </u>	<u></u>			
onexempt Controlled Organ	izations									
7. Taxable Income	8 Net unrelated inco (see instruction		9 Total	of specified paye made	ments	10 Part of colur in the controlli gross				ductions directly connecte income in column 10
1)										
2)										
3)										
4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals					•			0.		C
Schedule G - Investme (see inst	ent Income of a ructions)	Section	n 501(c)((7), (9), or	(17) Or	ganization	1			
1 Desc	cription of income			2. Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-a (attach se		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
2)										
3)										
(4)						<u> </u>				
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B
otals			>		0.					0
Schedule I - Exploited	-	y Incon	ne, Othe	r Than Ac	lvertisi	ng Income	,			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of un	xpenses connected roduction irelated ss income	4 Net inconfrom unrelated business (cominus colum gain, comput through	I trade or ilumn 2 n 3). If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)		j								
(2)										
3)						•				
(4)						_				
	Enter here and on page 1, Part 1, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
_{otals} ► Schedule J - Advertisi	na Income (see	Instructio	0.	L	 .] 0
	Periodicals Rep			solidated	Basis				_	
1 Name of periodical	2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c		5 Circulat income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										
2)										
3)										
(4)										
otals (carry to Part II, line (5))	•	0.	0).						0
										Form 990-T (201

Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

, 1 Name of periodical	-	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		-					
(3)							
(4)							
Totals from Part I		0.	0.			<u> </u>	0
		Enter here and on page 1, Part I, Ine 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.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	· 2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

HOME REPAIRS AND WEATHERIZATION SERVICES PROVIDED AT MARKET RATES TO NON LOW-INCOME CLIENTS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
HOME REPAIRS AND WEA	THERIZATION SERVICES	292,525.
TOTAL TO FORM 990-T,	292,525.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PROFESSIONAL FEES TRAVEL OCCUPANCY OFFICE EXPENSES CONSTRUCTION MATERIA EQUIPMENT MISCELLANEOUS EXPENS		2,315. 4,636. 6,163. 4,959. 108,241. 2,024. 5,594.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28	133,932.

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