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Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687									
	(and proxy tax und	2010								
	For calendar year 2018 or other tax year beginning	_ 2018								
Department of the Treasury	► Go 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) Open to Public Inspection for 501(c)(3) Open to Public Inspection for 501(c)(3)									
A Check box if address changed	Name of organization (Check box if name c	D Employer identification number (Employees' trust, see instructions)								
B Exempt under section	Print PROJECT HOME, INC.	39-1279307								
X 501(c\)3)	Number, street, and room or suite no. If a P.O. box	E Unrelated business activity code (See instructions)								
408(e) 220(e)	Type 3841 KIPP ST	(See alguacions)								
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code									
529(a)	MADISON, WI 53718-6878 236000									
C Book value of all assets	value of all assets F Group exemption number (See instructions.)									
at end of year 4 . 298 . 5	4, 298, 548. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust									
	organization's unrelated trades or businesses		the only (or first) uni	related						
	SEE STATEMENT 1		complete Parts I-V.							
•	plank space at the end of the previous sentence, complete Pa		•							
business, then complete		,,								
	the corporation a subsidiary in an affiliated group or a parei	nt-subsidiary controlled group?	· •	Yes X No						
• • •	and identifying number of the parent corporation		, -	_						
	► DAWN NELSON	Teleph	one number > 6	08-246-3737						
	d Trade or Business Income	(A) Income	(B) Expenses							
1a Gross receipts or sale	es 434,350.			-						
b Less returns and allo		1c 434,350.								
2 Cost of goods sold (S		2 417,643.								
3 Gross profit. Subtrac	•	3 16,707.		16,707.						
•	ne (attach Schedule D)	4a	***	= + / . +						
	4797, Part II, line 17) (attach Form 4797)	4b								
c Capital loss deduction		4c								
•	partnership or an S corporation (attach statement)	5								
6 Rent income (Schedu		6	RF	CEIVED						
·	red income (Schedule E)	7		O						
	yalties, and rents from a controlled organization (Schedule F)	8	8 710	V 0 5 2010						
	f a section 501(c)(7), (9), or (17) organization (Schedule G)		<mark>। ।</mark> ଞ	V 2 5 2019						
	vity income (Schedule I)	10								
11 Advertising income (, ,	11	00	EDEN, UT						
- '	structions; attach schedule)	12	<u> </u>							
13 Total. Combine lines		13 16,707.		16,707.						
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)										
(Except for	contributions, deductions must be directly connected	d with the unrelated busines	s income)							
14 Compensation of of	icers, directors, and trustees (Schedule K)			14						
15 Salaries and wages				15						
16 Repairs and mainter	апсе			16						
17 Bad debts				17						
18 Interest (attach sche	dule) (see instructions)			18						
19 Taxes and licenses				6,508.						
20 Charitable contributi	ons (See instructions for limitation rules)		•	20						
21 Depreciation (attach	Form 4562)	21	1,357.	1						
	aimed on Schedule A and elsewhere on return	22a		22b 1,357.						
23 Depletion Z				23						
24 Contributions to def	erred compensation plans			24						
26 Excess exempt expe	Excess exempt-expenses (Schedule I)									
· · · · · ·	<u>"</u> !									
28 Other dedučtions (at	Other deductions (attach schedule) SEE STATEMENT 2									
29 Total deductions A	dd lines 14 through 28			29 47,463.						
	axable income before net operating loss deduction. Subtrac			30 -30,756.						
31 Deduction for net op										
32 Unrelated business t										
823701 01-09-19 LHA Fo	or Paperwork Reduction Act Notice, see instructions			Form 990-T (2018)						

823711 01-09-19

Phone no. 608-274-4020

Firm's address ► MADISON, WI 53713-4236

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation > N/A			-		
1 Inventory at beginning of year	1	0.	6	Inventory at end of year			6	0.	
2 Purchases	2	198,740.	7	Cost of goods sold Subtract line 6					
3 Cost of labor	3	218,903.		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	417,643.	
(attach schedule)	4a	_	8	Do the rules of section	263A (\	with respect to		Yes No	
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5	417,643.		the organization?				<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	rsonal Property	Lease	ed With Real Pro	perty	y) 	
Description of property									
(1)									
(2)									
(3)								. <u> </u>	
(4)				.,.					
	2 Rent receiv	ed or accrued				2(a) Daduations dispati		tad with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for pe	rsonal	sonal property (if the percenta property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directli columns 2(a) a	nd 2(b) (a	attach schedule)	
(1)									
(2)									
(3)		_							
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	(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	nstru	ctions)					
			2	. Gross income from		3 Deductions directly cor to debt-finan			
Description of debt-financed property			or allocable to debt- financed property (a)		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)		<u> </u>		, · · · · · ·					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property o schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	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)		nter here and on page 1, Part I, line 7, column (B)	
Totals				▶		0		0.	
Total dividends-received deductions in	cluded in column	8				_	•	0.	
								Form 990-T (2018)	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization 1 Description of income 2 Amount of income 3 Deductions directly connected glatach schedule) 5 Total deductions and set-aliance (cell 3 plase of 4) (1)	Schedule F - Interest,	Annuities	, Royal	ties, ar					zation	IS (see ins	structio	ns)	
Commonwealth Controlled Organizations Cont					Exempt	Controlled O	rganızatı	ons	·				
Part of second compared controlled Organizations Part of second compared compared compared controlled organizations Part of second compared comp	Name of controlled organization	tion	identific	cation					ınclude	d in the conti	rolling	connected with inco	tly me
Part	(1)												
Annexempt Controlled Organizations S Note introduct come to task S Total of specified comments 10 Per of column 3 notes included 11 Socialization and progress introduction (specified specified speci									 				
Monexempt Controlled Organizations 8 wet unrotated income least 10 2 and of specified payments 10 2 and of specified payments 10 2 and of specified payments 11 Desictions directly controlled organizations 12 and of specified payments 13 and of specified payments 14 and of specified payments 15 and of specified payments 16									_				
Table Tabl									 		+-		
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Contract	7 Taxable Income				9 Total		ments	in the controll	ıng organı				
Contract	(1)					-				_			
Add columns 5 and 10 Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Add columns 5 and 10 Enter here and on page 1, Part 1, Issue 4, column (a) Enter here and on page 1, Part 1, Issue 4, column (a) Enter here and on page 1, Part 1, Issue 5, column (a)						-							
Add columns 8 and 10 Enter here and on page 1, Part 1, line 8, column (8) O . O .	·												
Add columns 8 and 10 Enter here and on page 1, Part I, line 8, column (8) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (attach schedule) (attach schedule) (b) (c) (3) (4) Enter here and on page 1, Part I, line 9, column (b) Part I, line 9, column (c) Totals Conscious and schedule of the schedule (see instructions) 3 Enter here and on page 1, Part I, line 9, column (b) Part I, line 9, column (c) 1 Description of explose of the schedule (see instructions) 2 Gross Unrelated business schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Ner income (see) Schedule 3 - Advertising Income (see instructions) 5 Cross schedule (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	•												
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(4) Enter here and on page 1, Part 1, line 9, column (6).	1 Desc	ription of incom	e			2 Amount of	ıncome	directly conne	ected			and set-asic	des
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Enter here and on page 1, Part 1, line 10, col (A)	(3)												
Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (B)													
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(see instructions) 1 Description of exploited activity 2 Description of exploited activity 2 Description of exploited activity 2 Description of exploited activity 3 Expenses directly connected business income from unrelated trade or business income from activity that is not urrelated trade or business from unrelated unrelated trade or business from unrelated trade or	Totals				<u> </u>	<u> </u>		•					<u>0.</u>
1 Description of exploited activity by a complete description of the compl		-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•				
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Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2. Gross advertising costs advertising costs advertising costs of the cols 5 through 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income ossts (column 6 minus column 4) 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)		na Incom		netruction		<u> </u>			Σ				<u> </u>
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(3) (4) Totals (carry to Part II, line (5)) O O O	(1)					_						1	
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Totals (carry to Part II, line (5)) ▶ 0. 0. 0.						┐.							- 1
									İ				
	Totals (carry to Part II, line (5))	>	(<u>.l</u>	0					<u></u>		Form 990-T /	

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

		<u> </u>			T	
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)	1					
(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.				0

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

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

Form 990-T (2018)

01126_01

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 DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
PROFESSIONAL FEES TRAVEL OCCUPANCY OFFICE EXPENSES INSURANCE EQUIPMENT MISCELLANEOUS EXPENSES		3,925. 11,854. 8,940. 6,412. 6,172. 1,318. 977.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	39,598.