Form 990-T	Exempt Organization Bu			ax Return	L	OMB No 1545-0047
	(and proxy tax u	nder section 60	033(e))	1917	i	2040
	For calendar year 2019 or other tax year beginning		nd ending		_	2019
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T fo ► Do not enter SSN numbers on this form as it r				(Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name	e changed and see in	structions.)		(Emple	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print The Housing Company				8:	2-0439164
X 501(c√3)	Number, street, and room or suite no If a P.O.	box, see instructions				ited business activity code
408(e) 220(e)	PO Box 6943] ("""	,
408A 530(a) 529(a)	City or town, state or province, country, and ZI Boise, ID 83707	P or foreign postal co	de		6242	200
C Book value of all assets at end of year	F Group exemption number (See instructions)					
44,251,2	80. G Check organization type ► X 501(c)		501(c) trust	401(a)) trust	Other trust
	organization's unrelated trades or businesses.	_1		the only (or first) ur		
	See Statement 1			complete Parts I-V		
	ank space at the end of the previous sentence, complete	Parts I and II, comple	ete a Schedule	M for each addition	al trade	or
business, then complete			- No d 0			s X No
	the corporation a subsidiary in an affiliated group or a paind identifying number of the parent corporation.	arent-subsidiary contr	oilea group?	▶ (Ye	S A NO
	Tracie DeHaas, Account	ing Manage	ar Telenho	one number > 2	0.8 – 1	331-4750
	Trade or Business Income		Income	(B) Expenses		(C) Net
1a Gross receipts or sale	11,600.				••.	(0,1.1.)
b Less returns and allow		▶ 1c 1	1,600.		~	
2 Cost of goods sold (S	chedule A, line 7)	2		. 1		1. 1. N T. 1
3 Gross profit, Subtract	line 2 from line 1c	3 1	1,600.	, , ,	·/	11,600.
4a Capital gain net incom	e (attach Schedule D)	4a		•/		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trusts	4c		·	١.	
, ,	partnership or an S corporation (attach statement)	5		<u> </u>	-	-,-
6 Rent income (Schedu	•	6		·		·
	d income (Schedule E)	7				
	alties, and rents from a controlled organization (Schedule					
	a section 501(c)(7), (9), or (17) organization (Schedule					
10 Exploited exempt activities11 Advertising income (S	ity income (Schedule I)	10				
• ,	tructions, attach schedule)	12		*.*	•	
13 Total. Combine lines	· · · · · · · · · · · · · · · · · · ·		1,600.			11,600.
	ns Not Taken Elsewhere (See instructions				<u>-</u>	22/0001
	must be directly connected with the unrelated bu	siness income		(FD		
14 Compensation of off	cers, directors, and trustees (Schedule K)	<u>r</u>	ECEIV		14	
15 Salaries and wages		2		2020	15	11,840.
16 Repairs and mainten	ance	B045	OCT 08 2	2020 [公]	16	
217 Bad debts				&	17	
18 Interest (attach sche	dule) (see instructions)	-	GDEN	UT	18	
19 Taxes and licenses					19	
20 Depreciation (attach	7		20			
	imed on Schedule A and elsewhere on return		21a		21b	7
22 Depletion					22	
i	rred compensation plans				23	
24 Employee benefit pro					24	
25 Excess exempt exper 26 Excess readership co					25 26	
26 Excess readership co27 Other deductions (at		Q	e Stat	ement 3	26	284.
	ld lines 14 through 27	56	Dual	CINCIIC J	28	12,124.
/	ixable income before net operating loss deduction. Subt	ract line 28 from line	13		29	-524.
	erating loss arising in tax years beginning on or after Jar				-23	3241
(see instructions)	atting to be allowing in tax yours beginning on or after bar		ee Stat	ement 4	30	0.
	exable income. Subtract line 30 from line 29			- -	31	-524.
					:_1	F 000 T (0040)

	The Housing Company	82-0439	164 Pege 2
Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-524.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subract line 34 from the sum of lines 32 and 33	35	-524.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 87	-524.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8 38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	3	
	enter the smaller of zero or line 37	88	-524.
Part	IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	2 7	
	Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax See instructions	▶ 42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	V. Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	1. 1	
b	Other credits (see instructions) 46b	7 .	
C	General business credit, Attach Form 3800 46c	7 ;	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	-	
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
49	Total tax Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019 51a		
	2019 estimated tax payments 51b		
	Tax deposited with Form 8868 51c	┦	
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	7. 1	
	Backup withholding (see instructions) 51e		
f	Credit for small employer health insurance premiums (attach Form 8941) 511	7	
g	Other credits, adjustments, and payments. Form 2439	7	
	Form 4136 Other Total > 51g	_ _ '	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	▶ 56	
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<u></u>
	here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		1
59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		'
۵.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of pregarer (other than taxpayer) is based on all information of which preparer has any knowledge.	vledge and belief, it is tru	е,
Sign	0.2012	May the IRS discuss this	s return with
Here	Executive Director	the preparer shown belo	
	Signature of officer 1 Date Title	instructions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	Kim Hunwardsen, self-employe	be	
	parer Kim Hunwardsen, CPA CPA 09/23/20	P00484	560
	Only Firm's name ► Eide Bailly LLP Firm's EIN	▶ 45-025	0958
	800 Nicollet Mall, Ste. 1300		
	Firm's address ► Minneapolis, MN 55402-7033 Phone no	612-253-6	
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Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	luation > N/A		 		······································	
1 Inventory at beginning of year	11			Inventory at end of yea	٢		6		
2 Purchases	2		7	Cost of goods sold. Su	btract	line 6			
3 Cost of labor	3		from line 5. Enter here and in			Part I,	نندا		
4a Additional section 263A costs			1	line 2			7	<u> </u>	
(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	cquirec	for resale) apply to		<u> </u>	.
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				2/2) Dadinahara darah			
 (a) From personal property (if the per- rent for personal property is more 10% but not more than 50%) 	centage of than	` of rent for p	ersonal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see	ınstruc	tions)		1,			
		, ,		Gross income from		3. Deductions directly cor to debt-finan			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			 						
(2)			1				1		
(3)			1				\top		
(4)			1			•	1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6.	Column 4 divided by column 5	-	7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%	-		\top		
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals						0			0.
Total dividende-received deductions in	seludad in column	, β							

Schedule P - Interest, P		, ai		Controlled Or				(See Inst	tructions)	
1 Name of controlled organizati	ident	mployer efication mber	3. Net unr	elated income instructions)			5. Part of column 4 that is included in the controlling organization's gross income		lling	6 Deductions directly connected with income in column 5	
(1)			<u> </u>			·- · · · · · · · · · · · · · · · · · ·					
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations			-							
7. Taxable Income	8. Net unrelated inco (see instructio		9. Total	of specified paym made	nents	10 Part of colur in the controlli gross	nn 9 that is i ng organizat i income	included tion's		uctions directly connected ncome in column 10	
(1)											
(2)										••	
(3)											
(4)											
						Enter here and	on page 1, F	Part I,	Enter he	columns 6 and 11 e and on page 1, Part I, ne 8 column (B)	
Totals		<u> </u>	=041 \ \ \ =	1 (0)				0.		0.	
Schedule G - Investmer		Section	501(c)(7), (9), or (1	7) Org	anization					
***************************************	iption of income			2. Amount of i	ncome	3. Deduction directly connected (attach schedu	cted	4. Set-as		5 Total deductions and set-asides (cot 3 plus cot 4)	
(1)	-					, , , , , , , , , , , , , , , , , , , ,				(our o pleaseer 47	
(2)					1						
(3)											
(4)						•					
				Enter here and o Part I, line 9 col			•			Enter here and on page 1, Part I, line 9, column (B)	
Totals			<u> </u>		0.			•		0.	
Schedule I - Exploited I		/ Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction velated ss income	4 Net income from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor	nat ed	6. Expe attributat columi	ole to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)				-	Ì						
(2)											
(3)					ĺ			_			
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Pert I,), col (B)	Д. (•	•	•	. ,	Enter here and on page 1, Part II, line 25	
Totals	0.	L	0.	,			• •	` '	1	0.	
Schedule J - Advertisin Part I Income From F		instructio	•	olidated I	2 a a i a						
Part I Income From P	reriodicais Rep	ortea o	n a Cons	iolidated i	oasis						
Name of periodical	2 Gross advertising income	adv	3 Direct vertising costs	4 Advertis or (loss) (co col 3) If a ga cols 5 thr	l 2 minus n, compute	5. Circulati	on	6. Readers	ship	7 Excess readership costs (column 5 minus column 5, but not more than column 4)	
(1)				,							
(2)		<u> </u>		┦	٠. ٠					,	
(3)				7 .							
(4)				1.						and the same of th	
								-			
Totals (carry to Part II, line (5))	>	0.	0	•]		1				0. Form 990-T (2019)	

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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)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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 5 minus column 5, but not more than 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 26
Totals, Part II (lines 1-5)	▶	0.	0.		1		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 (2019)

Form 990-T	Description of Organization's Primary Unrelated	Statement 1
	Business Activity	

Management Fee income not related to exempt purpose

To Form 990-T, Page 1

Footnotes

Statement 2

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 990-7	r		Other De	educti	ons	Statement 3
Description	on					Amount
Office Exp						112.
Profession	nal Fee	S				16.
Insurance	_ 4_					12.
Office Rer	זנ					49.
Training Travel						31. 64.
		-				. 01.
Total to E	Form 99	0-Т, Page 1,	line 27			284.
Form 990-1	 [Net	Operating I	Loss D	eduction	Statement 4
			Loss Previous		Loss	Available
Tax Year	Loss	Sustained	Applied	1	Remaining	This Year
Tax Year 12/31/18	Loss	250.	Applied	0.	250.	This Year

Form 990-T		Operating Loss D	Statement 5	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/13	11,939.	0.	11,939.	11,939.
12/31/14	16,913.	0.	16,913.	16,913.
12/31/15	8,931.	0.	8,931.	8,931.
12/31/16	12,909.	0.	12,909.	12,909.
12/31/17	1,985.	0.	1,985.	1,985.
NOL Carryo	ver Available This	Year	52,677.	52,677.