990-T	E	Exempt Orgai				ax Return		OMB No 1545-	0687
, a		<del>-</del>	nd proxy tax und	er se				201	Q
•	For ca	lendar year 2018 or other tax yea	· · ——	etruetic	, and ending ons and the latest inform		- [	ZU 1	O
Department of the Treasury Internal Revenue Service	<b></b>	Do not enter SSN numbe						Open to Public Insp 501(c)(3) Organizati	ions Only
A Check box if address changed		Name of organization (	Check box if name c	hanged	and see instructions.)		(Emp	oyer identification n loyees' trust, see ictions )	umber
B Exempt under section	Print	ONE ROOF COL	MMUNITY HOUS	SINC	3		4	1-16783	28
X 501(C <b>)</b> 3 )	10	Number, street, and room		ς, see ir	structions.			ated business activ nstructions)	ity code
408(e) 220(e)	1	12 E. 4TH S'					-		
408A 530(a) 529(a)		City or town, state or pro-	vince, country, and ZIP of 55805	r foreig	n postal code		236	000	
C Book value of all assets at end of year		F Group exemption numb		<u> </u>					1
14,332,3				_		401(a)			er trust
H Enter the number of the	_			1		the only (or first) un			
		EE STATEMENT		rto Lon		, complete Parts I-V.			
business, then complete	-	ce at the end of the previou	is sentence, complete Pa	iits i aii	u II, complete a Schedule	s IVI TOT EACH ADDITION	ai iraue	: UI	
		oration a subsidiary in an a	offiliated group or a parer	nt-subsi	diary controlled group?	STMT 2►	X	es No	
		tifying number of the paren		PNE		524	<u></u> '(	٠ <u>٠</u>	
J The books are in care of					<del></del>	none number > 2	18-	727-537	2
Part Is Unrelate	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses		(C) Ne	
1a Gross receipts or sale	es	381,416.						1000000	PASSAS.
b Less returns and allo	wances		c Balance	1c	381,416.		<i>**</i> **	4.4	经数据
2 Cost of goods sold (S	Schedule	A, line 7)		2	412,535.	782.6		STARTES.	WILLIAM .
3 Gross profit. Subtrac	t line 2 fr	rom line 1c		3	-31,119.	STATE OF THE	HEAG	-31,	<u> 119.</u>
4a Capital gain net incor	ne (attac	h Schedule D)	,	4a		<b>空如沙里</b> 到4次至			
b Net gain (loss) (Form	1 4797 <b>,</b> P	art II, line 17) (attach Form	4797)	4b		MUNICIPALITY			
c Capital loss deduction				4c	·	WAX MARKS			
• •		ship or an S corporation (at	tach statement)	5	–	WELLER BENEFIT	70.00		
6 Rent income (Schedu				6		<u> </u>			
7 Unrelated debt-finance		,		7		<del> </del>			
		nd rents from a controlled o		8		<del> </del>			
<ul><li>9 Investment income o</li><li>10 Exploited exempt acti</li></ul>		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9	<del></del>	<del> </del>			
11 Advertising income (				11					<del></del>
12 Other income (See in				12		Harry St.	STATES.		
13 Total. Combine lines		•		13	-31,119.			-31,	119.
Part III Deduction	ns No	t Taken Elsewher	e (See instructions for			<del>'</del>			
		utions, deductions must							
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14		
15 Salaries and wages						'	15		
16 Repairs and mainter	nance						16		
17 Bad debts							17		<del></del>
18 Interest (attach sche	edule) (se	ee instructions)					18		
19 Taxes and licenses	(0)						19		
		e instructions for limitation	rules)		1 24 1		20 1335		
<ul><li>21 Depreciation (attach</li><li>22 Less depreciation cl</li></ul>		002) 1 Schedule A and elsewhere	on ratura		21 22a		22b		
	aiilieu vi	i Schedule A and eisewhere	CONTENTI			n 1	23		
232 Depletion 243 Contributions to def	erred cor	mnensation plans		_	DECEIVE		24		
255 Employee benefit pr		p.souton plane		1	RECEIVE	019 88	25		
26 Excess exempt expe	-	hedule I)		1	ol "1 1829	01a <b> </b> &	26		
	•	•		,	S JUL 100		27		
27. Excess readership c 28 Other deductions (a					I"L SONEN	لسال	28		
29. Total deductions A	dd lines	14 through 28			OGDEN		29		0.
ш		ncome before net operating			orem line 13		30	-31,	
3 Deduction for net op	-	oss arısıng ın tax years beç		ry 1, 20	18 (see instrúctions)		31	id Shakifi in in	
32 Unrelated business i	taxable ır	ncome Subtract line 31 fro	m line 30				32	-31,:	II9.

Form **990-T** (2018)

Form 990-T (	2018) ONE ROOF COMMUNITY HOUSING		41-167	78328	Page 2
Part III					
33	otal of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	-31,119.
	Amounts paid for disallowed fringes	,		34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions) STM	IT 3	35	0.
	fotal of unrelated business taxable income before specific deduction. Subtract line 35 from the sui	,		00   -	
	·	III OI			-31,119.
	ines 33 and 34			36	1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
	Inrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36,		1 1	21 110
	Inter the smaller of zero or line 36			38	-31 <u>,</u> 119.
	Tax Computation	<del></del>	<del></del> -	<del></del>	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.
40	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	n line 38 from:			
L	Tax rate schedule or		<b>&gt;</b>	40	
41 I	Proxy tax. See instructions		<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)			42	
43	ax on Noncompliant Facility Income. See instructions			43	
44	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part V	Tax and Payments				
45 a	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
ь (	Other credits (see instructions)	45b		7'	
	Seneral business credit. Attach Form 3800	45c		1 1	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7.	
	otal credits. Add lines 45a through 45d			45e	
	Subtract line 45e from line 44			46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 Other (atta	ich schedule)	47	
	fotal tax. Add lines 46 and 47 (see instructions)	other tand	ion senegale,	48	0.
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	ì	50a		<del>''</del> 3	
	ayments: A 2017 overpayment credited to 2018			┤ <sup>*</sup>	
	018 estimated tax payments	50b		┧, 1	
	ax deposited with Form 8868	50c		- 1	
	oreign organizations: Tax paid or withheld at source (see instructions)	50d		-{`'	
	ackup withholding (see instructions)	50e		- ' .	
	redit for small employer health insurance premiums (attach Form 8941)	50f		- ' ".	
g (	Other credits, adjustments, and payments: Form 2439			1	
L	Form 4136 Other Total ▶	50g		+	
	otal payments. Add lines 50a through 50g			51	
	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	<del></del>
	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54	
	nter the amount of line 54 you want. Credited to 2019 estimated tax	Refun		55	<u>_</u>
Part Vi	Statements Regarding Certain Activities and Other Information	n (see instruction	ons)		
56 A	t any time during the 2018 calendar year, did the organization have an interest in or a signature o	or other authority			Yes No
C	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file			
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			N 2 . 176
h	ere <b>&gt;</b>				_ <u> </u>
57 E	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or tra-	insferor to, a foreig	n trust?		X
li	"Yes," see instructions for other forms the organization may have to file				
58 E	nter the amount of tax-exempt interest received or accrued during the tax year >\$				۽ 'د
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state		t of my knowle	dge and belief, it	s true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer to	nas any knowledge		Inc. the IDC disease	a this value with
Here	77/-19   EXECUTIVE	VE DIRECT		lay the IRS discus ne preparer shown	
	Signature Date Title			structions)? X	
	Print/Type preparer's name Preparer's signature Date	e Ch	eck	ıf PTIN	
امنط	ELIZABETH F.		f- employed	1	
Paid	DARGUENCER CUE CONTRACTOR CONTRACTOR	/08/19			70090
Prepar	- NAMONDY IN DETCH CURTANCEN C DI	<del></del>	rm's EIN ▶		647057
Use Or	10 RIVER PARK PLAZA, SUITE 800	22 2 .41  11	IIII O CIN		<del></del>
	Firm's address SAINT PAUL, MN 55107	01	hone no (	651)22	7-6695
823711 01-09					n <b>990-T</b> (2018)
0. 11 01-03	· <del>-</del>			FOII	(2010)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation   N/A	<i>Y</i>		
1 Inventory at beginning of year	1	0.	6 Inventory at end of ye	ar		6 0.
2 Purchases	2		7 Cost of goods sold S	ine 6	C. C.	
3 Cost of labor	3	148,688.	from line 5. Enter here			(and
4a Additional section 263A costs			line 2		,	7 412,535.
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
,	* 4b	263,847.	property produced or			1741 x253
	5	412,535.	the organization?	acquircu	ioi resale, apply to	120 SE 1 12 21
Schedule C - Rent Income				ease	d With Real Prope	erty)
(see instructions)	(, , o , , , , , , , , , , , , , , , , ,	r roporty and				
Description of property					-	
_(1)						· · · · · · · · · · · · · · · · · · ·
_(2)	<del> </del>					
_(3)						
(4)						_ <del></del>
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
_(3)						
(4)		<u> </u>				
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter	<del></del>	0.	(b) Total deductions Enter here and on page 1, Part I, tine 6, column (B)	<b>•</b> 0.
Schedule E - Unrelated Det		Income (see !	nstructions)	<u> </u>	T at 1, line 0, column (b)	
		(300)	2 Gross income from	Ţ <u>-</u>	3. Deductions directly conn to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
_(1)				<del>                                     </del>		
(2)			<del></del>	†	<del> </del>	
(3)			·	1		
_(4)				+		<del> </del>
			C Column 4 d d d	†	7.0	0.411.41.4
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						
(2)			<u> </u>			
(3)			%			
_(4)	<del></del>		%			
					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 <u>i</u> n columr	1 8				0.

\*\* SEE STATEMENT 4

Schedule F - Interest, A	Annuitie	s, Royalti	es, and					ations	see ins	struction	s)
i.				Exempt C	Controlled O	rganızatı	ions	_			
1 Name of controlled organizate	on	2 Emp identifica numb	ation	3. Net unre (loss) (see	elated income instructions)	4 To pay	ital of specified ments made	Includ	rt of column 4 led in the contr lation's gross i	rolling [	6 Deductions directly connected with income in column 5
						<del>                                     </del>		$\vdash$			
_(2)						<del></del>	·	$\vdash$	··· - · ·		
		<u> </u>			·						
(3)								†			<u>-</u>
(4)	rations	<u> </u>				<del></del>					·
Nonexempt Controlled Organiz				0.7			40 8-3-4	0 11-		44.5	
7 Taxable Income .		nrelated income see instructions)	(loss)	9. lotaid	of specified payi made	nents	10 Part of colu in the controll gros		nization's		ductions directly connected income in column 10
_(1)											
(2)											
(3)									<del></del>		
_(4)	<u> </u>						<del></del>				
-147							Add - alice	6		A -	
-							Add colur Enter here and line 8,		1, Part I,	Enter h	dd columns 6 and 11 iere and on page 1, Part I, line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	), (9), or (	17) Orç	ganization				
(see instr	uctions)						1 -		τ		<del></del>
1. Desc	option of inco	me			2. Amount of	ıncome	3 Deduction directly connected (attach scheduler)	ected	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals	_			<u> </u>		0.					0.
Schedule I - Exploited I (see instru	=	Activity I	ncome	, Other	Than Adv	ertisir/	ng Income				
					4 Net incor	ne (loss)					7 -
Description of exploited activity	unrelated incom trade or l	e from	3. Exp directly co with pro of unite business	onnected duction elated	from unrelated business (co minus colum gain, comput through	n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					1						
(2)					-						
(3)											<del></del>
		<del></del>					<del> </del>		<del></del>		+
_(4)	Enter her	e and on	Enter her	e and on	2661477777	257 23754005	l MESNIDSSESTS	1267-101	Property Constitution	n Table Co. of	Enter here and
	page 1,	, Part I,	page 1,	Part I,			<b>建设的</b>				on page 1, Part II, line 26
~	line 10,	· ·	line 10, i					4.77	With the		Facti, 11110 20
Totals	- Ti	0.	<del></del>	0.	CENTER COLUMN	Series and	The Advantage and St.	(KASE)	DEPOS SERVICED	(SCEANUE	<u>// 0.</u>
Schedule J - Advertising			struction		. 1. 1 . 4 1	D					·- <u>-</u> -
Part.Is Income From F	eriodic	ais Repo	rtea on	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct rtising costs					6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					深江海北河	4 (1 th )	. 1				The state of the s
(2)			1		一贯或些		`				
(3)			<del>                                     </del>		整波電		ň		<u> </u>		
		<del>-</del>	<del>                                     </del>		20.78		::		<b></b>		
_(4)	<del></del>		<del> </del>		2701-21542 14	- 10-A	<del></del>		<del> </del> -		=1 2054 CLF COM
Totals (carry to Part II, line (5))	<b>&gt;</b>	0		0			<u> </u>				0.

Form 990-T (2018) ONE ROOF COMMUNITY HOUSING 41-16783
Part III 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	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b></b>	0.	0.	WY WEST	TO THE PARTY OF TH	The second	0.
Totals, Part II (lines 1-5)		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

Schedule K -	Compensation o	it Officers, D	directors, and	Trustees	(see instruction	าร)
						7

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.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

CONSTRUCTION PROJECTS FOR INDIVIDUALS NOT COVERED BY THE ORGANIZATIONS MISSION.

TO FORM 990-T, PAGE 1

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME						IDENTIFYING	NO
ONE ROOF COMM	UNITY HO	OUSING					41-1678328	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	7,527.	362.	7,165.	7,165.
12/31/15	14,380.	0.	14,380.	14,380.
12/31/16	4,945.	0.	4,945.	4,945.
12/31/17	122,952.	0.	122,952.	122,952.
NOL CARRYO	VER AVAILABLE THIS	YEAR	149,442.	149,442.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
CONSTRUCTION OVERHEAD SUPPLIES CONTRACTORS	2,059. 97,892. 163,896.	
TOTAL TO FORM 990-T, S	CHEDULE A, LINE 4B	263,847.