	Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No 1545-0047		
		,		2019							
	Depart	*** ment of the Treasury	1 0 001	endar year 2019 or other tax year beginning /./. 2  Go to www.irs.gov/Form990T for in	Ť //=	Den to Public Inspection for					
		Revenue Service		ition is a 501/(c)(3).	<u> </u>	i01(c)(3) Organizations Only					
	A 🖺	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)						D Employer identification number (Employees' trust, see instructions )		
	B Ex	empt under section	pt under section Print HOMESTEAD COMMUNITY LAND TRUST								
	X	501(c)(3\ )	or	Number, street, and room or suite no. If a P.O. box		E Unrelated business activity code (See instructions)					
		408(e) 220(e) Type 412 MAYNARD AVE S, NO. 201							·		
		408A530(a)     529(a)	:	City or town, state or province, country, and ZIP of SEATTLE, WA 98104							
	C Boo	k value of all assets		F Group exemption number (See instructions.)	<u> </u>						
	16, 161, 237. G Check organization type ► X 501(c) corporation 501(c) trust								Other trust		
	H Ent	er the number of the o	related								
		le or business here 🕨					complete Parts I-V.				
	des	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or									
		iness, then complete l									
				oration a subsidiary in an affiliated group or a paren	ıt-subsı	diary controlled group?	▶ L	Yes	s L No		
				infying number of the parent corporation.		Talanh	one number > 2	06 3	22 1227		
	Par			KATHLEEN HOSFELD le or Business Income		(A) Income	One number P 2  (B) Expenses		(C) Net		
3				le of Business income	1	(A) IIIcollie	(D) Expenses		(0) (10)		
707		Gross receipts or sale Less returns and allov		c Balance ▶	1c				/1		
0		Cost of goods sold (S			2						
3		Gross profit. Subtract			3						
7		Capital gain net incom			4a						
N L	h		•	art II, line 17) (attach Form 4797)	4b						
$\supset$	C	Capital loss deduction			4c						
	5	Income (loss) from a	partners	thip or an S corporation (attach statement)	$\mathbb{R}$	ECEIVEL					
Z	6	Rent income (Schedul	le C)		6						
Ą	7	Unrelated debt-finance		•	7	92	EC 01 2020				
DEPENDED.	8			nd rents from a controlled organization (Schedule F)	8	8					
	9			in 501(c)(7), (9), or (17) organization (Schedule G)	9		GDEN, U	7			
		Exploited exempt activ Advertising income (S			10 11		CODILIV, C		<u> </u>		
		Other income (See ins		· ·	12						
		Total. Combine lines									
		t II Deduction									
		(Deductions	must b	e directly connected with the unrelated busine	ess inc	ome )					
	14	Compensation of offi		14							
	15	Salaries and wages						15			
	16	Repairs and mainten	ance					16			
	17	Bad debts				17					
	18	Interest (attach sche	dule) (se	ee instructions)		18					
	19	Taxes and licenses	Caum 15	200		19					
	20	Depreciation (attach		n Schedule A and elsewhere on return		21b					
	21 22	Depletion	IIIIIEU UII		22						
	22 23	Contributions to defe	rred cor	mpensation plans		23					
	24	Employee benefit pro	_	mponitation plane	24						
	25	Excess exempt exper		chedule I)		25					
	26	Excess readership co			26						
	27	Other deductions (at			27						
	28	Total deductions. Ad			28_	0.					
	29	Unrelated business to	ted business taxable income before net operating loss deduction. Subtract line 28 from line 13								
	30/	Deduction for net op-	eduction for net operating loss arising in tax years beginning on or after January 1, 2018								
		(see instructions)						30	0.		
/	31			ncome. Subtract line 30 from line 29				31	0.		
	923701	01-27-20 LHA Fo	r Paper	work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2019)		

	10-T (2019) HOMESTEAD COMMUNITY LAND TRUST	<u> </u>	5651 Page 2					
Part III Total Unrelated Business Taxable Income								
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.					
33	Amounts baid for disallowed fringes	33						
34	Charitable contributions (see instructions for limitation rules)	34	<u> </u>					
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtact line 34 from the sum of lines 32 and 33	35						
26	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36						
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37						
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.					
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,							
	enter the smaller of zero or line 37	39	0.					
Pari	t IV Tax Computation							
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.					
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:							
• •	☐ Tax rate schedule or ☐ Schedule D (Form 1041)	41						
42	Proxy tax See instructions	42						
43	Alternative minimum tax (trusts only)	43						
44	Tax on Noncompliant Facility Income. See instructions	44						
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.					
Pari		1 -0 1						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a							
		1						
b		1						
C	·	1						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 46a through 46d	460						
	•	46e	0.					
47	Subtract line 46e from line 45 Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	<u> </u>					
48		48	0.					
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  Payments: A 2018 overpayment credited to 2019  435.	50						
		4						
	2019 estimated tax payments	4						
	Tax deposited with Form 8868	1						
	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	- I						
	Backup withholding (see instructions) 51e	1						
	Credit for small employer health insurance premiums (attach Form 8941)  51f	1 1						
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total ▶ <b>51g</b>	<del> </del>						
52	Total payments Add lines 51a through 51g	52	435.					
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53						
54	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	435.					
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	435.					
Par	t 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		1 1 1					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<u>  </u>					
	here <b>&gt;</b>		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.							
59	Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \$		] ] [					
	Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of prepare (procedules) that (axpayer) is based on all information of which preparer has any knowledge	ge and belief, it is tr	ue,					
Sign								
Here		ay the IRS discuss the preparer shown be						
		structions)? X						
	Print/Type preparer's name Preparer's signature Date Check in		. , , , , , , , , ,					
	and analysis of	`   ` ''' <b>'</b>						
Paid	* PAY HOLMDAHI   11/16/20	P0012	0599					
	palet	13-53						
Use	Only Firm's name BDO USA, LLP Firm's name BDO USA, LLP 601 UNION ST, STE 2300		<u> </u>					
	Firm's address ► SEATTLE, WA 98101-2345 Phone no (	206) 382	2-1111					