

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation GOOSEFOOT COMMUNITY FUND		<b>A Employer identification number</b> 91-1960139	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 114	Room/suite	<b>B Telephone number (see instructions)</b> (360) 321-4535	
City or town, state or province, country, and ZIP or foreign postal code LANGLEY, WA 98260		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>7,804,888</u>		<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	15,719			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	4,454	4,454	4,454	
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	1,435,278	0	1,435,278		
<b>12 Total.</b> Add lines 1 through 11	1,455,451	4,454	1,439,732		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	78,403	4,454	73,649	0
	<b>14</b> Other employee salaries and wages	181,437	0	181,437	0
	<b>15</b> Pension plans, employee benefits	26,909	0	26,909	0
	<b>16a</b> Legal fees (attach schedule)	11,773	0	11,773	0
	<b>b</b> Accounting fees (attach schedule)	26,927	0	26,927	0
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest	110,564	0	110,564	0
	<b>18</b> Taxes (attach schedule) (see instructions)	183,445	0	183,445	0
	<b>19</b> Depreciation (attach schedule) and depletion	261,627	0	261,627	0
	<b>20</b> Occupancy	204,019	0	204,019	0
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	103,989	0	70,353	33,636
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,189,093	4,454	1,150,703	33,636
	<b>25</b> Contributions, gifts, grants paid	263,400			263,400
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,452,493	4,454	1,150,703	297,036	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	2,958				
<b>b Net investment income</b> (if negative, enter -0-)		0			
<b>c Adjusted net income</b> (if negative, enter -0-)			289,029		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	151,382	81,141	81,141
	<b>2</b> Savings and temporary cash investments . . . . .	195,476	280,123	280,123
	<b>3</b> Accounts receivable ▶ <u>29,314</u>			
	Less allowance for doubtful accounts ▶ _____	14,849	29,314	29,314
	<b>4</b> Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ <u>125,742</u>			
	Less allowance for doubtful accounts ▶ _____ 0	131,468	125,742	125,742
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,172	57,207	57,207
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	1,938,851	1,759,288	1,759,288	
<b>14</b> Land, buildings, and equipment basis ▶ <u>15,551,126</u>				
Less accumulated depreciation (attach schedule) ▶ <u>3,390,868</u>	12,368,514	12,160,258	5,466,957	
<b>15</b> Other assets (describe ▶ _____)	8,192	5,116	5,116	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	14,811,904	14,498,189	7,804,888	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	143,001	51,503	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .	2,529,607	2,304,432	
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	2,672,608	2,355,935	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	12,139,296	12,142,254	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	12,139,296	12,142,254		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	14,811,904	14,498,189		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	12,139,296
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	2,958
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	12,142,254
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	12,142,254

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

<b>1</b> Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	307,996	341,655	0.901482
2016	110,643	340,955	0.324509
2015	0	2,245,597	0.000000
2014	16,170	1,715,633	0.009425
2013	258,758	1,635,112	0.158251
<b>2</b> Total of line 1, column (d)			<b>2</b> 1.393667
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.278733
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 353,802
<b>5</b> Multiply line 4 by line 3			<b>5</b> 98,616
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 98,616
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 297,036

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-table for 2018 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' boxes. Questions cover political activities, tax on political expenditures, and foundation requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, distribution to donor advised funds, and public inspection requirements. Row 14 regarding books in care of Sandy Whiting.

Located at PO BOX 114 LANGLEY WA ZIP+4 98260

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year. 15

16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-1c, 2a-2c, 3a-3b, 4a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

**5a** During the year did the foundation pay or incur any amount to

- (1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No
- (5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

Organizations relying on a current notice regarding disaster assistance check here. ▶

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

*If "Yes," attach the statement required by Regulations section 53.4945-5(d)*

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

*If "Yes" to 6b, file Form 8870*

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

	Yes	No
<b>5b</b>		
<b>6b</b>		<b>No</b>
<b>7b</b>		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2** Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARIAN MYSKOWSKI PO BOX 1375 LANGLEY, WA 98260	PROGRAM DIRECTOR 42 00	67,195	14,131	0

**Total** number of other employees paid over \$50,000. ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
<b>1</b> PRESERVATION OF HISTORIC BUILDINGS, RURAL CHARACTER AND NATURAL ENVIRONMENT OF ISLAND COUNTY THROUGH ECONOMIC DEVELOPMENT TO COMBAT COMMUNITY DETERIORATION	887,641
<b>2</b> BUILD COMMUNITY BY HOLDING EVENTS INCLUDING EARTH DAY FESTIVAL, A FARM TOUR AND A SATURDAY FARMERS' MARKET	89,888
<b>3</b> WORK COLLABORATIVELY WITH LOCAL NONPROFITS BY PROVIDING FREE COMMUNITY SPACE IN OUR BUILDING TO HOLD MEETINGS, WORKSHOPS AND CLASSES	67,416
<b>4</b> ENHANCE LOCAL COMMERCE AND SUSTAINABILITY BY WORKING WITH LOCAL FARMERS AND OTHER COMMUNITY ORGANIZATIONS TO ENCOURAGE ECONOMIC GROWTH AND INCUBATE NEW BUSINESS DEVELOPMENT	78,652

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
<b>1</b> PRESERVATION & PROTECTION OF HISTORIC BUILDINGS OF ISLAND COUNTY SUCH AS THE BAYVIEW CASH STORE AND SEARS HOUSE AND THE RESTORATION OF DECREPIT BUILDINGS AT NEARBY BAYVIEW CENTER TO COMBAT COMMUNITY DETERIORATION BY GIVING SPACE TO LOCAL ENTREPRENEURS	0
<b>2</b> INVESTMENT BAYVIEW GROCERY INC, A LOCAL BUSINESS, IN A LOW-INCOME RURAL AREA UNDER A PLAN TO IMPROVE THE ECONOMY OF THE AREA BY PROVIDING EMPLOYMENT OR TRAINING FOR UNEMPLOYED RESIDENTS, AND IS CARRIED ON WITHIN A LARGER COMBINATION OF SIMILAR ACTIVITIES RELATED TO THE EXEMPT PURPOSES	0
All other program-related investments See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	359,190
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	359,190
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	359,190
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	5,388
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	353,802
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	17,690

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	297,036
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	297,036
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	297,036

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . 2001-09-17

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	17,690	17,083	17,048	112,280	164,101
<b>b</b> 85% of line 2a . . . . .	15,037	14,521	14,491	95,438	139,486
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	297,036	307,996	110,643	0	715,675
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	297,036	307,996	110,643	0	715,675
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .	14,498,187	14,411,904	14,522,353	15,166,951	58,599,395
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .	14,498,187	14,411,904	14,522,353	15,166,951	58,599,395
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like TENANT RENTS, Fees and contracts from government agencies, and BAYVIEW GROCERY INC.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. Row 1A describes a program to provide space to businesses that contribute to the rural tradition and character of Island County.

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
  - a** Transfers from the reporting foundation to a noncharitable exempt organization of
    - (1) Cash.
    - (2) Other assets.
  - b** Other transactions
    - (1) Sales of assets to a noncharitable exempt organization.
    - (2) Purchases of assets from a noncharitable exempt organization.
    - (3) Rental of facilities, equipment, or other assets.
    - (4) Reimbursement arrangements.
    - (5) Loans or loan guarantees.
    - (6) Performance of services or membership or fundraising solicitations.
  - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  \*\*\*\*\*  2019-08-30  \*\*\*\*\*  **May the IRS discuss this return with the preparer shown below**

Signature of officer or trustee Date Title (see instr)  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HOWARD DONKIN CPA		2019-08-30		P00147726
	Firm's name	Firm's address			Firm's EIN
JACOBSON JARVIS & CO PLLC	200 FIRST AVE WEST SUITE 200 SEATTLE, WA 981194219			91-2011386	
					Phone no (206) 628-8990

**Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
MARK GAPPA PO BOX 114 LANGLEY, WA 98260	PRESIDENT 10 00	0	0	0
JANICE O'MAHONY PO BOX 114 LANGLEY, WA 98260	VICE PRESIDENT 5 00	0	0	0
BOB GENTZ PO BOX 114 LANGLEY, WA 98260	TREASURER 10 00	0	0	0
MICHAEL STANSBURY PO BOX 114 LANGLEY, WA 98260	SECRETARY 2 00	0	0	0
CANDACE JORDAN PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 1 00	0	0	0
KEVIN ENGSTROM PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 2 00	0	0	0
LEIGH BLOOM PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 3 00	0	0	0
DOUG KELLY PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 1 00	0	0	0
PAM LELOUP PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 3 00	0	0	0
BETSY HOFIUS PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 1 00	0	0	0
PATTY IMES PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 2 00	0	0	0
TED RAVETZ PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 1 00	0	0	0
CHRIS SALOMONE PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 3 00	0	0	0
JEAN SINGER PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 5 00	0	0	0
PAT POWELL PO BOX 114 LANGLEY, WA 98260	BOARD MEMBER 1 00	0	0	0

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
SANDRA WHITING  PO BOX 114 LANGLEY, WA 98260	EXECUTIVE DIRECTOR 40 00	78,403	6,610	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASCADIA NOWPO BOX 30181 SEATTLE, WA 98113	NONE	PC	SUPPORT FOR QUEER PRIDE ON WHIDBEY	500
CITIZENS AGAINST DOMESTIC AND SEXUAL ABUSE PO BOX 190 OAK HARBOR, WA 98277	NONE	PC	GENRAL SUPPORT	500
CIVILITY FIRSTPO BOX 1076 FREELAND, WA 98249	NONE	PC	GENERAL SUPPORT	4,400
<b>Total . . . . . ▶ 3a</b>				263,400



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF FRIENDS MEDICAL SUPPORT PO BOX 812 LANGLEY, WA 98260	NONE	PC	DENTAL PROGRAM SUPPORT	10,000
GOOD CHEER FOOD BANK 2812 GRIMM RD LANGLEY, WA 98260	NONE	PC	RESEARCH PROGRAM SUPPORT	7,500
HELPING HANDS OF SOUTH WHIDBEY 18341 WA-525 LANGLEY, WA 98260	NONE	PC	BASIC NEEDS PROGRAM SUPPORT	5,000
<b>Total . . . . .</b>				<b>263,400</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ISLAND COUNTY FAIR ASSOCIATION PO BOX 519 LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	3,750
MOBILE TURKEY UNIT OF WHIDBEY ISLAND 6280 SPINNAKER RIDGE LANE CLINTON, WA 98236	NONE	PC	FOOD PROGRAM SUPPORT	2,000
MOTHER MENTORS WHIDBEY ISLAND PO BOX 92 LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	3,750
<b>Total . . . . . ▶ 3a</b>				263,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHWEST AGRICULTURE BUSINESS CENTER 419 S 1ST ST 207 MT VERNON, WA 98273	NONE	PC	WHIDBEY ISLAND COMMUNITY GROWN PROGRAM	7,500
READINESS TO LEARN FOUNDATION PO BOX 280 LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	15,000
SENIOR SERVICES OF ISLAND COUNTY PO BOX 939 FREELAND, WA 98249	NONE	PC	GENERAL SUPPORT	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				263,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTH WHIDBEY AT HOMEPO BOX 557 LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	26,000
SOUTH WHIDBEY COMMONS PO BOX 222 LANGLEY, WA 98260	NONE	PC	JOB TRAINING PROGRAM SUPPORT	12,500
SOUTH WHIDBEY SCHOOL DISTRICT 5520 MAXWELTON ROAD LANGLEY, WA 98260	NONE	PC	GARDEN PROGRAM AT SOUTH WHIDBEY ELEMENTARY, MIDDLE AND HIGH SCHOOLS WITH FOCUS ON EXPERIMENTAL LEARNING	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				263,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTH WHIDBEY TILTH ASSOCIATION PO BOX 252 LANGLEY, WA 98260	NONE	PC	FARM STAND PROGRAM SUPPORT	2,500
THE ORGANIC FARM SCHOOL PO BOX 837 FREELAND, WA 98249	NONE	PC	SUPPORT FOR LOCAL FOOD AND EDUCATION	10,000
WHIDBEY CAMANO LAND TRUST 765 WONN RD C201 GREENBANK, WA 98253	NONE	PC	GENERAL SUPPORT	26,000
<b>Total . . . . .</b> ▶ <b>3a</b>				263,400

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
WHIDBEY HOMELESS COALITION 816 CAMANO AVE LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	10,000
WHIDBEY ISLAND NOURISHES PO BOX 1642 LANGLEY, WA 98260	NONE	PC	FEED CHILDREN IN NEED	26,000
WHIDBEY ISLAND WALDORF SCHOOL PO BOX 469 CLINTON, WA 98236	NONE	PC	OUTDOOR NATURE EDUCATION SUPPORT PROGRAM	4,500
<b>Total . . . . .</b> ▶ <b>3a</b>				263,400

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHIDBEY WATERSHED STEWARDS PO BOX 617 LANGLEY, WA 98260	NONE	PC	GENERAL SUPPORT	26,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	263,400

**TY 2018 Accounting Fees Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	26,927	0	26,927	0



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Depreciation Schedule

Name: GOOSEFOOT COMMUNITY FUND

EIN: 91-1960139

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2000-04-01	5,202,634		L		0	0	0	
BUILDINGS & IMPROVEMENTS	2000-04-01	9,521,272	2,983,864	SL	39 000000000000	244,135	0	244,135	
EQUIPMENT	2010-07-07	111,460	111,460	SL	5 000000000000	0	0	0	
EQUIPMENT-GOOSEFOOT COMPUTERS	2014-06-01	9,617	6,891	SL	5 000000000000	1,923	0	1,923	
BAYVIEW CENTER TENANT IMPROVEMENTS	2015-07-01	41,979	2,690	SL	39 000000000000	1,076	0	1,076	
BAYVIEW CENTER SHOPPING CENTER IMPROVEMENTS	2015-07-01	24,611	1,578	SL	39 000000000000	631	0	631	
BAYVIEW CORNER - CASH STORE BLDG IMPRVMT	2015-07-01	18,805	1,205	SL	39 000000000000	482	0	482	
GOOSEFOOT COMPUTERS	2015-07-01	3,811	1,905	SL	5 000000000000	762	0	762	
BAYVIEW CENTER TENANT FF & E	2015-07-01	24,936	12,468	SL	5 000000000000	4,987	0	4,987	
CORNER MGMT SIGNS, FF & E	2015-07-01	3,662	1,830	SL	5 000000000000	732	0	732	
BAYVIEW CENTER SHOPPING CENTER IMPROVEMENTS	2016-07-01	30,275	1,164	SL	39 000000000000	776	0	776	
BAYVIEW CORNER - CASH STORE BLDG IMPRVMT	2016-07-01	34,792	1,338	SL	39 000000000000	892	0	892	
GOOSEFOOT COMPUTERS	2016-07-01	6,844	2,053	SL	5 000000000000	1,369	0	1,369	
OPEN SPACE - RESTROOM IMPROVEMENTS	2016-07-01	2,280	87	SL	39 000000000000	58	0	58	
5788 PROPERTY	2016-07-01	7,755		L		0	0	0	
BAYVIEW SCHOOL - BLDG IMPROVEMENTS	2016-07-01	1,122	43	SL	39 000000000000	29	0	29	
EASEMENT	2014-06-01	400,000		L		0	0	0	
2017 IMPROVEMENTS (RESTROOMS# 1411+1415)	2017-07-01	3,061	39	SL	39 000000000000	78	0	78	
2017 BUILDINGS (#1423+1428+3-1421)	2017-07-01	45,922	589	SL	39 000000000000	1,177	0	1,177	
2017 EQUIPMENT (#1430+1431+1432)	2017-07-01	2,917	37	SL	39 000000000000	75	0	75	

**Depreciation Schedule**

<b>Description of Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Prior Years' Depreciation</b>	<b>Computation Method</b>	<b>Rate / Life (# of years)</b>	<b>Current Year's Depreciation Expense</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Cost of Goods Sold Not Included</b>
FRONT ROOM BENCH	2018-02-09	1,033		SL	7 000000000000	135	0	135	
CIG SYSTEM	2018-07-03	1,627		SL	7 000000000000	116	0	116	
HOZZ MAPLE CHAIRS	2018-10-18	359		SL	7 000000000000	9	0	9	
MAC COMPUTER	2018-09-08	1,880		SL	5 000000000000	125	0	125	
AQUA TEST NIBBLERS	2018-02-08	26,767		SL	17 000000000000	1,443	0	1,443	
WHIDBEY TELECOM BIG GIG	2018-07-03	263		SL	7 000000000000	19	0	19	
MODIFY EXHAUST FAN	2018-08-13	598		SL	7 000000000000	36	0	36	
BV CORNER PICNIC TABLES	2018-04-11	1,649		SL	7 000000000000	177	0	177	
BV CORNER FOLDING CHAIRS	2018-05-18	607		SL	7 000000000000	51	0	51	
BV CORNER SEBOS	2018-06-18	380		SL	7 000000000000	27	0	27	
BV CORNER FURNITURE MCJURY	2018-06-18	850		SL	7 000000000000	61	0	61	
BV CORNER REFRIGERATOR	2018-07-31	281		SL	7 000000000000	17	0	17	
BV CORNER ART GALLERY PEDESTALS	2018-09-04	296		SL	7 000000000000	14	0	14	
BV CORNER BLDG IMPROVEMENTS	2018-06-30	16,781		SL	39 000000000000	215	0	215	

**TY 2018 Investments - Other Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENT IN BAYVIEW GROCERY INC	AT COST	1,759,288	1,759,288

**TY 2018 Land, Etc.  
Schedule**

**Name:** GOOSEFOOT COMMUNITY FUND

**EIN:** 91-1960139

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	5,202,634	0	5,202,634	2,093,003
BUILDINGS & IMPROVEMENTS	9,521,272	3,227,999	6,293,273	2,709,603
EQUIPMENT	111,460	111,460	0	0
EQUIPMENT- GOOSEFOOT COMPUTERS	9,617	8,814	803	803
BAYVIEW CENTER TENANT IMPROVEMENTS	41,979	3,766	38,213	38,213
BAYVIEW CENTER SHOPPING CENTER IMPROVEMENTS	24,611	2,209	22,402	22,402
BAYVIEW CORNER - CASH STORE BLDG IMPRVMT	18,805	1,687	17,118	17,118
GOOSEFOOT COMPUTERS	3,811	2,667	1,144	1,144
BAYVIEW CENTER TENANT FF & E	24,936	17,455	7,481	7,481
CORNER MGMT SIGNS, FF & E	3,662	2,562	1,100	1,100
BAYVIEW CENTER SHOPPING CENTER IMPROVEMENTS	30,275	1,940	28,335	28,335
BAYVIEW CORNER - CASH STORE BLDG IMPRVMT	34,792	2,230	32,562	32,562
GOOSEFOOT COMPUTERS	6,844	3,422	3,422	3,422
OPEN SPACE - RESTROOM IMPROVEMENTS	2,280	145	2,135	2,135
5788 PROPERTY	7,755	0	7,755	7,755
BAYVIEW SCHOOL - BLDG IMPROVEMENTS	1,122	72	1,050	1,050
EASEMENT	400,000	0	400,000	400,000
2017 IMPROVEMENTS (RESTROOMS#1411+1415)	3,061	117	2,944	2,944
2017 BUILDINGS (#1423+1428+3-1421)	45,922	1,766	44,156	44,156
2017 EQUIPMENT (#1430+1431+1432)	2,917	112	2,805	2,805
FRONT ROOM BENCH	1,033	135	898	898
CIG SYSTEM	1,627	116	1,511	1,511
HOUZZ MAPLE CHAIRS	359	9	350	350
MAC COMPUTER	1,880	125	1,755	1,755
AQUA TEST NIBBLERS	26,767	1,443	25,324	25,324
WHIDBEY TELECOM BIG GIG	263	19	244	244
MODIFY EXHAUST FAN	598	36	562	562
BV CORNER PICNIC TABLES	1,649	177	1,472	1,472
BV CORNER FOLDING CHAIRS	607	51	556	556
BV CORNER SEBOS	380	27	353	353

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
BV CORNER FURNITURE MCJURY	850	61	789	789
BV CORNER REFRIGERATOR	281	17	264	264
BV CORNER ART GALLERY PEDESTALS	296	14	282	282
BV CORNER BLDG IMPROVEMENTS	16,781	215	16,566	16,566

**TY 2018 Legal Fees Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	11,773	0	11,773	0

**TY 2018 Other Assets Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
NET INTANGIBLE ASSETS	8,192	5,116	5,116

**TY 2018 Other Expenses Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	40,939	0	40,939	0
INSURANCE	15,437	0	15,437	0
MARKETING/ADVERTISING	3,018	0	3,018	0
SPECIAL PROJECTS/ACTIVITIES	33,636	0	0	33,636
OTHER MISC EXPENSE	2,577	0	2,577	0
AMORTIZATION	8,382	0	8,382	0



**TY 2018 Other Income Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TENANT RENTS	741,262		741,262
BAYVIEW GROCERY INC	688,437		688,437
MISC INCOME	5,579		5,579

**TY 2018 Taxes Schedule****Name:** GOOSEFOOT COMMUNITY FUND**EIN:** 91-1960139

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROPERTY TAXES	21,542	0	21,542	0
UBIT TAXES	139,128	0	139,128	0
PAYROLL TAX	22,775	0	22,775	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
GOOSEFOOT COMMUNITY FUND

**Employer identification number**  
91-1960139

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> GOOSEFOOT COMMUNITY FUND	<b>Employer identification number</b> 91-1960139
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUDE BIERMAN 6661 MAXWELTON ROAD  CLINTON, WA 98236	\$ 7,861	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions )</small>

<b>Name of organization</b> GOOSEFOOT COMMUNITY FUND	<b>Employer identification number</b> 91-1960139
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**Part II** **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	STOCK	\$ 7,861	2018-11-27
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

**Name of organization**  
GOOSEFOOT COMMUNITY FUND

**Employer identification number**  
91-1960139

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____