000 T			ENDED TO N				· D . 4	_ 1	OMB No. 1545-0047
Form 990-T .	•	Exempt Orga					ax Retur	ን t	OMB NO. 1545-0047
,	E	alendar year 2019 or other tax y	ind proxy tax (inder se			[9]	41	2019
·	1700		v.irs.gov/Form990T	for instruction	and end,	· —	etion		2013
Department of the Treasur Internal Revenue Service	^у ▶	Do not enter SSN number). I	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if		Name of organization (Check box if na	me changed	and see instruc	ctions.)		() Emplo	oyer identification number oyees' trust, see
address chan	ged	,		J		,			ctions)
B Exempt under sect		GOOSEFOOT C	COMMUNITY	FUND				9	1-1960139
X 501(c)(3 Q	2 Tor	Number, street, and room	n or suite no. If a P.C). box, see in	structions.				ated business activity code astructions)
	O(e) Type	PO BOX 114						_	
	0(a)	City or town, state or pro		ZIP or foreig	n postal code				4.00
529(a) C Book value of all assets		LANGLEY, WA					····	445	100
at end of year 14,412	160	F Group exemption num G Check organization type				(a) trust	1 1401/0	\ *******	Other trust
H Enter the number of	the organiz	ation's unrelated trades or		1		(c) trust	the only (or first) ur) trust	C Onial mast
	-	YVIEW GROCER	_				complete Parts I-V.		than one
	-	ace at the end of the previo	 	te Parts I an		-			
business, then com					, oop.o				. •.
		poration a subsidiary in an	affiliated group or a	parent-subs	diary controlled	group?	. • [Ye	s X No
• • •	•	tifying number of the pare			•	•			
	re of 🕨 .	JEANNE CELES	TE			Teleph	one number 🕨 (360) 321-4535
Part Unrel	ated Tra	de or Business In	come		(A) Inco	me	(B) Expense	8	(C) Net
1 a Gross receipts o	r sales								
b Less returns and			c Balance	► 1c					
2 Cost of goods so	•	•	•	2					
3 Gross profit. Sul		•		3					
4a Capital gain net i	•	•		4a		-			
	_	Part II, line 17) (attach Forr	n 4797)	4b	/_		1 111		•
c Capital loss dedi				4c	770	853.	Internal Revi	enue	5ervica
• •	-	ship or an S corporation (a	ittach statement)	5	/ 110,	655.			k-UZZO,853.
6 Rent income (So 7 Unrelated debt-fo	•	 ma (Cahadula E)	•	6/	· · · · · · · · · · · · · · · · · · ·	-	36	36	
_		and rents from a controlled	evennization (Schodu	le F) 8			NU/) K	11.30	70
		on 501(c)(7), (9), or (17) c	-	·/				11 /1	<u>/11 </u>
		ome (Schedule I)	mgamzaaon (condad	10					
11 Advertising incom	-	•	. /	11		•	Oade	n. LI	r
	•	ns; attach schedule)	<i></i>	12			<u>57</u> 9	111	· · · · · · · · · · · · · · · · · · ·
13 Total. Combine		•	· . /	13	770,	853-			770,853.
Part'll Dedu	ctions No	ot Taken Elsewhe	re (See instruction	ns for limita	tions on ded	uctions.)			
		be directly connected w	<i></i>	ousiness in	come.)				
•	-	rectors, and trustees (Seh	edule K)					14	12,168.
15 Salaries and wa	_	. /		-				15	14,912.
16 Repairs and ma			•-					16	
						CMAM'	EMENT 12	17	20 221
		ee instructions)			SEB	STAT	EMENT 13	18	30,331.
19 Taxes and licen20 Depreciation (a)						20		19	
		oozj Oschedule A and elsewhe	ra on raturn		_	18		21b	
22 Depletion	JII CIANIIOU U	Schedule A allu elsewile	is on istan		٢	181		22	
•	deferred co	mpensation plans	• •			• •	•	23	
24 Employee bene			•		•	•	•	24	
25 Excess exempt			• •	•	• •		• • •	25	****
26 Excess readers								26	
27 Other deduction	ıs (attach sch	nedule)			SEE	STAT	EMENT 14	27	1,917.
		44.0			• • •			28	59,328.
		ncome before net operatin			from line 13		-	29	711,525.
		loss arising in tax years be	ginning on or after J	anuary 1, 20	18				
(see instruction								30	0.
		ncome. Subtract line 30 fr				·· · ··	<u> </u>	81	711,525.
923701 01-27-20 LHA	For Paper	rwork Reduction Act Notic	e, see instructions.	·					Form 990-T (2019)

			GOOSEFOOT COMMUNITY		 		<u>91-</u>	1900139 Page 2
	Part		Fotal Unrelated Business Taxat	ole Income				
	32	Total o	unrelated business taxable income computed	from all unrelated trades or businesses	(see instructions)		32	711,525.
	33	'Amoun	ts paid for disallowed fringes	001 ± 1	_		33	
	34	Charita	ble contributions (see instructions for limitation	rules) V STMT 16	STMT 17	4	34	71,053.
	35		related business taxable income before pre-20	, M	ct line 34 from the sum o	titnes 32 and 33	35	640,472.
	36		on for net operating loss arising in tax years be	• •			36	
			, , ,			·······	37	640,472.
	37		unrelated business taxable income before spe			· · · ·		1,000.
	38	•	deduction (Generally \$1,000, but see line 38 ii			·· 8	38	1,000.
١	39		ted business taxable income. Subtract line 38	from line 37. If line 38 is greater than li	ne 37,	- 11		600 400
			e smaller of zero or line 37		 · · · · · · · · · · · · · · · · · 	<u></u>	39	639,472.
	Part	W	Tax Computation					
	40	Organi	rations Taxable as Corporations. Multiply line	39 by 21% (0.21)		1 >	40	134,289.
	41	Trusts	Taxable at Trust Rates. See instructions for tax	x computation. Income tax on the amou	nt on line 39 from;	1		
			ax rate schedule or Schedule D (Form	46.44		•	41	
	42		ax. See instructions	1041) · · · · · · · · · · · · · · · · · · ·	1		42	·· ·· ···
	43		tve minimum tax (trusts only)	· M/4/			43	,
				- / I V'				
1	\ 44		Noncompliant Facility Income. See instruction	Մ Ն		ا لت ·	44	13/ 200
· 	45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies \ .			45	134,289.
			Tax and Payments				—	
	46a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	46a			
	b	Other c	redits (see instructions)		. 46b			
	C	Genera	business credit. Attach Form 3800		46c		. 1 1	
	d	Credit f	or prior year minimum tax (attach Form 8801 o	or 8827)	46d		. ! !	
	8		redits. Add lines 46a through 46d	An item		•	46e	
	47		t line 46e from line 45	· X	• •		47	134,289.
	48		· · · · · · · · · · · · · · · · · · ·	Form 8611 Form 8697 For	m 8866 T Other	(attach schedule)	48	
				0111 001110111 0031		(artachi scrieddie)	49	134,289.
	49		x. Add lines 47 and 48 (see instructions)			· · · • • • • • • • • • • • • • • • • •	50	0.
	50		et 965 tax liability paid from Form 965-A or Fori		21271	50 430	ฃ	<u> </u>
		-	its: A 2018 overpayment credited to 2019			62,432.		
	þ	2019 e	stimated tax payments	L e	b 5b	75,000.	. 1 1	
	C	Tax dep	osited with Form 8868		5 ic		i I	
	d	Foreign	organizations: Tax paid or withheld at source (see instructions)	51d		. 1 1	
	e	Backup	withholding (see instructions)		51e		1	
			or small employer health insurance premiums ((attach Form 8941)	511		11	
	g			rm 2439				
	•		orm 4136 🔲 Oth		▶ 51g			
	50		ayments. Add lines 51a through 51g	1001			-11	137,432.
	52			2000 - William 1 - " ["]			52	137,432.
	53		ed tax penalty (see instructions). Check if Form		-		53	
	54		s. If line 52 is less than the total of lines 49, 50,			· to	54	
	55	Overpa	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter amount overpaid		10,	55	3,143.
1	`56_	Enter tr	e amount of line 55 you want: Credited to 202	0 estimated tax	3,143. Re	funded A	56	0.
1	Part	: VI]	Statements Regarding Cortain	Activities and Other Inform	nation (see instru	ctions)	1	
	57		ime during the 2019 calendar year, did the orga					Yes No
		•	nancial account (bank, securities, or other) in a		_			
			Form 114, Report of Foreign Bank and Financia	• •	•			
		here			g overlay			X
	58		the tax year, did the organization receive a distr	white of from or upp it the granter of or	t-analoror to a force	an truct?		—
	30				mansieror to, a torer	Au nazis -		- ^ -
			see instructions for other forms the organization	•				
	59		e amount of tax-exempt interest received or ac			the heat -4 - 1	da el er	
	e:	Oi	der penalties of perjury, I dectare that I have examined rect, and complete Declaration of preparer (other than	trus return, including accompanying schedules taxpayer) is based on all Information of which is	serio statements, and to preparer has any knowle	tne best of my know dge	eage and	Denet, it is true,
	Sign		1 1 10-1		•	Ma	y the IRS	discuss this return with
	Here		Sandra Whiling	× 11-14-20 ► EXECU	TIVE DIRE	IOMOD I		shown below (see
		_ '	Signature of officer //	Date Title		ins	tructions)?	X Yes No
•			Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
	Paid			•	1	self- employed	1	
			KARI MOORE, CPA	KARI MOORE, CPA	11/15/20		P0	1392605
	-	oarer	Firm's name JACOBSON JAR		,,,	Firm's EIN		-2011386
	Use	Only		AVE WEST, SUITE 20	10	, min a City		
				·	, ,	Dhana == /	2061	-628-8990
			Firm's address ► SEATTLE, W	n 101117-4417		Phone no. (
-	929711	01-27-20						Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A	·		
1 Inventory at beginning of year 1				6 Inventory at end of year 6			
2 Purchases	. 2	7 Cost of goods sold. Su			ıbtract i	ine 6	
3 Cost of labor	. 3		7	from line 5. Enter here	and in I	Part I,	
4a Additional section 263A costs			line 2				7
(attach schedule)	. 4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	cquire	for resale) apply to	
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,	
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty)
(see instructions)						 	<u> </u>
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent recelv	ed or accrued				0/2)2 4 11	
(a) From personal property (if the per rent for personal property is mon 10% but not more than 50%	e than	of rent tor	personal	onal property (if the percenta property exceeds 50% or if ed on profit or Income)	ige	3(8) Deductions directly columns 2(a) an	connected with the income in d 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		iter	-	 	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	> 0.
Schedule E - Unrelated Del		I Income (see	instru	ctions)			<u> </u>
			Т.	- Gross Income from		3. Deductions directly conn to debt-finance	nected with or allocable ed property
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		· -, · - · · · · · · - · · · · · · · · · ·					
(2)	····		1			······································	
(3)							
(4)						 	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjus of or allocable to debt-financed (attach schedule)		allocable to nced property	6	by column 5 repo		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)				%			
(3)				%			
(4)			I	%			
						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	cluded in columi	18		·		>	0.
							Form 990-T (2019)

1. Name of periodical
2. Gross advertising lincome
3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols 6 through 7

(1)
(2)
(3)
(4)

Totals (carry to Part II, line (5))

2. Gross advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 6 through 7

4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 6 through 7

5. Circulation income
6. Readership costs (column 6 minus column 4).

Form 990-T (2019)

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.)

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(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, (ine 11, col (B).				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1) SANDRA WHITING	EXECUTIVE DIRECTOR	15.00%	12,168.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			12,168.

Form 990-T (2019)

FORM 990-T	INTEREST PAID	STATEMENT	13
DESCRIPTION		AMOUNT	
BENEFICIAL STATE BANK		30,3	31.
TOTAL TO FORM 990-T, PAGE 1, L	INE 18	30,3	31.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	14
DESCRIPTION		AMOUNT	
OTHER ADMINISTRATIVE EXPENSES		1,9	17.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	1,9	17.
FORM 990-T INCOME (LOSS) FROM S CORPORATIONS	STATEMENT	15
DESCRIPTION		NET INCOM	
BAYVIEW GROCERY INC ORDINAR BAYVIEW GROCERY INC INTERES		766,9 3,8	94. 59.
TOTAL INCLUDED ON FORM 990-T,	LINE 5	770,8	53.
FORM 990-T	CONTRIBUTIONS	STATEMENT	16
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
GROCERY CASH GIFTS GOOSEFOOT CASH GIFT	N/A N/A	24,6 274,0	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	298,6	99.

FORM 990-T CON	TRIBUTIONS SUMMARY	\$	STATEMENT	17
QUALIFIED CONTRIBUTIONS SUBJE				
QUALIFIED CONTRIBUTIONS SUBJE	CT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUS FOR TAX YEAR 2014 FOR TAX YEAR 2015	ED CONTRIBUTIONS			
FOR TAX YEAR 2015	25,619			
FOR TAX YEAR 2017	212,869			•
FOR TAX YEAR 2018	219,456			
TOTAL CARRYOVER	******	457,944		
TOTAL CURRENT YEAR 10% CONTRI	BUTIONS	298,699		
TOTAL CONTRIBUTIONS AVAILABLE		756,643		
TAXABLE INCOME LIMITATION AS	ADJUSTED	71,053		
EXCESS CONTRIBUTIONS		685,590		
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		685,590		
ALLOWABLE CONTRIBUTIONS DEDUC	TION		71,	053
TOTAL CONTRIBUTION DEDUCTION			71,	053