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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2008**

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type  
See Specific Instructions**C** Name of organization**THE GREATER TACOMA COMMUNITY FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**950 PACIFIC AVENUE, SUITE 1220**

Room/suite

City or town, state or country, and ZIP + 4

**TACOMA, WA 98402****F** Name and address of principal officer: **ROSE LINCOLN HAMILTON****SAME AS C ABOVE****D** Employer identification number**91-1007459****E** Telephone number**(253) 383-5622****G** Gross receipts \$**13,713,212.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GTCF.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1977** **M** State of legal domicile: **WA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: <b>FOSTERING GENEROSITY BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER.</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of employees (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		4,989,134.		4,343,162.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,024,028.		73,655.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		106,712.		132,688.		
12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,119,874.		4,549,505.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,274,476.		2,738,627.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		675,835.		784,765.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>259,366.</b>						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		593,428.		666,053.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,543,739.		4,189,445.		
19	Revenue less expenses. Subtract line 18 from line 12		3,576,135.		360,060.		
20	Total assets (Part X, line 16)		Beginning of Year		End of Year		
21	Total liabilities (Part X, line 26)		65,895,507.		52,115,477.		
22	Net assets or fund balances. Subtract line 21 from line 20		9,929,194.		8,332,540.		
			55,966,313.		43,782,937.		

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Rose Lincoln Hamilton*Date: **5-10-16**Type or print name and title: **ROSE LINCOLN HAMILTON, PRESIDENT**

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**DWYER PEMBERTON & COULSON, P.C.**  
**P.O. BOX 1614**  
**TACOMA, WA 98401-1614**

Date

**4/28/10**Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **253.572.9922**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

916-19

15

SCANNED JUL 14 2010

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION  
THE COMMUNITY FOUNDATION HELPS DONORS WITH THEIR CHARITABLE AND  
FINANCIAL GOALS THROUGH SIMPLE, POWERFUL AND HIGHLY PERSONAL  
APPROACHES TO GIVING AND IMPACTS THE LIVES OF PIERCE COUNTY RESIDENTS  
BY STRATEGIC GRANT MAKING TO NONPROFIT AGENCIES IN THE COMMUNITY.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code ) (Expenses \$ 3,177,034. including grants of \$ 2,738,627. ) (Revenue \$ )  
COMMUNITY FOUNDATION DONORS ENJOY THE CONVENIENCE OF DOING ALL THEIR  
CHARITABLE GIVING IN ONE PLACE WITH TREMENDOUS FLEXIBILITY AND MAXIMUM  
TAX ADVANTAGES. DONORS ARE ABLE TO GIVE A WIDE VARIETY OF ASSETS TO  
CREATE CHARITABLE FUNDS NOW OR IN THE FUTURE THROUGH THEIR ESTATES.  
FUNDS CAN BE PERMANENTLY ENDOWED OR THE TOTAL BALANCE MAY BE GRANTED  
OUT OVER A SPECIFIED TIME PERIOD.

DONORS MAY RECOMMEND GRANT RECIPIENTS, PERMANENTLY DESIGNATE RECIPIENTS  
OR ALLOW GRANTS TO BE AWARDED AT THE DISCRETION OF THE COMMUNITY  
FOUNDATION. THE COMMUNITY FOUNDATION IS AN EXCELLENT AND SIMPLE  
ALTERNATIVE TO PRIVATE FOUNDATIONS AND CAN ENSURE THAT YOUR GIVING WILL  
CONTINUE FOREVER.

- 4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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- 4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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- 4d Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses ► \$ 3,177,034. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b> X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	38	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	14	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	1	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter <b>N/A</b>		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter <b>N/A</b>		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a Enter the number of voting members of the governing body	15	
b Enter the number of voting members that are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?		X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **WA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**THE GREATER TACOMA COMMUNITY FOUNDATION - 253-383-5622**  
**950 PACIFIC AVENUE, SUITE 1220, TACOMA, WA 98402**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN LANTZ CHAIR	2.00	X		X				0.	0.	0.
WENDY GRAY SECRETARY	2.00	X		X				0.	0.	0.
ALBERT S. BACON III TREASURER	2.00	X		X				0.	0.	0.
TIMOTHY TUCCI DIRECTOR	2.00	X						0.	0.	0.
AMY LEWIS DIRECTOR	2.00	X						0.	0.	0.
JAMES EDMONDSON DIRECTOR	2.00	X						0.	0.	0.
JOAN DUFFY WATT DIRECTOR	2.00	X						0.	0.	0.
JUDITH NILAN DIRECTOR	2.00	X						7,933.	0.	0.
KATHARINE T. GRANUM DIRECTOR	2.00	X						0.	0.	0.
JOHN HOLMAAS DIRECTOR	2.00	X						0.	0.	0.
SHERLYN IVERSON DIRECTOR	2.00	X						0.	0.	0.
CALVIN PEARSON DIRECTOR	2.00	X						0.	0.	0.
JOHN WIBORG DIRECTOR	2.00	X						0.	0.	0.
MARYANN ANDERSON DIRECTOR	2.00	X						0.	0.	0.
PETER DARLING AD HOC	2.00	X						0.	0.	0.
ROSE LINCOLN HAMILTON PRESIDENT	40.00			X				158,050.	0.	15,200.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								165,983.	0.	15,200.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	65,065.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,278,097.				
	g Noncash contributions included in lines 1a-1f \$		171,462.				
	h Total. Add lines 1a-1f			4343162.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			835,910.			835,910.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<762,255.>			<762255.>
	8 a Gross income from fundraising events (not including \$ 65,065. of contributions reported on line 1c) See Part IV, line 18	a		16,395.			
	b Less direct expenses	b		20,571.			
	c Net income or (loss) from fundraising events			<4,176.>	<4,176.>		
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a ADMINISTRATIVE FEE REV		561000	116,048.	108,654.	7,394.		
b OTHER REVENUE		900099	20,816.	20,816.			
c							
d All other revenue							
e Total. Add lines 11a-11d			136,864.				
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4549505.	125,294.	7,394.	73,655.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,738,627.	2,738,627.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,000.	44,960.	85,760.	29,280.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	460,634.	121,072.	250,904.	88,658.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,183.	13,449.	27,199.	9,535.
9 Other employee benefits	61,975.	16,610.	33,590.	11,775.
10 Payroll taxes	51,973.	13,929.	28,169.	9,875.
11 Fees for services (non-employees)				
a Management				
b Legal	37,866.	2,000.	35,866.	
c Accounting	16,200.		16,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,654.		98,654.	
g Other				
12 Advertising and promotion	27,888.			27,888.
13 Office expenses	31,220.	13,760.	12,503.	4,957.
14 Information technology	27,549.	7,852.	14,105.	5,592.
15 Royalties				
16 Occupancy	70,567.	20,112.	36,130.	14,325.
17 Travel	4,792.	1,365.	2,454.	973.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,151.	14,697.	9,494.	15,960.
20 Interest	2,458.	701.	1,258.	499.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,885.	5,097.	9,157.	3,631.
23 Insurance	16,225.		16,225.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>INDEPENDENT CONTRACTORS</b>	167,706.	130,712.	28,546.	8,448.
b <b>COPYING AND PRINTING</b>	29,071.	20,498.	7,183.	1,390.
c <b>DUES AND SUBSCRIPTIONS</b>	17,400.	2,500.	10,025.	4,875.
d <b>SPECIAL PROJECTS</b>	14,792.	5,000.		9,792.
e <b>TELEPHONE</b>	10,309.	2,938.	5,278.	2,093.
f All other expenses	35,320.	1,155.	24,345.	9,820.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,189,445.	3,177,034.	753,045.	259,366.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	364,273.	2	1,156,870.
	3 Pledges and grants receivable, net	36,279.	3	47,898.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment - cost basis	10a 99,328.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 33,450.	661,231.	10c 65,878.
	11 Investments - publicly traded securities	62,355,966.	11	47,316,955.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	2,477,758.	15	3,527,876.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	65,895,507.	16	52,115,477.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	106,519.	17	261,579.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D.	9,822,675.	25	8,070,961.
	26 <b>Total liabilities.</b> Add lines 17 through 25.	9,929,194.	26	8,332,540.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,219,473.	27	38,015,400.
	28 Temporarily restricted net assets	1,993,984.	28	3,723,849.
	29 Permanently restricted net assets	2,752,856.	29	2,043,688.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	55,966,313.	33	43,782,937.
	34 <b>Total liabilities and net assets/fund balances</b>	65,895,507.	34	52,115,477.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

**91-1007459**

**Part I Reason for Public Charity Status** (All organizations must complete this part ) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete the Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III - Functionally integrated
  - d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,117,692.	3,183,460.	6,693,013.	2,366,636.	2,043,162.	16,403,963.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	2,117,692.	3,183,460.	6,693,013.	2,366,636.	2,043,162.	16,403,963.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,549,428.
6 <b>Public Support.</b> Subtract line 5 from line 4						13,854,535.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,117,692.	3,183,460.	6,693,013.	2,366,636.	2,043,162.	16,403,963.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	917,094.	697,113.	937,240.	1,126,788.	835,910.	4,514,145.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,941.	2,941.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	76,034.	61,450.	84,685.	111,489.	140,243.	473,901.
11 <b>Total support.</b> Add lines 7 through 10						21,394,950.
12 Gross receipts from related activities, etc. (see instructions)					12	66,605.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	64.76 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	67.28 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a** **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b** **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

### ADMIN FEES, MEMBERSHIPS, AND SPECIAL EVENTS



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE GREATER TACOMA COMMUNITY FOUNDATION</b>	Employer identification number <b>91-1007459</b>
------------------------------------------------------------------------	-----------------------------------------------------

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		9,400.													
c Total lobbying expenditures (add lines 1a and 1b)		9,400.													
d Other exempt purpose expenditures		3,177,034.													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,186,434.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		309,322.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		77,331.													
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount				309,322.	309,322.
b Lobbying ceiling amount (150% of line 2a, column(e))					463,983.
c Total lobbying expenditures				9,400.	9,400.
d Grassroots non-taxable amount				77,331.	77,331.
e Grassroots ceiling amount (150% of line 2d, column (e))					115,997.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

**PART II-B, LINE 1(i), OTHER LOBBYING ACTIVITIES:**

LOBBYING EXPENSE PAID ON BEHALF OF GRANTEE TO FOREVER GREEN COUNCIL TO  
HELP WITH LEGISLATION REGARDING TRAIL FUNDING IN OLYMPIA.

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

**91-1007459****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	69	
2 Aggregate contributions to (during year)	224,723.	
3 Aggregate grants from (during year)	657,816.	
4 Aggregate value at end of year	6,948,290.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds  
are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only  
for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of certified historic structure  
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day  
of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable  
year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and  
enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and  
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for  
conservation easements**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of  
the footnote to its financial statements that describes these itemsb If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures,  
or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to  
these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,213,914.				
b Contributions	331,8596.				
c Investment earnings or losses	<14,557,346.>				
d Grants or scholarships	149,1978.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	37,483,186.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☒ 94.55 %  
 b Permanent endowment ☒ 5.45 %  
 c Term endowment ☒ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		99,328.	33,450.	65,878.
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				65,878.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
LAND NOTE RECEIVABLE	1,593.
TRUST RECEIVABLES	626,158.
ACCRUED INTEREST RECEIVABLE	16,182.
PREPAID EXPENSES	4,372.
BEQUESTS RECEIVABLE	2,879,571.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	
	3,527,876.

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
ANNUITIES PAYABLE UNDER SPLIT-INTEREST AGREEMENTS	1,567,884.
FUNDS HELD FOR THE BENEFIT OF OTHER ORGANIZATIONS	6,503,077.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	
	8,070,961.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,549,505.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,189,445.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	360,060.
4	Net unrealized gains (losses) on investments	4	<11,331,191.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<992,425.>
8	Other (Describe in Part XIV)	8	<219,820.>
9	Total adjustments (net) Add lines 4-8	9	<12,543,436.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<12,183,376.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	<6,980,935.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<11331191.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	<219,820.>
e	Add lines 2a through 2d	2e	<11551011.>
3	Subtract line 2e from line 1	3	4,570,076.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<20,571.>
c	Add lines 4a and 4b	4c	<20,571.>
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,549,505.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,210,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,210,016.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<20,571.>
c	Add lines 4a and 4b	4c	<20,571.>
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,189,445.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -219820.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -219820.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN 8B: -20571.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN 8B: -20571.



Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

# 2008

## Open To Public Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	----------------------------------------------------------------------------------------------------------

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule G (Form 990 or 990-EZ) 2008

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
	FFWG ANNUAL LUNCHEON (event type)	GTCF ANNUAL LUNCHEON (event type)	NONE (total number)	
<b>Revenue</b>				
1 Gross receipts	33,135.	48,325.		81,460.
2 Less Charitable contributions	27,090.	37,975.		65,065.
3 Gross revenue (line 1 minus line 2)	6,045.	10,350.		16,395.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	10,597.	9,974.		20,571.
8 Direct expense summary. Add lines 4 through 7 in column (d)				( 20,571. )
9 Net income summary. Combine lines 3 and 8 in column (d)				<4,176.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number  
**91-1007459**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A STEP AHEAD 8717 SOUTH HOSMER ST, SUITE A TACOMA, WA 98444	91-2145470	501(C)3	6,500.	0.			FOSTERING CARE PROGRAM
AMERICAN CANCER SOCIETY TACOMA CHAPTER - 1313 BROADWAY SUITE 100 - TACOMA, WA 98402	84-1316555	501(C)3	7,320.	0.			PROGRAMS IN PIERCE COUNTY AND GENERAL OPERATING SUPPORT
AMERICAN LEADERSHIP FORUM 738 BROADWAY, SUITE 301 TACOMA, WA 98402	91-1442921	501(C)3	8,500.	0.			HERO'S CAMPAIGN AND GENERAL OPERATING SUPPORT
AMERICAN RED CROSS MOUNT RAINIER CHAPTER - 1235 SOUTH TACOMA WAY - TACOMA, WA 98409	53-0196605	501(C)3	6,133.	0.			GENERAL OPERATING SUPPORT BENEFIT OF STUDENTS ATTENDING ANNIE WRIGHT AS DETERMINED BY THE BOARD OF DIRECTORS OF ANNIE
ANNIE WRIGHT SCHOOL 827 N TACOMA AVENUE TACOMA, WA 98403	91-0567266	501(C)3	76,412.	0.			
ARTIST TRUST 1835 12TH AVENUE SEATTLE, WA 98122	91-1353974	501(C)3	10,000.	0.			INFORMATION SERVICES FOR ARTISTS IN PIERCE COUNTY

**2** Enter total number of section 501(c)(3) and government organizations

► 99.

**3** Enter total number of other organizations

► 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP AWARDS	207	269,512.	0.		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: PROCESS FOR MONITORING GRANTS INSIDE THE UNITED STATES IS AS FOLLOWS:

- WHEN A GRANT IS AWARDED, IT IS PAID BY CHECK AND MAILED TO THE GRANTEE ALONG WITH A TRANSMITTAL LETTER THAT STATES THAT THE GRANT FUNDS MUST BE USED TO SUPPORT THE STATED PURPOSE AND, IF APPLICABLE, IN ACCORDANCE WITH THE APPROVED GRANT PROPOSAL PLAN, BUDGET AND TIMELINE. CERTAIN GRANTS REQUIRE THE SUBMISSION OF EVALUATION REPORTS AT SPECIFIED INTERVALS FOLLOWING RECEIPT OF THE GRANT.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number  
**91-1007459**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARINE PREPARATORY SCHOOL 2300 S WASHINGTON TACOMA, WA 98405	91-1109930	501(C)3	12,122.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF PUGET SOUND - 2107 SOUTH 12TH STREET - TACOMA, WA 98405	91-0673185	501(C)3	10,000.	0.			YOUTH MENTORING
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 1501 PACIFIC AVE, SUITE #301 - TACOMA, WA 98402	91-0759832	501(C)3	37,205.	0.			PROGRAMS AND GENERAL OPERATING SUPPORT
BUILDING CHANGES 2014 E MADISON #200 SEATTLE, WA 98122	91-1410450	501(C)3	10,000.	0.			WASHINGTON FAMILIES FUND
CASCADE CHRISTIAN SCHOOL 815 21ST ST SE PUYALLUP, WA 98372	91-1572300	501(C)3	45,000.	0.			ANNUAL FUND AND GENERAL OPERATING SUPPORT
CASCADE LAND CONSERVANCY 615 SECOND AVE #625 SEATTLE, WA 98104	94-3112461	501(C)3	28,139.	0.			LAND STEWARDSHIP PROGRAM IN PIERCE COUNTY
CATHOLIC COMMUNITY SERVICES 1323 SO. YAKIMA TACOMA, WA 98405	91-1585652	501(C)3	55,855.	0.			GENERAL OPERATING SUPPORT
CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA, WA 98467	91-0673111	501(C)3	53,466.	0.			GENERAL OPERATING SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE I-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047  
**2008**

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Name of the organization

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Employer identification number  
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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY - KEY PENINSULA - 17010 S. VAUGHN ROAD - VAUGHN, WA 98394	91-0575955	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S MUSEUM OF TACOMA 936 BROADWAY TACOMA, WA 98402	94-3036465	501(C)3	8,000.	0.			PROGRAMS AND GENERAL OPERATING SUPPORT
CHINESE OPERA R&D ASSOCIATION 7235 INTERLAAKEN DR SW LAKEWOOD, WA 98499	91-1580337	501(C)3	24,000.	0.			GENERAL OPERATING SUPPORT
CHRISTIAN BROTHERHOOD ACADEMY 2136 MLK, JR. WAY TACOMA, WA 98405	91-1703657	501(C)3	8,071.	0.			STUDENT SCHOLARSHIPS
CITIZENS FOR A HEALTHY BAY 917 PACIFIC AVENUE, SUITE 100 TACOMA, WA 98402	91-1515969	501(C)3	10,500.	0.			GENERAL OPERATING SUPPORT
COLLEGE SUCCESS FOUNDATION 1605 NW SAMMAMISH BLVD STE 100 ISSAQUAH, WA 98027	91-2036088	501(C)3	6,000.	0.			LEADERSHIP 1000
COMMUNITIES IN SCHOOLS ORTING PO BOX 1214 ORTING, WA 98360	30-0019360	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS TACOMA 708 SOUTH G STREET TACOMA, WA 98405	91-2138848	501(C)3	9,750.	0.			MATH WIZARDS PROGRAM
<b>2</b> Enter total number of Section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047  
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Name of the organization

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Employer identification number  
**91-1007459**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)		(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL OF SUN VALLEY 181 DOLLAR ROAD SUN VALLEY, ID 83353	82-0307094	501(C)3	6,299.	0.					GENERAL OPERATING SUPPORT
CONSUMER COUNSELING NORTHWEST 3560 BRIDGEPORT WAY WEST SUITE 1-D TACOMA, WA 98466	91-0855003	501(C)3	6,000.	0.					PROGRAMS
DIVINE MERCY CARE 11135 LEE HIGHWAY SUITE B FAIRFAX, VA 22030	34-1985248	501(C)3	10,000.	0.					GENERAL OPERATING SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND ST. SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)3	8,833.	0.					PROGRAMS AND GENERAL OPERATING SUPPORT
FISH FOOD BANKS OF PIERCE COUNTY 1224 SOUTH I STREET TACOMA, WA 98405	91-1198391	501(C)3	7,087.	0.					GENERAL OPERATING SUPPORT
FOOTHILLS HISTORICAL SOCIETY P.O. BOX 530 BUCKLEY, WA 98321	91-1197535	501(C)3	12,580.	0.					PURCHASE OF NEW MUSEUM FIXTURES
FOSS WATERWAY SEAPORT 705 DOCK STREET TACOMA, WA 98402	91-1741794	501(C)3	9,158.	0.					IN HONOR TERRY STONE, CAMPAIGN AND GENERAL OPERATING SUPPORT
FRANCISCAN FOUNDATION 1149 MARKET ST. TACOMA, WA 98401	91-1145592	501(C)3	14,790.	0.					GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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OMB No. 1545-0047  
2008

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Inspection

Name of the organization

Employer identification number

**THE GREATER TACOMA COMMUNITY FOUNDATION**

**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LAKEWOLD 12317 GRAVELLY LK. DR. SW TACOMA, WA 98439	94-3041320	501(C)3	90,406.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF ROSE HOUSE 1419 SOUTH YAKIMA AVENUE TACOMA, WA 98405	75-3161583	501(C)3	10,000.	0.			PROGRAM SUPPORT
FUTUREWISE 814 SECOND AVENUE SUITE 500 SEATTLE, WA 98104	91-1539831	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT
G.T.C.F. ADMIN OPERATING 950 PACIFIC AVE, SUITE #1220 TACOMA, WA 98401	91-1007459	501(C)3	11,073.	0.			FRIENDS OF THE FOUNDATION AND GENERAL OPERATING SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 1000 DAVIS PLACE DUPONT, WA 98327	91-6060940	501(C)3	35,461.	0.			CAMP ASSISTANCE FUND AND PROGRAM SUPPORT
GREAT PENINSULA CONSERVANCY 3721 KITSAP WAY, SUITE 5 BREMERTON, WA 98312	91-1110978	501(C)3	12,599.	0.			GENERAL OPERATING SUPPORT
GUADALUPE LAND TRUST 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	22-3833548	501(C)3	8,000.	0.			COMMUNITY GARDENS
HABITAT FOR HUMANITY TACOMA-PIERCE 1001 NORTH J STREET TACOMA, WA 98406	58-1735531	501(C)3	15,500.	0.			CONSTRUCTION OF PROPERTY/PROPERTY ACQUISITION

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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**Open to Public**  
**Inspection**

Name of the organization

Employer identification number

**THE GREATER TACOMA COMMUNITY FOUNDATION**

**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAROLD E. LEMAY MUSEUM 917 PACIFIC AVENUE SUITE 400 TACOMA, WA 98401	91-1857848	501(C)3	15,658.	0.			CAPITAL CAMPAIGN AND GENERAL OPERATING SUPPORT
HOPE SPARKS 6424 N 9TH STREET TACOMA, WA 98406	91-0598103	501(C)3	31,837.	0.			GENERAL OPERATING SUPPORT
HOSPITALITY KITCHEN C/O CATHOLIC COMMUNITY SERVICES - 1323 SOUTH YAKIMA AVENUE - TACOMA, WA 98405	91-1585652	501(C)3	9,833.	0.			GENERAL OPERATING SUPPORT
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409	91-0577128	501(C)3	16,007.	0.			GENERAL OPERATING SUPPORT
JOB CARR'S CABIN IN OLD TACOMA 2350 NORTH 30TH ST. TACOMA, WA 98403	91-2080541	501(C)3	10,500.	0.			GENERAL OPERATING SUPPORT
L'ARCHE TAHOMA HOPE COMMUNITY 12303 36TH AVE E TACOMA, WA 98446	91-1206208	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
LINDQUIST DENTAL CLINIC FOR CHILDREN - 130 131ST STREET S - TACOMA, WA 98444	91-0615378	501(C)3	6,160.	0.			GENERAL OPERATING SUPPORT
MARY BRIDGE CHILDREN'S HOSPITAL FOUNDATION - 409 SOUTH J STREET - TACOMA, WA 98405	94-3030039	501(C)3	71,959.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT
<b>2</b> Enter total number of Section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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**THE GREATER TACOMA COMMUNITY FOUNDATION**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTICARE HEALTH FOUNDATION 409 SOUTH J STREET TACOMA, WA 98415	91-1514257	501(C)3	71,528.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT
MULTICARE HEALTH SYSTEM 409 SOUTH J STREET TACOMA, WA 98415	91-1352172	501(C)3	13,294.	0.			PROGRAM SUPPORT
MUSEUM OF GLASS 1801 E DOCK STREET TACOMA, WA 98402	91-1669422	501(C)3	15,572.	0.			MILGARD CHALLENGE AND GENERAL OPERATING SUPPORT
MUSTARD SEED PROJECT OF KEY PENINSULA - P.O. BOX 182 - VAUGHN, WA 98394	91-1145592	501(C)3	7,500.	0.			COMMUNITY VOLUNTEER NETWORK
NATIVITY HOUSE 2304 S JEFFERSON AVE TACOMA, WA 98402	91-1223563	501(C)3	12,000.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT
NEW PHOEBE HOUSE P. O. BOX 5245 TACOMA, WA 98415	33-1023012	501(C)3	7,000.	0.			HOUSING PROGRAMS
NORTHWEST SINFONIETTA P. O. BOX 1154 TACOMA, WA 98401	91-1590964	501(C)3	8,000.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 SOUTH 19TH STREET - TACOMA, WA 98405	91-0564954	501(C)3	13,074.	0.			GENERAL OPERATING SUPPORT
<b>2</b> Enter total number of Section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE S. TACOMA, WA 98447	91-0565571	501(C)3	13,930.	0.			OPERATING SUPPORT			
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVENUE TACOMA, WA 98405	91-1746986	501(C)3	12,500.	0.			GENERAL OPERATING SUPPORT			
PENMET FOUNDATION PO BOX 2778 GIG HARBOR, WA 98335	43-2104829	501(C)3	50,579.	0.			PROGRAM SUPPORT			
PIERCE COLLEGE FOUNDATION 1601 39TH AVENUE SE PUYALLUP, WA 98374	91-1039199	501(C)3	7,500.	0.			PROGRAM SUPPORT			
PIERCE COUNTY AIDS FOUNDATION 625 COMMERCE STREET STE 10 TACOMA, WA 98402	91-1385245	501(C)3	8,000.	0.			GENERAL OPERATING SUPPORT			
PIERCE COUNTY CENTER FOR DISPUTE 738 BROADWAY SUITE 400 TACOMA, WA 98402	91-1508442	501(C)3	17,500.	0.			PROGRAM SUPPORT			
PLANNED PARENTHOOD OF THE GREAT NORTHWEST - 2001 E. MADISON STREET - SEATTLE, WA 98122	91-0686012	501(C)3	9,663.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT			
POMEGRANATE CENTER PO BOX 486 ISSAQUAH, WA 98027	91-1363774	501(C)3	10,000.	0.			PROGRAM SUPPORT			
2 Enter total number of Section 501(c)(3) and government organizations								▲		
3 Enter total number of other organizations								▲		

**SCHEDULE I-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

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**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130	39-1243521	501(C)3	9,833.	0.			GENERAL OPERATING AND PROGRAM SUPPORT
PRISON PET PARTNERSHIP PROGRAM 9601 BUJACICH RD. NW GIG HARBOR, WA 98332	91-1487894	501(C)3	5,219.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT
PUGET CREEK RESTORATION SOCIETY 702 BROADWAY SUITE 101 TACOMA, WA 98402	91-2088834	501(C)3	9,000.	0.			GENERAL OPERATING SUPPORT
READ TO ME 1944 PACIFIC AVENUE SUITE 306 TACOMA, WA 98402	91-1919466	501(C)3	8,000.	0.			GENERAL OPERATING SUPPORT
SAFE STREETS CAMPAIGN 1501 PACIFIC AVE SUITE 305 TACOMA, WA 98402	91-1704402	501(C)3	10,000.	0.			EVALUATION OF IMPLEMENTATION OF COMMUNITIES THAT CARE FRAMEWORK
SALISHAN LUTHERAN MISSION 504 EAST 123RD TACOMA, WA 98445		501(C)3	5,654.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY 1110 SOUTH PUGET SOUND TACOMA, WA 98403	36-4021495	501(C)3	9,165.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY NORTHWEST DIVISION P. O. BOX 9219 SEATTLE, WA 98109	94-1156347	501(C)3	6,652.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)  
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**SCHEDULE I-1**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

Name of the organization		THE GREATER TACOMA COMMUNITY FOUNDATION						Employer identification number 91-1007459	
Part I		Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SEXUAL ASSAULT CENTER OF PIERCE COUNTY - 633 NORTH MILDRED SUITE J - TACOMA, WA 98406	91-0962226	501(C)3	5,500.	0.			PROGRAM SUPPORT		
SHANAMAN TACOMA PIERCE COUNTY SPORTS - PO BOX 1614 - TACOMA, WA 98401	91-1648184	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT		
SHARED HOUSING SERVICES PO BOX 5937 TACOMA, WA 98415	91-1557248	501(C)3	11,525.	0.			PROGRAM SUPPORT AND GENERAL OPERATING SUPPORT		
SOUTH SOUND OUTREACH SERVICES 1106 MLK JR. WAY TACOMA, WA 98405	91-1741624	501(C)3	60,841.	0.			PROGRAM AND GENERAL OPERATING SUPPORT		
TACOMA COMMUNITY HOUSE 1314 SOUTH L. STREET TACOMA, WA 98415	91-0570872	501(C)3	18,250.	0.			PROGRAM AND GENERAL OPERATING SUPPORT		
TACOMA ELKS LODGE NO. 174 B.P.O.E. 1965 SOUTH UNION TACOMA, WA 98405	91-0142850	501(C)3	11,086.	0.			FOR CHARITABLE PROGRAMS OF THE FUND		
TACOMA GOODWILL INDUSTRIES 714 SOUTH 27TH ST TACOMA, WA 98409	91-0573106	501(C)3	7,750.	0.			PROGRAM AND GENERAL OPERATING SUPPORT		
TACOMA HISTORICAL SOCIETY P. O. BOX 1865 TACOMA, WA 98401	94-3146516	501(C)3	10,000.	0.			PROGRAM SUPPORT		
2 Enter total number of Section 501(c)(3) and government organizations								▲	
3 Enter total number of other organizations								▲	

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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OMB No. 1545-0047  
2008

**Open to Public Inspection**

Name of the organization

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Employer identification number

**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA MUSICAL PLAYHOUSE 7116 6TH AVENUE TACOMA, WA 98407	94-3198670	501(C)3	5,250.	0.			GENERAL OPERATING SUPPORT
TACOMA OPERA ASSOCIATION 1119 PACIFIC AVENUE SUITE 405 TACOMA, WA 98402	91-1237511	501(C)3	9,113.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
TACOMA ORTHOPEDIC ASSOCIATION 311 SOUTH L STREET TACOMA, WA 98415	91-6030192	501(C)3	36,685.	0.			PROGRAM SUPPORT
TACOMA PIERCE COUNTY HEALTH DEPARTMENT - 3629 S "D" STREET - TACOMA, WA 98418		501(C)3	17,861.	0.			PROGRAM SUPPORT
TACOMA RESCUE MISSION P. O. BOX 1912 TACOMA, WA 98401	91-0565014	501(C)3	17,462.	0.			GENERAL OPERATING SUPPORT
TACOMA SYMPHONY ORCHESTRA 901 BROADWAY SUITE 600 TACOMA, WA 98402	91-6032976	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466	13-1624102	501(C)3	11,000.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
THE GRAND CINEMA 606 SO. FAWCETT AVE. TACOMA, WA 98402	91-1774658	501(C)3	5,500.	0.			GENERAL OPERATING SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

**Open to Public**  
**Inspection**

Name of the organization

Employer identification number

**THE GREATER TACOMA COMMUNITY FOUNDATION**

**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ZOO SOCIETY 5400 N PEARL STREET TACOMA, WA 98407	91-6066667	501(C)3	25,000.	0.			PROGRAM SUPPORT
TONE TRANSITIONAL CENTER SCHOOL DISTRICT - 3111 SOUTH 43RD - TACOMA, WA 98409		501(C)3	5,218.	0.			GENERAL OPERATING SUPPORT
TREEHOUSE 2100 24TH AVENUE S #200 SEATTLE, WA 98144	91-1425676	501(C)3	7,500.	0.			PROGRAM SUPPORT
UNITED WAY OF PIERCE COUNTY P. O. BOX 2215 TACOMA, WA 98401	91-0650669	501(C)3	13,596.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF PUGET SOUND 1500 N WARNER STREET #1080 TACOMA, WA 98416	91-0564961	501(C)3	87,160.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - 815 MERCER ST., BLDG. C-5 - SEATTLE, WA 98109	94-3079432	501(C)3	6,864.	0.			TO PROVIDE A SCHOLARSHIP TO STUDENT
WASHINGTON STATE UNIVERSITY FOUNDATION - 255 E. MAIN STREET, SUITE 301 - PULLMAN, WA 99164	91-1075542	501(C)3	10,475.	0.			PROGRAM SUPPORT
WORLD VISION P. O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)3	12,333.	0.			PROGRAM AND GENERAL OPERATING SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▲ Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
**2008**  
**Open to Public**  
**Inspection**

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number  
**91-1007459**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH FOR CHRIST 1216 CENTER STREET TACOMA, WA 98401	36-2193619	501(C)3	8,500.	0.			GENERAL OPERATING SUPPORT
YOUTH MARINE FOUNDATION 5308 NORPOINT WAY NE TACOMA, WA 98422	91-1536334	501(C)3	10,000.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
YMCA OF TACOMA-PIERCE COUNTY 1614 SOUTH MILDRED STREET SUITE 1 TACOMA, WA 98465	91-0565562	501(C)3	10,000.	0.			PROGRAM SUPPORT
YWCA OF PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)3	108,755.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
BIRTH TO THREE DEVELOPMENTAL CENTER - PO BOX 24269 - FEDERAL WAY, WA 98093	91-0889019	501(C)3	8,000.	0.			EARLY INTERVENTION FOR PIERCE COUNTY CHILDREN WITH SPECIAL HEALTHCARE NEEDS.

**2** Enter total number of Section 501(c)(3) and government organizations **▲**

**3** Enter total number of other organizations **▲**

**Part IV** Supplemental Information

- THE GRANTEE IS REQUIRED TO SIGN AND DATE THE FORM, ACKNOWLEDGING RECEIPT OF THE GRANT AND AGREEMENT WITH THE TERMS OF THE GRANT, AND RETURN THE SIGNED FORM TO THE COMMUNITY FOUNDATION.

WE ISSUE NO GRANTS OUTSIDE THE UNITED STATES.

THE SELECTION CRITERIA USED TO AWARD GRANTS IS AS FOLLOWS:

- GRANTEE MUST BE A 501(C)3 TAX-EXEMPT NONPROFIT ORGANIZATION OR BE AFFILIATED WITH A TAX-EXEMPT ORGANIZATION.

- THE GRANT MUST BE USED TO PROVIDE A SERVICE PRIMARILY FOR RESIDENTS OF PIERCE COUNTY.

- FOR COMMUNITY GRANTS, THE GRANT MUST PROVIDE A SERVICE THAT FALLS UNDER ONE OF THE FIVE GRANT FOCUS AREAS OF ARTS & CULTURE, BASIC NEEDS, EDUCATION, ENVIRONMENT, OR NEIGHBORHOOD & COMMUNITIES.

- THE GRANTEE MUST NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEXUAL ORIENTATION, PHYSICAL OR MENTAL DISABILITIES, GENDER OR NATIONAL ORIGIN; BE INCLUSIVE WITH CLIENTS, VOLUNTEERS AND STAFF.

- IF A GRANT IS RECOMMENDED TO BE MADE TO A PUBLIC CHARITY ACCORDING TO SECTION 509(A), THE FUNDS MUST BE SPENT FOR CHARITABLE PURPOSES AND NOT FOR PRIVATE GAIN OR POLITICAL ACTIVITIES.

- A RECOMMENDED GRANT WILL NOT BE MADE TO AN INDIVIDUAL OR FAMILY

**Part IV** Supplemental Information

FOLLOWING A TRAGEDY AND WILL PROVIDE NO PRIVATE BENEFIT TO THE DONOR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANNIE WRIGHT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BENEFIT OF STUDENTS ATTENDING ANNIE  
WRIGHT AS DETERMINED BY THE BOARD OF DIRECTORS OF ANNIE WRIGHT SCHOOL

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

**91-1007459**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008



Department of the Treasury  
Internal Revenue Service

## Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

# 2008

**Open To Public Inspection**

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

91-1007459

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3) and section 501(c)(4) organizations only)
---------------	-------------------------------------------------------------------------------------------------

**To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b**

[illegible]

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$ \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ \_\_\_\_\_

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	-------------------------------------------------

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

<b>Total</b>	<b>▶</b>	<b>\$</b>
--------------	----------	-----------

<b>Part III</b>	<b>Grants or Assistance Benefiting Interested Persons.</b>
-----------------	------------------------------------------------------------

**To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27**

[illegible]

<b>Part IV</b>	<b>Business Transactions Involving Interested Persons.</b>
----------------	------------------------------------------------------------

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STONE FIRE (COMPANY OWNED	CONSULTING COMPANY	7,000.	FOR PROFESS		X

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

**91-1007459**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	170,312.	FAIR VALUE AT DATE OF
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6	1,150.	DONOR'S SALES VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOREVER ENRICHING OUR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR VALUES OF INNOVATION, COLLABORATION, INTEGRITY AND COMMUNITY ALONG WITH THE VIBRANT COMMUNITY PROGRAM WILL CONTINUE TO INFLUENCE FUTURE COMMUNITY GRANTMAKING DECISIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THE COMMUNITY FOUNDATION HAS DEVELOPED THE VIBRANT COMMUNITY PROGRAM AS A FOCUSED STRATEGY TO USE DISCRETIONARY FUNDING TO MAKE A DEFINED IMPACT IN PIERCE COUNTY. THE VIBRANT COMMUNITY CONCEPT INCLUDES THE FOLLOWING FIVE ELEMENTS: ARTS & CULTURE; BASIC NEEDS; EDUCATION; ENVIRONMENT; AND NEIGHBORHOODS & COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE THOROUGHLY REVIEWS THE FORM 990 AND RECOMMENDS IT TO THE BOARD OF DIRECTORS FOR ACCEPTANCE. BEFORE FILING WITH THE IRS, ALL BOARD MEMBERS ARE PROVIDED WITH AN ELECTRONIC COPY OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: POLICY STATES THE PURPOSE OF THE POLICY, WHO IS COVERED, AND THE DUTIES OF A COVERED PERSON; EXPLAINS WHEN A CONFLICT OF INTEREST DOES OR DOES NOT EXIST; DESCRIBES THE DISCLOSURE/EVALUATION PROCESS AND PROCEDURES FOR ACTING ON CONFLICT OF INTEREST TRANSACTIONS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

EACH YEAR ALL STAFF MEMBERS AND VOLUNTEERS ARE REQUIRED TO FILL OUT AN ACKNOWLEDGMENT STATEMENT WHERE THEY DESCRIBE ANY AND ALL CONNECTIONS, RELATIONSHIPS OR SITUATIONS WHICH MAY BE A CONFLICT OF INTEREST WITH THE COMMUNITY FOUNDATION. BY SIGNING THE ACKNOWLEDGMENT FORM, THEY INDICATE THAT THEY HAVE CAREFULLY READ THE CONFLICT OF INTEREST POLICY AND THEIR RESPONSES ARE COMPLETE, TRUE AND ACCURATE.

AT COMMITTEE AND BOARD MEETINGS THROUGHOUT THE YEAR, STAFF AND VOLUNTEERS WHO HAVE A CONFLICT OF INTEREST WITH A MATTER THAT IS BEFORE THE COMMITTEE OR BOARD VERBALLY DISCLOSES THE CONFLICT AND ABSTAINS FROM DISCUSSION AND VOTING. THE ABSTENTION IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR BOARD MEMBERS COMPLETE WRITTEN PERFORMANCE EVALUATIONS OF THE PRESIDENT AND SUBMIT THEM TO THE CHAIR OF THE BOARD OF DIRECTORS WHO IS ALSO THE CHAIR OF THE EXECUTIVE COMMITTEE. (BOARD MEMBERS MAY SUBMIT THE EVALUATIONS ANONYMOUSLY).

AT A MEETING OF THE EXECUTIVE COMMITTEE, WITH NO STAFF IN ATTENDANCE, THE COMMITTEE CHAIR PRESENTS THE COMPILED PERFORMANCE EVALUATIONS AND CURRENT COMPARATIVE SALARY INFORMATION (I.E.: COUNCIL ON FOUNDATION'S SALARY AND BENEFITS REPORT, OTHER COMMUNITY FOUNDATIONS' FORM 990, AND UNITED WAY SALARY SURVEY) TO THE EXECUTIVE COMMITTEE FOR DISCUSSION.

AFTER DISCUSSION, THE COMMITTEE CHAIR RECOMMENDS A RANGE FOR THE PRESIDENT'S NEXT FISCAL YEAR'S SALARY TO THE EXECUTIVE COMMITTEE, BASED ON

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

THE EVALUATIONS AND COMPARATIVE SALARY DATA. THE EXECUTIVE COMMITTEE VOTES TO APPROVE THE SALARY RANGE. THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING DOCUMENT THE EXECUTIVE COMMITTEE MEMBERS PRESENT AT THE MEETING AND THE DELIBERATIONS AND ACTIONS TAKEN.

THE COMMITTEE CHAIR MEETS WITH THE PRESIDENT AND PRESENTS THE RESULTS OF THE PERFORMANCE EVALUATIONS WITH THE PRESIDENT AND NEGOTIATES THE NEXT FISCAL YEAR'S COMPENSATION, BASED ON THE SALARY RANGE APPROVED BY THE EXECUTIVE COMMITTEE. THE COMPENSATION INFORMATION IS FORWARDED TO ACCOUNTING STAFF FOR INCLUSION IN THE NEXT FISCAL YEAR'S BUDGET AND FOR PAYROLL PROCESSING. UNLESS OTHERWISE STATED, THE NEW SALARY IS EFFECTIVE AS OF MARCH 15TH. THE BOARD OF DIRECTORS APPROVES THE ANNUAL BUDGET FOR THE NEXT FISCAL YEAR WHICH INCLUDES THE PRESIDENT'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINES 2A-2B AND PART IV LINE 12:

FINANCIAL REPORTING AND INDEPENDENT AUDITORS

THE COMMUNITY FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS ARE

AUDITED BY INDEPENDENT CERTIFIED PUBLIC ACCOUNTS ON AN ANNUAL BASIS.

THE COMMUNITY FOUNDATION CONSOLIDATES TWO OTHER NOT-FOR-PROFIT ENTITIES

WITHIN ITS CONSOLIDATED FINANCIAL STATEMENTS UNDER GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES ACCEPTED IN THE UNITED STATES OF AMERICA.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

FORM 990, PART XI, LINE 2C:

GOVERNING COMMITTEE OVER AUDIT

THE COMMUNITY FOUNDATION'S AUDIT COMMITTEE AND THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS ARE THE RESPONSIBLE PARTIES INVOLVED IN THE SELECTION OF THE INDEPENDENT AUDITOR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STONE FIRE (COMPANY OWNED BY JUDITH NILAN)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CONSULTING COMPANY IS OWNED BY BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 7000.

(D) DESCRIPTION OF TRANSACTION: FOR PROFESSIONAL CONSULTING SERVICES RENDERED

(E) SHARING OF ORGANIZATION REVENUES? = NO





**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) WESTERN FOREST INDUSTRIES MUSEUM	B	292,351.
(2) THE FRIENDS OF LAKEWOLD	B	161,390.
(3) THE FRIENDS OF LAKEWOLD	A	40,102.
(4)		
(5)		
(6)		



# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete **Part I** only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	THE GREATER TACOMA COMMUNITY FOUNDATION	91-1007459
	Number, street, and room or suite no. If a P O box, see instructions	
	950 PACIFIC AVENUE, SUITE 1220	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	TACOMA, WA 98402	

Check type of return to be filed (file a separate application for each return)

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE GREATER TACOMA COMMUNITY FOUNDA**

- The books are in the care of ► **950 PACIFIC AVENUE, SUITE 1220 - TACOMA, WA 98402**  
Telephone No ► **253-383-5622** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	THE GREATER TACOMA COMMUNITY FOUNDATION	91-1007459
	Number, street, and room or suite no. If a P.O. box, see instructions 950 PACIFIC AVENUE, SUITE 1220	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TACOMA, WA 98402	

## Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- THE GREATER TACOMA COMMUNITY FOUNDATION
- The books are in the care of ☒ 950 PACIFIC AVENUE, SUITE 1220 - TACOMA, WA 98402  
Telephone No ☒ 253-383-5622 FAX No. ☐
  - If the organization does not have an office or place of business in the United States, check this box ☐
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2010
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**THE COMMUNITY FOUNDATION REQUIRES MORE TIME TO GATHER THE NECESSARY INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

- |    |                                                                                                                                                                                                                                   |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                  | 8a | \$     |
| b  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$     |
| c  | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 8c | \$ N/A |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ [Signature] Title ☒ CPA Date ☒ 2-8-10

Form 8868 (Rev 4-2009)