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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

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization THE GREATER TACOMA COMMUNITY FOUNDATION		D Employer identification number 91-1007459
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 950 PACIFIC AVENUE, SUITE 1220		E Telephone number (253) 383-5622
		City or town, state or country, and ZIP + 4 TACOMA, WA 98402		G Gross receipts \$ 12,600,340.
		F Name and address of principal officer ROSE LINCOLN HAMILTON		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list (see instructions)
				H(c) Group exemption number ▶
I Tax exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.GTCF.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1977 M State of legal domicile: WA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOSTERING GENEROSITY BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
Revenue	5 Total number of employees (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	5,085.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	1,710.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,343,162.	1,465,181.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,655.	74,466.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,688.	126,479.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,549,505.	1,666,126.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		784,765.	803,895.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 219,290.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		666,053.	529,371.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,189,445.	3,899,053.
19 Revenue less expenses Subtract line 18 from line 12		360,060.	<2,232,927.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	52,115,477.	55,776,634.
	22 Net assets or fund balances Subtract line 21 from line 20	8,332,540.	9,317,562.
		43,782,937.	46,459,072.

Part II Signature Block

Sign Here	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.		
	Signature of officer: ROSE LINCOLN HAMILTON Date: 11-3-10 Type or print name and title: ROSE LINCOLN HAMILTON, PRESIDENT		
Paid Preparer's Use Only	Preparer's signature: Jan O'Kons CPA	Date: 11/1/10	Check if self-employed <input type="checkbox"/>
	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	EIN: ▶	Preparer's identifying number (see instructions)
		Phone no. ▶ 253.572.9922	

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

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED DEC 01 2010

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Part III Statement of Program Service Accomplishments

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 \$ 2,963,542. including grants of \$ 2,565,787.) (Revenue \$ 121,394.)
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 \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,963,542.

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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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 similar funds or 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>	X	
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34 X	
35 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>	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2009)

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.	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	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.	16	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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	
b	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	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	16	
b Enter the number of voting members that are independent	15	
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	
9 Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a 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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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
If "Yes" to line 15a or 15b, 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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 current officer, director, or trustee

(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			
MARY ANN ANDERSON CHAIR	2.00	X		X				0.	0.	0.
JUDITH NILAN VICE CHAIR	2.00	X		X				7,933.	0.	0.
PETER DARLING SECRETARY	2.00	X		X				0.	0.	0.
CALVIN PEARSON TREASURER	2.00	X		X				0.	0.	0.
JOHN LANTZ PAST CHAIR	2.00	X		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.
ALBERT S. BACON III DIRECTOR	2.00	X						0.	0.	0.
KATHARINE T. SEVERSON 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.
T. GARY CONNETT DIRECTOR	2.00	X						0.	0.	0.
TIMOTHY TUCCI DIRECTOR	2.00	X						0.	0.	0.
JOHN WIBORG DIRECTOR	2.00	X						0.	0.	0.
JOE MAYER DIRECTOR	2.00	X						0.	0.	0.
ROSE LINCOLN HAMILTON PRESIDENT	40.00			X				162,667.	0.	22,283.

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			
SHIRLEY BROCKMANN VICE PRESIDENT, FINANCE	40.00			X				68,982.	0.	12,914.
1b Total								239,582.	0.	35,197.

2 Total number of individuals (including but not limited to those listed above) 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
2 Total number of independent contractors (including but not limited to those listed above) 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	24,103.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1441078.			
	g	Noncash contributions included in lines 1a-1f \$		193,392.			
	h	Total. Add lines 1a-1f		1465181.			
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)		688,637.			688,637.
	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)		<614,171.>		<614,171.>	
	8 a	Gross income from fundraising events (not including \$ 24,103. of contributions reported on line 1c) See Part IV, line 18	a	6,540.			
	b	Less direct expenses	b	12,743.			
	c	Net income or (loss) from fundraising events		<6,203.>	<6,203.>		
	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	111,124.	106,039.	5,085.		
b	OTHER REVENUE	900099	21,558.	21,558.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		132,682.				
12	Total revenue. See instructions.		1666126.	121,394.	5,085.	74,466.	

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	2,334,910.	2,334,910.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	230,877.	230,877.		
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	286,070.	58,643.	126,758.	100,669.
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	379,065.	104,123.	242,590.	32,352.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,931.	8,925.	20,885.	2,121.
9 Other employee benefits	52,192.	14,717.	32,990.	4,485.
10 Payroll taxes	54,637.	13,594.	30,863.	10,180.
11 Fees for services (non-employees)				
a Management				
b Legal	2,026.		2,026.	
c Accounting	16,900.		16,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,995.		92,995.	
g Other	127,345.	110,711.	9,706.	6,928.
12 Advertising and promotion	27,697.	7,589.	14,402.	5,706.
13 Office expenses	28,138.	6,973.	15,924.	5,241.
14 Information technology	26,097.	7,151.	13,570.	5,376.
15 Royalties				
16 Occupancy	61,103.	16,742.	31,774.	12,587.
17 Travel	6,804.	1,864.	3,538.	1,402.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,825.	7,021.	7,296.	14,508.
20 Interest	895.	245.	465.	185.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,733.	5,133.	9,741.	3,859.
23 Insurance	16,089.	4,408.	8,366.	3,315.
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 DUES AND SUBSCRIPTIONS	11,279.	4,684.	4,959.	1,636.
b COPYING AND PRINTING	10,932.		7,989.	2,943.
c ANNUAL REPORT	10,122.	2,773.	5,263.	2,086.
d COMMUNITY EVENTS	9,521.	9,521.		
e SPECIAL PROJECTS	8,000.	8,000.		
f All other expenses	25,870.	4,938.	17,221.	3,711.
25 Total functional expenses. Add lines 1 through 24f	3,899,053.	2,963,542.	716,221.	219,290.
26 Joint costs. 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
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	1,156,870.	2 1,575,803.
	3 Pledges and grants receivable, net	47,898.	3 37,699.
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	4,372.	9 94,496.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 101,849.	
	b Less accumulated depreciation	10b 44,766.	10c 57,083.
	11 Investments - publicly traded securities	47,316,955.	11 52,478,448.
	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	3,523,504.	15 1,533,105.
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,115,477.	16 55,776,634.	
Liabilities	17 Accounts payable and accrued expenses	151,429.	17 115,736.
	18 Grants payable	95,150.	18 379,114.
	19 Deferred revenue	15,000.	19 10,000.
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial 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 to unrelated third parties		24
	25 Other liabilities. Complete Part X of Schedule D	8,070,961.	25 8,812,712.
	26 Total liabilities. Add lines 17 through 25	8,332,540.	26 9,317,562.
Net Assets or Fund Balances	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	38,015,400.	27 42,197,726.
	28 Temporarily restricted net assets	3,723,849.	28 2,217,658.
	29 Permanently restricted net assets	2,043,688.	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 Total net assets or fund balances	43,782,937.	33 46,459,072.
	34 Total liabilities and net assets/fund balances	52,115,477.	34 55,776,634.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box.)

- 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).**
- 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 supported organization(s)

	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	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,183,460.	6,693,013.	2,366,636.	2,043,162.	1,465,181.	15,751,452.
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 Total. Add lines 1 through 3	3,183,460.	6,693,013.	2,366,636.	2,043,162.	1,465,181.	15,751,452.
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)						2,598,181.
6 Public support. Subtract line 5 from line 4						13,153,271.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,183,460.	6,693,013.	2,366,636.	2,043,162.	1,465,181.	15,751,452.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	697,113.	937,240.	1,126,596.	835,910.	688,637.	4,285,496.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				2,941.	1,710.	4,651.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	61,450.	84,685.	111,489.	140,243.	127,597.	525,464.
11 Total support. Add lines 7 through 10						20,567,063.
12 Gross receipts from related activities, etc. (see instructions)					12	73,145.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	63.95 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.12 %
16a 33 1/3% support test - 2009. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

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

ADMINISTRATIVE FEE AND OTHER REVENUE

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

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	62	
2 Aggregate contributions to (during year)	320,880.	
3 Aggregate grants from (during year)	505,439.	
4 Aggregate value at end of year	7,104,134.	
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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 ☐ No

9 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 items

b 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 acquisition, 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 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	35,156,936.	50,213,914.			
b	533,783.	992,346.			
c	7523334.	<14,557,346.>			
d	1600335.	1491978.			
e					
f					
g	41,613,718.	35,156,936.			

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

a Board designated or quasi-endowment ▶ 95.09 %

b Permanent endowment ▶ 4.91 %

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

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

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

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		101,849.	44,766.	57,083.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				57,083.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,666,126.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,899,053.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,232,927.>
4	Net unrealized gains (losses) on investments	4	4,771,767.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	137,295.
9	Total adjustments (net) Add lines 4 through 8	9	4,909,062.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,676,135.

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	6,587,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,771,767.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	137,295.
e	Add lines 2a through 2d	2e	4,909,062.
3	Subtract line 2e from line 1	3	1,678,869.
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	<12,743.>
c	Add lines 4a and 4b	4c	<12,743.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,666,126.

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

1	Total expenses and losses per audited financial statements	1	3,911,796.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,911,796.
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	<12,743.>
c	Add lines 4a and 4b	4c	<12,743.>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,899,053.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: THE COMMUNITY FOUNDATION BELIEVES IT HAS NO UNCERTAIN

TAX POSITIONS. TAX YEARS 2007, 2008 AND 2009 REMAIN SUBJECT TO EXAMINATION

AS OF _____, 2010.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: 137295.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 137295.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN8B: -12743.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN8B: -12743.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Open To Public Inspection

Employer identification number
91-1007459

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- ☐
- Yes
- ☐
- No

- | (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 | | | |
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| 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

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)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	30,643.		30,643.
	2	Less: Charitable contributions	24,103.		24,103.
	3	Gross income (line 1 minus line 2)	6,540.		6,540.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	12,743.		12,743.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			12,743.
	11	Net income summary: Combine line 3, column (d), and line 10			<6,203.>

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))	
Revenue	1	Gross revenue				
	Direct Expenses	2	Cash prizes			
		3	Noncash 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 line 1, column (d), and line 7					

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**b** An outside facility

13a	%
13b	%

14 Enter 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 of the third party

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 to be 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) 2009

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

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" to 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
AMERICAN CANCER SOCIETY TACOMA CHAPTER - 1313 BROADWAY SUITE 100 - TACOMA, WA 98402	84-1316555	501(C)(3)	8,847.	0.			GENERAL OPERATING SUPPORT
ANNIE WRIGHT SCHOOL 827 N TACOMA AVENUE TACOMA, WA 98403	91-0567266	501(C)(3)	66,077.	0.			PROVIDE SCHOLARSHIPS TO PERSONS WHO WOULD NOT OTHERWISE BE ABLE TO ATTEND
ASSOCIATED MINISTRIES 1224 SOUTH I STREET TACOMA, WA 98405	91-0847534	501(C)(3)	8,671.	0.			GENERAL OPERATING SUPPORT
AUSTIN CAN ACADEMY 2406 ROSEWOOD AVENUE AUSTIN, TX 78702	75-2251099	501(C)(3)	9,350.	0.			PREGNANCY RELATED SERVICES PROGRAM, LULAC CLUB
BIRTH TO THREE DEVELOPMENTAL CENTER - PO BOX 24269 - FEDERAL WAY, WA 98093	91-0889019	501(C)(3)	10,000.	0.			EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DEVELOPMENTAL DELAYS
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 1501 PACIFIC AVE, SUITE #301 - TACOMA, WA 98402	91-0759832	501(C)(3)	40,387.	0.			GENERAL OPERATING SUPPORT, DONALD G. TOPPING HOPE CENTER

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

3 Enter total number of other organizations

▶ **99.**
▶ **2.**

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

Schedule I (Form 990) 2009

(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
SCHOLARSHIPS	47	133,005.	0.		
EDUCATION (NON-SCHOLARSHIPS)	31	96,872.	0.		
ENVIRONMENT	2	1,000.	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.

Name of the organization

Employer identification number
91-1007459

THE GREATER TACOMA COMMUNITY FOUNDATION

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(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
BROADWAY CENTER FOR THE PERFORMING ARTS - 901 BROADWAY PLAZA SUITE 700 - TACOMA, WA 98402	91-1106878	501(C)(3)	14,595.	0.			EDUCATIONAL PROGRAMS
BUILDING CHANGES 2014 E MADISON #200 SEATTLE, WA 98122	91-1410450	501(C)(3)	10,000.	0.			WASHINGTON FAMILIES FUND PROVIDE SUPPORT AND ASSISTANCE TO CHILDREN AND FAMILIES WITH CHILDREN
CATHOLIC COMMUNITY SERVICES P. O. BOX 1235 TACOMA, WA 98405	91-1585652	501(C)(3)	87,497.	0.			OPERATING SUPPORT
CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA, WA 98467	91-0673111	501(C)(3)	46,297.	0.			OPERATING SUPPORT
CHILDREN'S MUSEUM OF TACOMA 936 BROADWAY TACOMA, WA 98402	94-3036465	501(C)(3)	11,000.	0.			OPERATING SUPPORT
CHINESE OPERA R&D ASSOCIATION 7235 INTERLAKEN DR SW LAKEWOOD, WA 98499	91-1580337	501(C)(3)	22,000.	0.			GENERAL OPERATING SUPPORT
CHRISTIAN BROTHERHOOD ACADEMY 2136 MLK, JR. WAY TACOMA, WA 98405	91-1703657	501(C)(3)	6,969.	0.			STUDENT SCHOLARSHIPS
CITY OF TACOMA 747 MARKET ST., #1244 TACOMA, WA 98402		GOVERNMENT	9,031.	0.			ACE-BRFSS OVERSAMPLE

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047
2009

**Open to Public
Inspection**

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number
91-1007459

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(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		
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 PENINSULA P. O. BOX 684 VAUGHN, WA 98394	91-2024847	501(C)(3)	10,000.	0.			MENTORING OUR STUDENTS TO SUCCESS		
COMMUNITY HEALTH CARE 101 EAST 26TH ST., STE. 100 TACOMA, WA 98421	91-1349657	501(C)(3)	10,857.	0.			SUPPORT THE KRESGE FOUNDATION CHALLENGE GRANT		
COMMUNITY SCHOOL OF SUN VALLEY P. O. BOX 2118 SUN VALLEY, ID 83353	82-0307094	501(C)(3)	5,506.	0.			GENERAL SUPPORT OF CHARITABLE PROGRAMS		
EARTH ECONOMICS 1121 TACOMA AVENUE SOUTH TACOMA, WA 98402	20-1843411	501(C)(3)	10,000.	0.			ESV OF PUYALLUP RIVER WATERSHED		
EMERGENCY FOOD NETWORK 3318 92ND ST. SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)(3)	7,969.	0.			GENERAL OPERATING SUPPORT		
EXODUS HOUSING P.O. BOX 1006 SUMNER, WA 98390	91-1660137	501(C)(3)	49,344.	0.			SERVICES PROVIDED IN 10/09-12/09 AND 1/10-9/10		

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

Schedule I-1 (Form 990) 2009

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number
91-1007459

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(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	
	FORT NISQUALLY FOUNDATION 5400 NORTH PEARL STREET #11 TACOMA, WA 98407	91-1493318	501(C)(3)	7,431.	0.			GENERAL OPERATING SUPPORT, IMPROVING ARTIFACT COLLECTION CARE	
	FOSS HOME AND VILLAGE 13023 GREENWOOD AVE N SEATTLE, WA 98133	91-0573114	501(C)(3)	20,000.	0.			SENIOR TV SYSTEM	
	FOSS WATERWAY SEAPORT 705 DOCK STREET TACOMA, WA 98402	91-1741794	501(C)(3)	8,682.	0.			WILLITS CANOE EXHIBIT CAPITAL CAMPAIGN	
	FRIENDS OF LAKEWOLD P. O. BOX 39780 LAKEWOOD, WA 98439	94-3041320	501(C)(3)	141,241.	0.			GENERAL OPERATING SUPPORT	
	GIG HARBOR BOAT SHOP P.O. BOX 1187 GIG HARBOR, WA 98335	20-5014377	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT	
	GIRL SCOUTS OF WESTERN WASHINGTON P.O. BOX 770 DU PONT, WA 98327	91-6060940	501(C)(3)	14,099.	0.			TO ASSIST GIRLS WHO DESIRE TO ATTEND GIRL SCOUT CAMP	
	GREAT PENINSULA CONSERVANCY 3721 KITSAP WAY, SUITE 5 BREMERTON, WA 98312	91-1110978	501(C)(3)	10,541.	0.			GENERAL OPERATING SUPPORT	
	GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVENUE SW - LAKEWOOD, WA 98499	91-6064184	501(C)(3)	8,153.	0.			GENERAL OPERATING SUPPORT	

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047
2009

**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 United States (Schedule I (Form 990), Part II)						
(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
GREATER METRO PARKS FOUNDATION 4702 SOUTH 19TH STREET TACOMA, WA 98405	91-1482669	501(C)(3)	60,000.	0.			ZINA LINNIK PROJECT
GUADALUPE LAND TRUST 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	22-3833548	501(C)(3)	8,000.	0.			COMMUNITY GARDENS
HARBOR HISTORY MUSEUM P. O. BOX 744 GIG HARBOR, WA 98335	23-7440330	501(C)(3)	5,750.	0.			CAPITAL CAMPAIGN
HARMONY HILL 7362 EAST STATE ROUTE 16 UNION, WA 98592	94-3050703	501(C)(3)	5,995.	0.			CANCER PROGRAM
HAROLD E. LEMAY MUSEUM P.O. BOX 1117 TACOMA, WA 98401	91-1867848	501(C)(3)	15,357.	0.			GENERAL OPERATING SUPPORT, CAPITAL CAMPAIGN
HILLTOP ARTISTS IN RESIDENCE P. O. BOX 6829 TACOMA, WA 98417	91-1667476	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
HOPE SPARKS 6424 N 9TH STREET TACOMA, WA 98406	91-0598103	501(C)(3)	26,168.	0.			GENERAL OPERATING SUPPORT, HEALING HEARTS PROGRAM
HOSPITALITY KITCHEN 1323 SOUTH YAKIMA AVENUE TACOMA, WA 98405	91-1585652	501(C)(3)	7,258.	0.			GENERAL OPERATING SUPPORT

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

Schedule I-1 (Form 990) 2009

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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 United States (Schedule I (Form 990), Part II)									
(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		
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409	91-0577128	501(C)(3)	10,806.	0.			GENERAL OPERATING SUPPORT		
JEFFERSON COUNTY COMMUNITY FOUNDATION - P.O. BOX 1955 - PORT TOWNSEND, WA 98368	84-1682682	501(C)(3)	11,352.	0.			CHILDREN'S HOSPITAL		
KITSAP COMMUNITY FOUNDATION P.O. BOX 3670 SILVERDALE, WA 98383	94-3205217	501(C)(3)	102,264.	0.			GENERAL OPERATING AND CHARITABLE PROGRAM SUPPORT, BREMERTON SYMPHONY ASSOCIATION		
L'ARCHE TAHOMA HOPE COMMUNITY 12303 36TH AVE E TACOMA, WA 98446	91-1206208	501(C)(3)	8,000.	0.			THE FARM AND GARDENS		
LAKEWOOD AREA SHELTER ASSOCIATION PO BOX 98619 LAKEWOOD, WA 98499	91-1470619	501(C)(3)	32,896.	0.			SERVICES PROVIDED IN 10/09-12/09 AND 1/10-9/10.		
LIGHTHOUSE FOR THE BLIND P. O. BOX C 14119 SEATTLE, WA 98114	91-0295070	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY AND ORIENTATION AND MOBILITY (O&M) TRAINING		
LINDQUIST DENTAL CLINIC FOR CHILDREN - 130 131ST STREET S - TACOMA, WA 98444	91-0615378	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH DENTAL HYGIENIST		
MARY BRIDGE CHILDREN'S HOSPITAL FOUNDATION - P.O. BOX 5296 - TACOMA, WA 98405	94-3030039	501(C)(3)	63,046.	0.			PROGRAM AND GENERAL OPERATING SUPPORT		

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number
91-1007459

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(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	
	MULTICARE HEALTH FOUNDATION P. O. BOX 5296 TACOMA, WA 98415	91-1514257	501(C)(3)	49,228.	0.			TACOMA GENERAL HOSPITAL-GENERAL CHARITABLE SUPPORT	
	MULTICARE HEALTH SYSTEM 409 SOUTH J STREET TACOMA, WA 98415	91-1352172	501(C)(3)	22,523.	0.			SUPPORT PERSONS WITH LIFE THREATENING ILLNESS AND NO MEANS OF MEETING MEDICAL EXPENSES.	
	MUSEUM OF GLASS 1801 E DOCK STREET TACOMA, WA 98402	91-1669422	501(C)(3)	18,756.	0.			GENERAL SUPPORT OF CHARITABLE PROGRAMS	
	NATIVITY HOUSE 2304 S JEFFERSON AVE TACOMA, WA 98402	91-1223563	501(C)(3)	13,000.	0.			PROGRAM AND OPERATING SUPPORT	
	NISQUALLY RIVER BASIN LAND TRUST P. O. BOX 1148 YELM, WA 98597	91-1484518	501(C)(3)	6,000.	0.			PROGRAM AND OPERATING SUPPORT	
	NORTHWEST EDUCATION LOAN ASSOCIATION - 190 QUEEN ANNE AVENUE N, SUITE 300 - SEATTLE, WA 98109	91-1068278	501(C)(3)	10,600.	0.			WASHBOARD_ORG	
	NORTHWEST SINFONIETTA P. O. BOX 1154 TACOMA, WA 98401	91-1590964	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT	
	PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 SOUTH 19TH STREET - TACOMA, WA 98405	91-0564954	501(C)(3)	10,185.	0.			GENERAL OPERATING SUPPORT	

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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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 United States (Schedule I (Form 990), Part II)							
(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
PACIFIC LUTHERAN UNIVERSITY OFFICE OF DEV & UNIV RELATIONS TACOMA, WA 98447	91-0565571	501(C)(3)	22,267.	0.			NATURAL HABITAT RESTORATION PROJECT
PALMER SCHOLARS P. O. BOX 7119 TACOMA, WA 98417	91-1742581	501(C)(3)	7,000.	0.			SPRING TRAINING PROGRAM
PARENTS & STUDENTS IN ACTION P. O. BOX 1021 EATONVILLE, WA 98328	91-1450064	501(C)(3)	7,000.	0.			FOREST ADVENTURES PROGRAM
PCC FARMLAND TRUST 909 NE 43RD STREET SUITE 208 SEATTLE, WA 98105	91-2021165	501(C)(3)	11,000.	0.			FARMLAND STEWARDSHIP PROGRAM-ORTING VALLEY FARMS
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVENUE TACOMA, WA 98405	91-1746986	501(C)(3)	12,000.	0.			OPERATING SUPPORT
PIERCE COLLEGE FOUNDATION 1601 39TH AVENUE SE PUYALLUP, WA 98374	91-1039199	501(C)(3)	7,700.	0.			GIRLS DAY PROGRAM AT THE LAKEWOOD COMPUTER CLUBHOUSE
PIERCE COUNTY AIDS FOUNDATION 3520 S PINE STREET TACOMA, WA 98409	91-1385245	501(C)(3)	15,500.	0.			OASIS YOUTH CENTER
PIERCE COUNTY HOUSING AUTHORITY PO BOX 45410 TACOMA, WA 98448	91-1105806	GOVERNMENT	13,500.	0.			FAMILY SELF SUFFICIENCY

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

Schedule I-1 (Form 990) 2009

**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
2009
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 United States (Schedule I (Form 990), Part II.)

(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
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH. STREET EAST TACOMA, WA 98446	51-0180293	501(C)(3)	9,305.	0.			GENERAL OPERATING SUPPORT
POWER OF HOPE 4408 DELRIDGE WAY SOUTHWEST SEATTLE, WA 98106	46-0468164	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130	39-1243521	501(C)(3)	5,856.	0.			GENERAL SUPPORT OF CHARITABLE PROGRAMS
PRISON PET PARTNERSHIP PROGRAM 9601 BUJACICH RD. NW GIG HARBOR, WA 98332	91-1487894	501(C)(3)	7,441.	0.			GENERAL OPERATING SUPPORT
REFUGEE WOMEN'S ALLIANCE 4008 MARTIN LUTHER KING JR WAY SOUT SEATTLE, WA 98108	91-1296964	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY P. O. BOX 1254 TACOMA, WA 98403	94-1156347	501(C)(3)	11,818.	0.			GENERAL OPERATING SUPPORT
SOUTH SOUND OUTREACH SERVICES 1106 MLK JR. WAY TACOMA, WA 98405	91-1741624	501(C)(3)	54,490.	0.			PROVIDE HEATING ASSISTANCE TO SENIOR CITIZENS
SUNNER BONNEY LAKE EDUCATIONAL FDN 1202 WOOD AVENUE SUNNER, WA 98390	30-0128156	501(C)(3)	9,536.	0.			STUDENT SCHOLARSHIPS

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

Schedule I-1 (Form 990) 2009

**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

2009

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Inspection

Name of the organization

Employer identification number

91-1007459

THE GREATER TACOMA COMMUNITY FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
TACID 6315 S 19TH STREET TACOMA, WA 98466	91-1125538	501(C)(3)	7,000.	0.			CHARITABLE PROGRAM SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVENUE TACOMA, WA 98402	91-0697444	501(C)(3)	11,040.	0.			OPERATING SUPPORT, MIGHTY TACOMA: PHOTOGRAPHIC PORTRAIT 2010
TACOMA ELKS LODGE NO. 174 B.P.O.E. 1965 SOUTH UNION TACOMA, WA 98405	91-0142850	501(C)(8)	13,884.	0.			CHARITABLE PROGRAM SUPPORT
TACOMA FARMERS MARKET P.O. BOX 707 TACOMA, WA 98401	91-1647227	501(C)(4)	9,000.	0.			SOUTH TACOMA FARMERS MARKET
TACOMA GOODWILL INDUSTRIES 714 SOUTH 27TH ST TACOMA, WA 98409	91-0573106	501(C)(3)	11,875.	0.			GENERAL OPERATING SUPPORT
TACOMA OPERA ASSOCIATION 1119 PACIFIC AVENUE SUITE 405 TACOMA, WA 98402	91-1237511	501(C)(3)	6,006.	0.			GENERAL OPERATING SUPPORT
TACOMA ORTHOPEDIC ASSOCIATION P. O. BOX 5299 TACOMA, WA 98415	91-6030192	501(C)(3)	31,652.	0.			THE FRANCES C. PETERSON LEUKEMIA FUND
TACOMA PIERCE COUNTY HEALTH DEPARTMENT - 3629 S "D" STREET - TACOMA, WA 98418		GOVERNMENT	15,481.	0.			PROVIDE ESSENTIAL ITEMS TO SUPPORT UNWED FIRST TIME MOTHERS.

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)							
(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
TACOMA RESCUE MISSION P. O. BOX 1912 TACOMA, WA 98401	91-0565014	501(C)(3)	14,190.	0.			GENERAL OPERATING SUPPORT
TACOMA SCHOOL OF THE ARTS PARTNERS 1818 TACOMA AVENUE S TACOMA, WA 98402	91-2168988	501(C)(3)	7,614.	0.			ADJUNCT ARTIST PROGRAM
TACOMA YOUTH SYMPHONY 901 BROADWAY PLAZA, SUITE 500 TACOMA, WA 98401	23-7005522	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466	13-1624102	501(C)(3)	12,347.	0.			GENERAL OPERATING SUPPORT
THE VEDANTA SOCIETY OF WESTERN WASH - 2716 BROADWAY AVENUE E - SEATTLE, WA 98102	81-6187530	501(C)(3)	12,500.	0.			CAPITAL PROJECT OF THE GUEST HOUSE
THE ZOO SOCIETY 5400 N PEARL STREET TACOMA, WA 98407	91-6066667	501(C)(3)	9,318.	0.			POINT DEFANCE ZOO & AQUARIUM-NEW EXHIBIT ACQUISITION
UNITED CHURCH IN UNIVERSITY PLACE 3912 GRANDVIEW DRIVE W. UNIVERSITY PLACE, WA 98466	91-0879452	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF PIERCE COUNTY P. O. BOX 2215 TACOMA, WA 98401	91-0650669	501(C)(3)	9,095.	0.			GENERAL OPERATING SUPPORT

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Schedule I-1 (Form 990) 2009

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

2009

Open to Public
Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number
91-1007459

Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(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	
	UNIVERSITY OF CALIFORNIA AT BERKELEY - 120 SPROUL HALL - BERKELEY, CA 94720	94-6090626	501(C)(3)	3,000.	0.			CAL FUND	
	UNIVERSITY OF PUGET SOUND 1500 N WARNER STREET #180 TACOMA, WA 98416	91-0564961	501(C)(3)	66,470.	0.			GENERAL OPERATING SUPPORT	
	UNIVERSITY OF WASHINGTON FDN, TACOMA - 1900 COMMERCE STREET - TACOMA, WA 98402	94-3079432	501(C)(3)	4,318.	0.			URBAN WATERS PROJECT	
	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - 815 MERCER ST., BLDG. C-5 - SEATTLE, WA 98109	94-3079432	501(C)(3)	5,194.	0.			MEDICAL RESEARCH	
	URBAN GRACE CHURCH 902 MARKET STREET TACOMA, WA 98402	91-0577139	501(C)(3)	15,500.	0.			TECHNICAL UPGRADE TO PERFORMANCE SPACE	
	WASHINGTON ALLIANCE FOR ARTS EDUCATION - 158 THOMAS STREET #16 - SEATTLE, WA 98109	91-1189441	501(C)(3)	10,000.	0.			PRINCIPALS' ARTS LEADERSHIP (PAL) PROGRAM	
	WASHINGTON STATE HISTORICAL SOCIETY - 1911 PACIFIC AVENUE - TACOMA, WA 98402	91-6000557	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT	
	WASHINGTON STATE UNIVERSITY FOUNDATION - P. O. BOX 641925 - PULLMAN, WA 99164	91-1075542	501(C)(3)	16,660.	0.			CHARITABLE PROGRAM SUPPORT	

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Schedule I-1 (Form 990) 2009

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
2009

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 United States (Schedule I (Form 990), Part II)							
(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
WASHINGTON WOMEN'S EMPLOYMENT & EDUCATION - 3516 SOUTH 47TH STREET, SUITE 205 - TACOMA, WA 98409	91-1161700	501(C)(3)	15,000.	0.			REACH PLUS (REACHING EMPLOYABILITY AND ACHIEVING CAREER HABITS)
WESTERN FOREST INDUSTRIES MUSEUM 950 PACIFIC AVENUE STE 1220 TACOMA, WA 98402	91-6060485	501(C)(3)	320,402.	0.			GENERAL OPERATING SUPPORT
WORLD VISION MAIL STOP 355/P. O., BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	7,856.	0.			GENERAL OPERATING SUPPORT
YMCA OF TACOMA-PIERCE COUNTY 1614 SOUTH MILDRED STREET, SUITE 1 TACOMA, WA 98465	91-0565562	501(C)(3)	30,226.	0.			GENERAL OPERATING SUPPORT
YOUTH FOR CHRIST P. O. BOX 834 TACOMA, WA 98401	91-0584100	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
YOUTH MARINE FOUNDATION 5308 NORPOINT WAY NE TACOMA, WA 98422	91-1536334	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT CAPITAL CAMPAIGN
YMCA OF PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	147,383.	0.			PROGRAM AND GENERAL OPERATING SUPPORT

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

Schedule I-1 (Form 990) 2009

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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

☐ First class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are 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.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

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

Complete if the organization 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

▶ \$ _____
▶ \$ _____

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

Complete if the organization 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			\$							

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

Part IV	Business Transactions Involving Interested Persons.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	7,933.	FOR PROFESS		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

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	8	116,800.	FAIR VALUE AT GIFT D
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	74,767.	CASH SURRENDER VALUE
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	2	1,825.	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

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No 1545-0047

2009

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 B, LINE 11: 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: EACH YEAR THE CONFLICT OF INTEREST
POLICY IS DISTRIBUTED IN WRITING TO ALL STAFF AND VOLUNTEERS. THE 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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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ACTING ON CONFLICT OF INTEREST TRANSACTIONS.

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 15A: CEO COMPENSATION IS REVIEWED
ANNUALLY BY THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF THE CHAIR AND
VICE CHAIR OF THE BOARD OF DIRECTORS. BOARD MEMBERS COMPLETE WRITTEN
PERFORMANCE EVALUATIONS OF THE PRESIDENT AND SUBMIT THEM TO THE CHAIR OF
THE BOARD OF DIRECTORS (BOARD MEMBERS MAY SUBMIT THE EVALUATIONS
ANONYMOUSLY).

AT A MEETING OF THE COMPENSATION COMMITTEE, WITH NO STAFF IN ATTENDANCE,
THE BOARD CHAIR PRESENTS THE COMPILED PERFORMANCE EVALUATIONS AND CURRENT
COMPARATIVE SALARY INFORMATION (I.E.: COUNCIL ON FOUNDATIONS GRANT MAKER
SALARY AND BENEFITS REPORT, UNITED WAY SALARY SURVEY) TO THE VICE CHAIR FOR
DISCUSSION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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AFTER DISCUSSION, THE COMPENSATION COMMITTEE DECIDES ON A RANGE FOR THE
PRESIDENT'S SALARY, BASED ON THE EVALUATIONS AND COMPARATIVE SALARY DATA.

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

THE BOARD CHAIR REPORTS THE RESULTS OF THE EVALUATIONS AND THE COMPLETION
OF THE PROCESS TO THE FULL BOARD AT A BOARD OF DIRECTORS MEETING. THE
REPORT IS DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS MEETING WHICH
ALSO DOCUMENTS THE MEMBERS PRESENT AT THE MEETING.

FORM 990, PART VI, SECTION C, LINE 18: THE COMMUNITY FOUNDATION MAKES ITS
FORMS 1023, 990 AND 990-T AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC.

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

FORM 990, PART XI, LINE 2C:

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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GOVERNING COMMITTEE OVER AUDIT

THE COMMUNITY FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE
DETAILED REVIEW OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE
BOARD OF DIRECTORS VOTES TO ACCEPT THE AUDITED FINANCIAL STATEMENTS
BASED ON THE RECOMMENDATION OF THE AUDIT COMMITTEE.

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE PROCESS OF SELECTING THE
INDEPENDENT AUDITOR. THE BOARD OF DIRECTORS VOTES TO APPROVE THE
SELECTION OF THE INDEPENDENT AUDITOR BASED ON THE RECOMMENDATION OF THE
AUDIT COMMITTEE.

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 \$ 7933.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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 or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)	X	
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
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	0.
(2) THE FRIENDS OF LAKEWOLD	B	0.
(3) THE FRIENDS OF LAKEWOLD	K	0.
(4)		
(5)		
(6)		

