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EXTENTION GRANTED TO MAY 15, 2012

OMB No 1545-0047

Form **990****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)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**THE GREATER TACOMA COMMUNITY FOUNDATION**

Doing Business As

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

**950 PACIFIC AVENUE, SUITE 1100**

Room/suite

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

**TACOMA, WA 98402****F** Name and address of principal officer **ROSE LINCOLN HAMILTON**  
**SAME AS C ABOVE****D** Employer identification number**91-1007459****E** Telephone number**(253) 383-5622****G** Gross receipts \$**45,105,796.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GTCF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1977** **M** State of legal domicile: **WA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <b>FOSTERING GENEROSITY BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER,</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3	17				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17				
6	Total number of volunteers (estimate if necessary)	6	236				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,699.				
7b	Net unrelated business taxable income from Form 990 (line 34)	7b	0.				
8	Contributions and grants (Part VIII, line 1h)						
9	Program service revenue (Part VIII, line 2g)						
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 12)						
12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
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)						
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>108,683.</b>						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)						
19	Revenue less expenses Subtract line 18 from line 12						
20	Total assets (Part X, line 16)						
21	Total liabilities (Part X, line 26)						
22	Net assets or fund balances Subtract line 21 from line 20						

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ROSE LINCOLN HAMILTON, PRESIDENT &amp; CEO</b>	<b>3-16-12</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>ED E. RAMOS, CPA</b>	<b>Ed Ramos</b>	<b>3-13-12</b>		
	Firm's name ▶ <b>DWYER PEMBERTON &amp; COULSON, P.C.</b>	Firm's EIN ▶			
	Firm's address ▶ <b>P.O. BOX 1614</b> <b>TACOMA, WA 98401-1614</b>	Phone no. <b>253.572.9922</b>			

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

☒ Yes ☐ No

APR 10 2012

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission

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

**4a** (Code \_\_\_\_\_) (Expenses \$ 3,646,333. including grants of \$ 2,090,318.) (Revenue \$ 189,706.)  
 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 **▶** 3,646,333.Form **990** (2010)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>X</b>	
<b>10</b> 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>	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> 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>	<b>X</b>	
<b>b</b> 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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> 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>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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, Parts II and IV</i>		<b>X</b>
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
<b>21</b> 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>	<b>21</b> X	
<b>22</b> 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>	<b>22</b> X	
<b>23</b> 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>	<b>23</b> X	
<b>24a</b> 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>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> 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>	<b>27</b>	X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b> X	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>38</b>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>0</b>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
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. <b>17</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>X</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
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)?	<b>X</b>	
b	If "Yes," enter the name of the foreign country <b>CAYMAN ISLANDS</b> See instructions for 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?		<b>X</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	<b>X</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	<b>X</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		<b>X</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders <b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 <b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
c	Enter the amount of reserves on hand <b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>		

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17	
b Enter the number of voting members included in line 1a, above, who are independent	17	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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 1100, TACOMA, WA 98402**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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				0.	0.	400.
PETER DARLING SECRETARY	2.00	X		X				0.	0.	0.
CALVIN PEARSON TREASURER	2.00	X		X				0.	0.	0.
AMY LEWIS 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.
ED GROGAN DIRECTOR	2.00	X						0.	0.	0.
LAURIE JINKINS DIRECTOR	2.00	X						0.	0.	0.
PATRICIA TALTON DIRECTOR	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ROSE LINCOLN HAMILTON PRESIDENT & CEO	40.00			X				177,750.	0.	23,782.
SHIRLEY BROCKMANN VICE PRESIDENT, FINANCE	40.00			X				76,496.	0.	13,656.
JEFFREY PRITCHARD DIRECTOR OF DEVELOPMENT	40.00					X		113,162.	0.	17,341.
<b>1b Sub-total</b>								367,408.	0.	55,179.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								367,408.	0.	55,179.

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 **2**

- 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization</b>	<b>0</b>	

**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	12,440.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,026,170.				
	g	Noncash contributions included in lines 1a-1f \$		801,480.				
	h	Total. Add lines 1a-1f		17,038,610.				
	Program Service Revenue	2 a		Business Code				
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)		1415427.			1,415,427.
	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)					
	8 a	Gross income from fundraising events (not including \$ 12,440. of contributions reported on line 1c) See Part IV, line 18	a	8,400.				
		b	Less direct expenses	b	10,292.			
		c	Net income or (loss) from fundraising events		<1,892.>			<1,892.>
		9 a	Gross income from gaming activities See Part IV, line 19	a				
	9 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	178,896.	175,197.	3,699.			
b	OTHER REVENUE	900099	14,509.	14,509.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		193,405.					
12	Total revenue. See instructions.		23,073,322.	189,706.	3,699.	5,841,307.		

**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	1,869,596.	1,869,596.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	220,722.	220,722.		
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	334,400.	147,983.	167,390.	19,027.
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	479,406.	253,574.	190,972.	34,860.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,914.	18,362.	13,008.	2,544.
9 Other employee benefits	58,210.	31,943.	21,876.	4,391.
10 Payroll taxes	66,739.	33,288.	28,970.	4,481.
11 Fees for services (non-employees)				
a Management				
b Legal	21,358.	21,000.	358.	
c Accounting	17,236.		17,236.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,312.		147,312.	
g Other	612,222.	511,402.	100,278.	542.
12 Advertising and promotion	67,719.	61,822.	5,897.	
13 Office expenses	142,341.	104,769.	33,906.	3,666.
14 Information technology	40,676.	14,253.	22,095.	4,328.
15 Royalties				
16 Occupancy	127,929.	78,544.	41,296.	8,089.
17 Travel	14,447.	11,677.	2,316.	454.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,812.	73,902.	14,831.	12,079.
20 Interest	727.		727.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,548.	6,149.	9,532.	1,867.
23 Insurance	50,862.	41,496.	7,832.	1,534.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>EQUIPMENT RENTAL AND MA</b>	88,012.	81,532.	3,088.	3,392.
b <b>COPYING AND PRINTING</b>	41,308.	31,194.	6,562.	3,552.
c <b>DUES AND SUBSCRIPTIONS</b>	15,210.	6,954.	6,904.	1,352.
d <b>TELEPHONE</b>	11,766.	4,123.	6,391.	1,252.
e <b>COMMUNITY EVENTS</b>	8,663.	8,663.		
f All other expenses	28,454.	13,385.	13,796.	1,273.
25 <b>Total functional expenses</b> Add lines 1 through 24f	4,617,589.	3,646,333.	862,573.	108,683.
26 <b>Joint costs</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest bearing		1	
	2 Savings and temporary cash investments	1,575,803.	2	7,834,183.
	3 Pledges and grants receivable, net	37,699.	3	167,371.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	94,496.	9	8,619.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 136,953.		
	b Less accumulated depreciation	10b 59,754.	10c	77,199.
	11 Investments - publicly traded securities	52,478,448.	11	63,731,833.
	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	1,533,105.	15	5,246,557.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	55,776,634.	16	77,065,762.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	115,736.	17	94,371.
	18 Grants payable	379,114.	18	4,638,061.
	19 Deferred revenue	10,000.	19	24,456.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	740,014.	21	700,723.
	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	8,072,698.	25	7,390,833.
	26 <b>Total liabilities.</b> Add lines 17 through 25	9,317,562.	26	12,848,444.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		42,197,726.	27	56,007,011.
28 Temporarily restricted net assets		2,217,658.	28	6,166,619.
29 Permanently restricted net assets		2,043,688.	29	2,043,688.
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		46,459,072.	33	64,217,318.
34 <b>Total liabilities and net assets/fund balances</b>	55,776,634.	34	77,065,762.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,073,322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,617,589.
3	Revenue less expenses Subtract line 2 from line 1	3	18,455,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,459,072.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<697,487.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	64,217,318.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☒

- 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 separate basis, consolidated 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 (2010)

Department of the Treasury  
Internal Revenue Service

**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

2010

**Open to Public Inspection**

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,693,013.	2,366,636.	2,043,162.	1,465,181.	2,780,968.	15,348,960.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	6,693,013.	2,366,636.	2,043,162.	1,465,181.	2,780,968.	15,348,960.
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)						1,973,356.
6 <b>Public support.</b> Subtract line 5 from line 4						13,375,604.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,693,013.	2,366,636.	2,043,162.	1,465,181.	2,780,968.	15,348,960.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	937,240.	1,126,596.	835,910.	688,637.	1,415,427.	5,003,810.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,941.	1,710.	972.	5,623.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	84,685.	111,489.	140,243.	127,597.	189,706.	653,720.
11 <b>Total support.</b> Add lines 7 through 10						21,012,113.
12 Gross receipts from related activities, etc. (see instructions)					12	64,970.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	63.66 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	63.95 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any 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

**2010**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	59	
2 Aggregate contributions to (during year)	706,809.	
3 Aggregate grants from (during year)	566,209.	
4 Aggregate value at end of year	8,646,211.	
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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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 the 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	2,103,800.
1d	
1e	<8,960.>
1f	2,094,840.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,587,802.	31,737,167.	42,420,974.		
b Contributions	11,436,213.	149,145.	478,897.		
c Net investment earnings, gains, and losses	8,092,758.	4,119,575.	<9,632,910.>		
d Grants or scholarships	2,005,659.	418,085.	1,529,794.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	53,111,114.	35,587,802.	31,737,167.		

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

a Board designated or quasi-endowment ► 96.15 %

b Permanent endowment ► 3.85 %

c Term endowment ► .00 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI 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		136,953.	59,754.	77,199.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				77,199.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	106,589.
(2) TRUST RECEIVABLES	815,299.
(3) BEQUEST RECEIVABLE	4,324,669.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

5,246,557.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITIES PAYABLE UNDER THE	
(3) SPLIT-INTEREST AGREEMENT	755,521.
(4) FUNDS HELD FOR THE BENEFIT OF	
(5) OTHER ORGANIZATIONS	6,635,312.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

7,390,833.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

**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	23,073,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,617,589.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,455,733.
4	Net unrealized gains (losses) on investments	4	3,028,964.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<3,903,335.>
8	Other (Describe in Part XIV)	8	176,884.
9	Total adjustments (net) Add lines 4 through 8	9	<697,487.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	17,758,246.

**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	26,289,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,028,964.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	176,884.
e	Add lines 2a through 2d	2e	3,205,848.
3	Subtract line 2e from line 1	3	23,083,614.
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	<10,292.>
c	Add lines 4a and 4b	4c	<10,292.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,073,322.

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

1	Total expenses and losses per audited financial statements	1	4,627,881.
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	4,627,881.
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	<10,292.>
c	Add lines 4a and 4b	4c	<10,292.>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,617,589.

**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 IV, LINE 1B: EXPLANATION FOR PART IV, LINE 1A:**

THE GREATER TACOMA COMMUNITY FOUNDATION SERVES AS TRUSTEE FOR THE SEHMEL  
HOMESTEAD CHARITABLE REMAINDER TRUST, U/A/D JULY 14TH, 1995. THE TRUST  
WILL TERMINATE IN 2015 AT WHICH TIME THE COMMUNITY FOUNDATION WILL  
DISTRIBUTE THE TRUST ASSETS ACCORDING TO THE TRUST AGREEMENT.

**PART IV, LINE 2B: EXPLANATION FOR PART IV, LINE 2B:**

**Part XIV** Supplemental Information (continued)

THE GREATER TACOMA COMMUNITY FOUNDATION SERVES AS TRUSTEE FOR SEVEN CHARITABLE REMAINDER UNITRUSTS. EACH UNITRUST WILL TERMINATE UPON THE DEATH OF THE UNITRUST RECIPIENT(S) AT WHICH TIME THE COMMUNITY FOUNDATION WILL ESTABLISH AN ENDOWMENT FUND TO BENEFIT CHARITABLE ORGANIZATION(S) AS SPECIFIED IN THE INDIVIDUAL TRUST AGREEMENTS.

PART X, LINE 2: THE COMMUNITY FOUNDATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS. THE COMMUNITY FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE JUNE 30, 2008.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 176,884.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 176,884.

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

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9,  
LN8B -10,292.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9,  
LN8B -10,292.

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.**

OMB No 1545-0047

2010

### Open To Public Inspection

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number  
91-1007459

## Part I

**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.

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

- 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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	20,840.			20,840.
	2 Less Charitable contributions	12,440.			12,440.
	3 Gross income (line 1 minus line 2)	8,400.			8,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,292.			10,292.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,292.
	11 Net income summary. Combine line 3, column (d), and line 10				<1,892.>

**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				
	2 Cash prizes				
Direct Expenses	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? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_



- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 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?
- ☐
- Yes
- ☐
- No

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? ☐ Yes ☐ No

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 ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number  
**91-1007459**

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

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

☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" 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. Part II can be duplicated 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)	7,191.	0.			GENERAL OPERATING SUPPORT, PROGRAMS AND RESEARCH
ANNIE WRIGHT SCHOOL 827 N TACOMA AVENUE TACOMA, WA 98403	91-0567266	501(C)(3)	62,026.	0.			BENEFIT STUDENTS ATTENDING ANNIE WRIGHT
ASSOCIATED MINISTRIES 1224 SOUTH I STREET TACOMA, WA 98405-5021	91-0847534	501(C)(3)	10,500.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF PUGET SOUND - 2107 SOUTH 12TH STREET - TACOMA, WA 98405	91-0673185	501(C)(3)	10,000.	0.			ONE-TO-ONE YOUTH MENTORING IN PIERCE COUNTY
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S. 66TH STREET - TACOMA, WA 98409	91-0759832	501(C)(3)	46,852.	0.			SMART GIRLS, HOPE CENTER, GENERAL OPERATING SUPPORT
BROADWAY CENTER FOR THE PERFORMING ARTS - 901 BROADWAY PLAZA SUITE 700 - TACOMA, WA 98402-4415	91-1106878	501(C)(3)	24,018.	0.			EDUCATIONAL PROGRAMS, GENERAL OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations ▶ **75.**

**3** Enter total number of other organizations ▶ **4.**

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

Schedule I (Form 990) (2010)

## Part II 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
BUCKLEY YOUTH ACTIVITY CENTER P.O. BOX 147 BUCKLEY, WA 98321	26-3216559	501(C)(3)	8,116.	0.			MAINTENANCE/OPERATION COSTS OF THE YOUTH ACTIVITY CENTER ABOVE THE CITY OF BUCKLEY
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 1323 SOUTH YAKIMA AVENUE - TACOMA, WA 98405	91-1585652	501(C)(3)	43,198.	0.			SERVICES PROVIDED FOR 2010-11
CENTRUM FORT WORDEN STATE PARK PORT TOWNSEND, WA 98368-0958	23-7348302	501(C)(3)	10,250.	0.			YOUNG ARTISTS PROJECT, C&W ENDOWMENT FUND
CHAMBERS CREEK FOUNDATION 9850 64TH STREET W UNIVERSITY PLACE, WA 98467	91-1962113	501(C)(3)	10,000.	0.			US AMATEUR GOLF CHAMPIONSHIP
CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA, WA 98467	91-0673111	501(C)(3)	42,436.	0.			PROVIDE WHOLE/PARTIAL SCHOLARSHIPS TO ATTEND CHARLES WRIGHT SCHOOL
CHILD CARE RESOURCES 1225 SOUTH WELLER, STE. 300 SEATTLE, WA 98144	91-1465046	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S HOME SOCIETY - KEY PENINSULA FAMILY RESOURCE CENTER - 17010 S. VAUGHN ROAD - VAUGHN, WA 98394	91-0575955	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHILDRENS MUSEUM OF TACOMA 936 BROADWAY TACOMA, WA 98402	94-3036465	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CHINESE OPERA R&D ASSOCIATION 7235 INTERLAKEN DR SW LAKEWOOD, WA 98499 LHA	91-1580337	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** 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
CHRISTIAN BROTHERHOOD ACADEMY 2136 MLK, JR. WAY TACOMA, WA 98405	91-1703657	501(C)(3)	6,552.	0.			FOR STUDENT SCHOLARSHIPS
CITY OF TACOMA 747 MARKET ST., #1244 TACOMA, WA 98402		GOVERNMENT	100,000.	0.			MEDICAL MILE DEVELOPMENT
COLLEGE SUCCESS FOUNDATION 1605 NW SAMMAMISH BLVD STE 100 ISSAQUAH, WA 98027	91-2036088	501(C)(3)	6,000.	0.			LEADERSHIP 1000
COMMUNITY SCHOOL OF SUN VALLEY 181 DOLLAR ROAD SUN VALLEY, ID 83353	82-0307094	501(C)(3)	5,232.	0.			GENERAL SUPPORT OF CHARITABLE PROGRAMS
DIVINE MERCY CARE 11135 LEE HIGHWAY SUITE B FAIRFAX, VA 22030	34-1985248	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND STREET SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)(3)	9,415.	0.			GENERAL OPERATING SUPPORT
FOSS WATERWAY SEAPORT 705 DOCK STREET TACOMA, WA 98402	91-1741794	501(C)(3)	8,364.	0.			FOR WILLITS CANOE EXHIBIT CAPITAL CAMPAIGN
FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET STREET TACOMA, WA 98401-1502	91-1145592	501(C)(3)	16,634.	0.			PROVIDE MEDICAL EXPENSE SUPPORT TO PERSONS WITH LIFE THREATENING ILLNESS
FRIENDS OF LAKEWOLD 12317 GRAVELLY LAKE DRIVE SW LAKEWOOD, WA 98496-3780	94-3041320	501(C)(3)	134,236.	0.			GENERAL OPERATING SUPPORT

LHA

Schedule I (Form 990)

Part II	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	
	GIRL SCOUTS OF WESTERN WASHINGTON 601 VALLEY STREET, 1000 DAVIS PLACE SEATTLE, WA 98109	91-6060940	501(C)(3)	13,554.	0.			ASSISTANCE AND GENERAL OPERATING SUPPORT	
	GREAT PENINSULA CONSERVANCY 3721 KITSAP WAY, SUITE 5 BREMERTON, WA 98312	91-1110978	501(C)(3)	9,931.	0.			GENERAL OPERATING SUPPORT	
	GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVENUE SW - LAKEWOOD, WA 98499-6600	91-6064184	501(C)(3)	1,663.	0.			GENERAL OPERATING SUPPORT	
	GREATER METRO PARKS FOUNDATION 4702 SOUTH 19TH STREET TACOMA, WA 98405	91-1482669	501(C)(3)	8,250.	0.			GENERAL OPERATING SUPPORT	
	HAROLD E. LEMAY MUSEUM P.O. BOX 1117 TACOMA, WA 98401	91-1867848	501(C)(3)	35,851.	0.			FOR GENERAL OPERATING SUPPORT	
	HOPESPARTS 6424 N 9TH STREET TACOMA, WA 98406	91-0598103	501(C)(3)	18,709.	0.			TO SERVE ABUSED OR DISFIGURED CHILDREN	
	HOSPITALITY KITCHEN C/O CATHOLIC COMMUNITY SERVICES, 1323 SO. YAKIMA AVE. - TACOMA, WA 98405	91-1585652	501(C)(3)	6,703.	0.			GENERAL OPERATING SUPPORT	
	HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409	91-0577128	501(C)(3)	10,883.	0.			GENERAL OPERATING SUPPORT	
	IDA KARLIN HEALING CENTER FOR YOUTH - 319 5TH STREET SW - PUYALLUP, WA 98371	91-1285383	GOVERNMENT	9,000.	0.			PROVIDE MEDICAL CARE TO CHILDREN	
	LHA							Schedule I (Form 990)	

Schedule I (Form 990) THE GREATER TACOMA COMMUNITY FOUNDATION 91-1007459 Page 1							
Part II	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
LINDQUIST DENTAL CLINIC FOR CHILDREN - 130 - 131ST STREET SOUTH - TACOMA, WA 98444	91-0615378	501(C)(3)	8,955.	0.			DENTAL OUTREACH
MARY BRIDGE CHILDREN'S HOSPITAL FOUNDATION - 409 SOUTH J STREET - TACOMA, WA 98405	94-3030039	501(C)(3)	64,336.	0.			GENERAL OPERATING SUPPORT
MULTICARE HEALTH FOUNDATION 409 SOUTH J STREET TACOMA, WA 98415-5296	91-1514257	501(C)(3)	44,953.	0.			TACOMA GENERAL HOSPITAL GENERAL CHARITABLE SUPPORT
MULTICARE HEALTH SYSTEM 409 SOUTH J STREET TACOMA, WA 98415-0299	91-1352172	501(C)(3)	20,785.	0.			GENERAL SUPPORT OF CHARITABLE PROGRAMS
MUSEUM OF GLASS 1801 E DOCK STREET TACOMA, WA 98402	91-1669422	501(C)(3)	9,512.	0.			GENERAL OPERATING SUPPORT
MUSTARD SEED PROJECT OF KEY PENINSULA - P.O. BOX 182 - VAUGHN, WA 98394	91-1145592	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
NATIVITY HOUSE 2304 S JEFFERSON AVE TACOMA, WA 98402	91-1223563	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
NEW PHOEBE HOUSE P. O. BOX 5245 TACOMA, WA 98415-0245	33-1023012	501(C)(3)	8,632.	0.			EVENING RESIDENT PROGRAMMING AND CHILD PROGRAMMING
NONPROFIT CENTER 1501 PACIFIC AVENUE, SUITE 320 TACOMA, WA 98402	91-1987557	501(C)(3)	7,468.	0.			GENERAL OPERATING SUPPORT
Schedule I (Form 990)							

**Part II** 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 HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 SOUTH 19TH STREET - TACOMA, WA 98405	91-0564954	501(C)(3)	10,173.	0.			GENERAL OPERATING SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE SOUTH TACOMA, WA 98447	91-0565571	501(C)(3)	15,719.	0.			GENERAL OPERATING SUPPORT
PHILANTHROPY NORTHWEST 2101 FOURTH AVENUE, SUITE 650 SEATTLE, WA 98121	91-1110995	501(C)(3)	5,025.	0.			MEMBERSHIP DUES
PIERCE COLLEGE FOUNDATION 1601 39TH AVENUE SE PUYALLUP, WA 98374	91-1039199	501(C)(3)	39,250.	0.			PROVIDE SCHOLARSHIPS FOR DISABLED CHILDREN
PIERCE COUNTY CENTER FOR DISPUTE RESOLUTION - 738 BROADWAY, SUITE 400 - TACOMA, WA 98402	91-1508442	501(C)(3)	20,000.	0.			NEIGHBORHOOD RESOLUTION
PLANNED PARENTHOOD OF THE GREAT NORTHWEST - 2001 E. MADISON STREET - SEATTLE, WA 98122-2959	91-0686012	501(C)(3)	9,655.	0.			GENERAL SUPPORT OF TACOMA AREA PROGRAMS
PUGET SOUND EDUCATIONAL SERVICE DISTRICT - 3601 20TH STREET - FIFE, WA 98424	26-3412148	501(C)(3)	10,000.	0.			ARTS IMPACT: CREATIVE PATHWAYS TO LEARNING
SAINT MARTIN'S UNIVERSITY 5300 PACIFIC AVENUE SE LACEY, WA 98503-1297	91-0564993	501(C)(3)	4,392.	0.			TO PROVIDE SCHOLARSHIPS TO STUDENTS MAJORING IN CRIMINAL JUSTICE
SALVATION ARMY P. O. BOX 1254 TACOMA, WA 98403	94-1156347	501(C)(3)	11,341.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS

LHA

Schedule I (Form 990)

## THE GREATER TACOMA COMMUNITY FOUNDATION

## Part II 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
SEATTLE PACIFIC UNIVERSITY 3307 3RD AVENUE W SEATTLE, WA 98119-1997	91-0565553	501(C)(3)	864.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
SHANAWAN TACOMA PIERCE COUNTY SPORTS MUSEUM - PO BOX 1614 - TACOMA, WA 98401-1614	91-1648184	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
SOUTH SOUND OUTREACH SERVICES 1106 MARTIN LUTHER KING, JR. W TACOMA, WA 98405	91-1741624	501(C)(3)	37,239.	0.		PROVIDE HEATING ASSISTANCE FOR PIERCE COUNTY SENIOR CITIZENS	
SUMNER BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVENUE - SUMNER, WA 98390	30-0128156	501(C)(3)	1,295.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA ART MUSEUM 1701 PACIFIC AVENUE TACOMA, WA 98402	91-0697444	501(C)(3)	6,430.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S. 19TH STREET, BUILDING - TACOMA, WA 98466	91-6073780	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA COMMUNITY HOUSE 1314 SOUTH L STREET TACOMA, WA 98405	91-0570872	501(C)(3)	17,250.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA ELKS LODGE NO. 174 B.P.O.E. 1965 SOUTH UNION TACOMA, WA 98405	91-0142850	501(C)(8)	11,975.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA ORTHOPEDIC ASSOCIATION 311 SOUTH L STREET TACOMA, WA 98415-0299 LHA	91-6030192	501(C)(3)	30,635.	0.			THE FRANCES C. PETERSEN LEUKEMIA FUND

Schedule I (Form 990)



Part II 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 PIERCE COUNTY HEALTH DEPARTMENT - 3629 S "D" STREET - TACOMA, WA 98418		GOVERNMENT	14,538.	0.			PROVIDE INCENTIVES/GIFTS/ESSENTIAL ITEMS TO SUPPORT UNWEED FIRST TIME MOTHERS
TACOMA RESCUE MISSION P. O. BOX 1912 TACOMA, WA 98401-1912	91-0565014	501(C)(3)	13,194.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
TACOMA AUDUBON SOCIETY 2917 MORRISON ROAD W. UNIVERSITY PLACE, WA 98466	23-7450873	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
THE ZOO SOCIETY 5400 N PEARL STREET TACOMA, WA 98407	91-6066667	501(C)(3)	4,878.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
UNIVERSITY OF PUGET SOUND 1500 N WARNER STREET #1080 TACOMA, WA 98416-1087	91-0564961	501(C)(3)	62,194.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - CAMPUS MAIL BOX 358045, 815 MERCER ST. BLDG C-5 - SEATTLE, WA 98109-4714	94-3079432	501(C)(3)	5,688.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
UNIVERSITY OF WASHINGTON, TACOMA 1900 COMMERCE STREET TACOMA, WA 98402-3100	94-3079432	501(C)(3)	3,018.	0.			URBAN WATERS PROJECT
WASHINGTON STATE UNIVERSITY FOUNDATION - 255 E. MAIN STREET, SUITE 301 - PULLMAN, WA 99164-1925	91-1075542	501(C)(3)	20,127.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS
WASHINGTON WOMEN'S EMPLOYMENT & EDUCATION - 3516 SOUTH 47TH STREET, SUITE 205 - TACOMA, WA 98409	91-1161700	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS

Schedule I (Form 990)

LHA

Part II	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	
WESTERN FOREST INDUSTRIES MUSEUM 950 PACIFIC AVENUE STE 1220 TACOMA, WA 98402	91-6060485	501(C)(3)	87,600.	0.				
WORLD VISION U.S. PROGRAMS FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	6,703.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS	
YMCA OF PIERCE AND KITSAP COUNTIES 1614 S MILDRED ST STE 1 TACOMA, WA 98465	91-0565562	501(C)(3)	7,044.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS	
YOUTH FOR CHRIST 1216 CENTER STREET TACOMA, WA 98401-0834	91-0584100	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS	
YOUTH MARINE FOUNDATION 5308 NORPOINT WAY NE TACOMA, WA 98422	91-1536334	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT AND CHARITABLE PROGRAMS	
YWCA OF PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	87,845.	0.			GENERAL OPERATING SUPPORT	
EMMANUEL LUTHERAN CHURCH 6838 SOUTH J STREET TACOMA, WA 98408-3116		CHURCH	7,643.	0.			GENERAL OPERATING SUPPORT	
SALISHAN LUTHERAN MISSION 504 EAST 123RD TACOMA, WA 98445		CHURCH	5,042.	0.			GENERAL OPERATING SUPPORT	
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130 LHA	39-1243521	CHURCH	6,203.	0.			CONTINUE THE OPERATION OF WHITE RIVER COMMUNITY OUTREACH	
								Schedule I (Form 990)



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	201	220,722.	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.

**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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number

**91-1007459**

**Part I Questions Regarding Compensation**

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

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

**b** If 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.

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROSE LINCOLN HAMILTON	(i) 177,750.	(ii) 0.	(iii) 0.	17,775.	6,007.	201,532.	162,667.
2	(i)	(ii)	(iii)			0.	0.
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				



**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

**2010**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	800,980.	FAIR VALUE AT GIFT D
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( ADVERTISING )	X	1	500.	FAIR VALUE OF SERVIC
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 Acknowledgement

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?

Yes No

30a		X
-----	--	---

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?

31	X	
----	---	--

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

32a		X
-----	--	---

b If "Yes," describe in Part II

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

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

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: THE COMPENSATION COMMITTEE IS COMPOSED OF THE CURRENT BOARD CHAIR, FORMER BOARD CHAIR AND THE CURRENT BOARD VICE CHAIR. DURING THE FIRST QUARTER OF THE YEAR, THE COMPENSATION COMMITTEE REVIEWS THE PRESIDENT/CEO GOALS FOR THE YEAR. IN THE FOURTH QUARTER OF THE YEAR, BOARD MEMBERS COMPLETE AN EVALUATION OF THE PRESIDENT/CEO'S PERFORMANCE AND THE PRESIDENT/CEO COMPLETES A SELF ASSESSMENT. THE COMPENSATION COMMITTEE REVIEWS THE RESULTS OF THE PERFORMANCE EVALUATION AND THE PRESIDENT/CEO'S SELF ASSESSMENT. THE COMPENSATION COMMITTEE REVIEWS COMPARABLE SALARIES DATA AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE REGARDING THE PRESIDENT/CEO'S SALARY AND BENEFITS FOR THE UPCOMING YEAR.

THE EXECUTIVE COMMITTEE VOTES ON THE RECOMMENDED ACTION AND DOCUMENTS THE PROCESS, THE NAMES OF MEMBERS PRESENT, AS WELL AS ANY STATED CONFLICTS OF

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

INTERESTS AND ABSTENTIONS IN ITS MEETING MINUTES. THE EXECUTIVE COMMITTEE REPORTS THE REVIEW OF THE BOARD PERFORMANCE EVALUATIONS, THE PRESIDENT/CEO'S SELF ASSESSMENT AND THE PRESIDENT/CEO'S COMPENSATION TO THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AT THE APRIL 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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 3,028,964.

PRIOR PERIOD ADJUSTMENTS: -3,903,335.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 176,884.

TOTAL TO FORM 990, PART XI, LINE 5 -697,487.

FORM 990, PART XII, LINE 2C:

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

Name of the organization

THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

AUDIT COMMITTEE.

Empty lines for audit committee details.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**  
**Open to Public**  
**Inspection**

Name of the organization

**THE GREATER TACOMA COMMUNITY FOUNDATION**

Employer identification number  
**91-1007459**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 )

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FRIENDS OF LAKEWOLD - 94-3041320 P.O. BOX 39780 LAKEWOOD, WA 98439	PRESERVE LAKEWOLD GARDENS AS AN INSPIRATIONAL AND EDUCATIONAL EXPERIENCE, PRESERVE HISTORICAL RAILROAD MUSEUM, PROMOTE AND EDUCATE LOGGING IN THE SUPPORT THE PURPOSES OF THE ASSET STEWARDSHIP FOUNDATION - 26-1088224, 950 PACIFIC AVENUE, SUITE 1220, TACOMA, WA 98402	WASHINGTON	501(C)(3)	509(A)(3) - TYPE 2	THE GREATER TACOMA COMMUNITY FOUNDATION		
		WASHINGTON	501(C)(3)	509(A)(3) - TYPE 2	THE GREATER TACOMA COMMUNITY FOUNDATION	X	
		WASHINGTON	501(C)(3)	509(A)(3) - TYPE 2	THE GREATER TACOMA COMMUNITY FOUNDATION	X	
		WASHINGTON	501(C)(3)	509(A)(3) - TYPE 2	THE GREATER TACOMA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2010



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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b	X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		1c	X
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d	X
<b>e</b> Loans or loan guarantees by other organization(s)		1e	X
<b>f</b> Sale of assets to other organization(s)		1f	X
<b>g</b> Purchase of assets from other organization(s)		1g	X
<b>h</b> Exchange of assets		1h	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		1i	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		1j	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		1k	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		1l	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m	X
<b>n</b> Sharing of paid employees		1n	X
<b>o</b> Reimbursement paid to other organization for expenses		1o	X
<b>p</b> Reimbursement paid by other organization for expenses		1p	X
<b>q</b> Other transfer of cash or property to other organization(s)		1q	X
<b>r</b> Other transfer of cash or property from other organization(s)		1r	X
<b>2</b> 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN FOREST INDUSTRIES MUSEUM	B	0.	
(2) THE FRIENDS OF LAKEWOLD	B	0.	
(3) THE FRIENDS OF LAKEWOLD	K	0.	
(4) ASSET STEWARDSHIP FOUNDATION	C	0.	
(5)			
(6)			





**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	THE GREATER TACOMA COMMUNITY FOUNDATION	91-1007459
	Number, street, and room or suite no. If a P.O. box, see instructions 950 PACIFIC AVENUE, SUITE 1100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TACOMA, WA 98402	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

THE GREATER TACOMA COMMUNITY FOUNDA

- The books are in the care of ► 950 PACIFIC AVENUE, SUITE 1100 - TACOMA, WA 98402

Telephone No. ► 253-383-5622

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

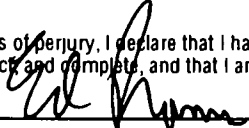
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2012
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

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

Signature ►  Title ► CPA

Date ► 2/14/12

Form 8868 (Rev. 1-2011)