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Part IIIS

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ ☒

1

Briefly describe the organization's mission

THE GREATER TACOMA COMMUNITY FOUNDATION WORKS TO BUILD A VIBRANT, HEALTHY, ENGAGED PIERCE COUNTY COMMUNITY AS A LOCAL NONPROFIT, WE PROVIDE DONORS A SIMPLE, POWERFUL AND HIGHLY PERSONAL APPROACH TO GIVING, CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER WE ALSO COLLECT EXPERTISE ON LOCAL ISSUES AND WORK COLLABORATIVELY TO INVEST IN THE COMMUNITY AND MOBILIZE THE RESOURCES NEEDED FOR POSITIVE CHANGE

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,771,582 including grants of \$ 5,219,242 ) (Revenue \$ 61,156 )

CELEBRATING GENEROSITY THROUGH POWERFUL AND EFFECTIVE GIVING FOR OVER 33 YEARS, THE COMMUNITY FOUNDATION HAS HELPED INDIVIDUALS, FAMILIES, NONPROFIT ORGANIZATIONS AND BUSINESSES CREATE CHARITABLE FUNDS TO MAKE A DIFFERENCE EVERY DAY, OUR KNOWLEDGEABLE STAFF WORKS WITH DONORS WHO WANT TO SEE THEIR GIVING IMPROVE PEOPLE'S LIVES AND POSITIVELY AFFECT THE BROADER COMMUNITY OUR VARIED GIVING STRATEGIES, COUPLED WITH OUR IN-DEPTH COMMUNITY KNOWLEDGE, HELP PEOPLE ACHIEVE THEIR PHILANTHROPIC GOALS AND SUPPORT CAUSES THAT MATTER TO THEM WE MANAGE HUNDREDS OF CHARITABLE FUNDS SUPPORTED BY THOUSANDS OF RESIDENTS AND BUILD ENDOWMENTS TO SUPPORT THE GIVING LEGACIES OF OUR DONORS AND THE FUTURE OF OUR REGION COMMUNITY GRANTMAKING DURING FISCAL YEAR 2014 THE COMMUNITY FOUNDATION AWARDED MORE THAN \$5.2 MILLION IN GRANTS FROM MORE THAN 450 INDIVIDUAL FUNDS WE MULTIPLY THE IMPACT OF THESE GIFT DOLLARS BY POOLING THEM WITH OTHER GIFTS AND GRANTS THE COMMUNITY FOUNDATION ALSO LEADS SEVERAL COMPETITIVE GRANT PROGRAMS, WHICH ARE DESIGNED TO MEET EMERGING COMMUNITY NEEDS AND OPPORTUNITIES COLLABORATIVE COMMUNITY LEADER THE COMMUNITY FOUNDATION COLLECTS EXPERTISE ON LOCAL ISSUES AND CONNECTS PEOPLE, ORGANIZATIONS, AND RESOURCES TO FOSTER GREATER COMMUNITY PARTICIPATION AND MORE IMPACTFUL SOLUTIONS

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

5,771,582

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <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? If "Yes," complete Schedule C, Part II	4	No
5 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? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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? If "Yes," complete Schedule D, Part VII 	11b	No
c 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? If "Yes," complete Schedule D, Part VIII 	11c	No
d 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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f 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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	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> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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> . . . . .	35b	Yes	
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	34
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	2a	15
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)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
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)?	4a	Yes
b	If "Yes," enter the name of the foreign country <input type="text" value="CJ"/> 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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 as charitable contributions?	6a	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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 . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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? . . . . .	2	No
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? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 . . . . .	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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 . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	No
	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? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
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 FOUNDA 950 PACIFIC AVENUESUITE 1100 TACOMA,WA 98402 (253) 383-5622

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) T GARY CONNETT CHAIR	2 00	X		X				0	0	0
(2) ED GROGAN VICE CHAIR	2 00	X		X				0	0	0
(3) SHERI TONN PHD TREASURER	2 00	X		X				0	0	0
(4) KATHARINE T SEVERSON SECRETARY	2 00	X		X				0	0	0
(5) JOE MAYER DIRECTOR	2 00	X						0	0	0
(6) LAURIE JINKINS DIRECTOR	2 00	X						0	0	0
(7) PATRICIA TALTON DIRECTOR	2 00	X						0	0	0
(8) CINDY THOMPSON DIRECTOR	2 00	X						0	0	0
(9) MARO IMIRZIAN DIRECTOR	2 00	X						0	0	0
(10) GARY BROOKS DIRECTOR	2 00	X						0	0	0
(11) JOHN KORSMO DIRECTOR	2 00	X						0	0	0
(12) CARLA PELSTER DIRECTOR	2 00	X						0	0	0
(13) SCOTT LIMOLI DIRECTOR	2 00	X						0	0	0
(14) LAMONT LOO DIRECTOR	2 00	X						0	0	0
(15) DWIGHT WILLIAMS DIRECTOR	2 00	X						0	0	0
(16) ROSE LINCOLN HAMILTON PRESIDENT & CEO	40 00 1 00			X				206,402	0	32,354
(17) SHIRLEY BROCKMANN VICE PRESIDENT, FINANCE	40 00 2 00			X				93,714	0	20,789



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	428,699	0	75,861

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 2

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	81,833			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,543,486			
	g	Noncash contributions included in lines 1a-1f \$	365,058			
	h	Total. Add lines 1a-1f . . . . .	11,625,319			
Program Service Revenue	Business Code					
	2a					
	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) . . . . .	2,183,687			2,183,687
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	(i) Real				
		(ii) Personal				
		Gross rents				
		b Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .				
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	23,435,955			
		b Less cost or other basis and sales expenses	18,022,350			
	c	Gain or (loss)	5,413,605			
	d	Net gain or (loss) . . . . .	5,413,605			5,413,605
	8a	Gross income from fundraising events (not including \$ 81,833 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a		8,300			
	b	Less direct expenses . . . . . b	14,009			
	c	Net income or (loss) from fundraising events . . . . .	-5,709			-5,709
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	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			
	11a	OTHER REVENUE	900099	49,004	49,004	
	b	ADMINISTRATIVE FEE REVENUE	561000	12,152	12,152	0
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	61,156			
	12	Total revenue. See Instructions . . . . .	19,278,058	61,156	0	7,591,583

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 United States. See Part IV, line 21.	4,924,831	4,924,831		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	294,411	294,411		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	370,180	85,275	243,138	41,767
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.	477,197	161,885	254,703	60,609
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	43,401	14,905	22,963	5,533
9	Other employee benefits.	91,359	29,926	49,362	12,071
10	Payroll taxes.	85,594	25,447	49,690	10,457
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	13,128	5,780	7,348	
c	Accounting.	19,300		19,300	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	248,678		248,678	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	298,240	111,146	177,632	9,462
12	Advertising and promotion.	19,180	1,517	16,853	810
13	Office expenses.	33,243	9,732	12,830	10,681
14	Information technology.	68,634	20,042	39,137	9,455
15	Royalties.				
16	Occupancy.	81,547	25,098	45,995	10,454
17	Travel.	12,356	4,195	5,107	3,054
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	64,786	25,342	22,035	17,409
20	Interest.	1,035		1,035	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,432	6,372	12,442	2,618
23	Insurance.	9,391	2,457	5,326	1,608
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	COPYING AND PRINTING	15,662	4,860	5,976	4,826
b	EQUIPMENT RENTAL AND MA	15,653	4,202	6,883	4,568
c	TELEPHONE	12,535	3,841	6,494	2,200
d	COMMUNITY EVENTS	9,770	250	9,520	
e	All other expenses	29,842	10,068	18,056	1,718
25	Total functional expenses. Add lines 1 through 24e.	7,261,385	5,771,582	1,280,503	209,300
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			2,492,651	2	3,088,314
	3	Pledges and grants receivable, net . . . . .			881,893	3	1,761,330
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other 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) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			9,792	9	25,409
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	176,262	84,146	10c	78,151
	b	Less accumulated depreciation . . . . .	10b	98,111			
	11	Investments—publicly traded securities . . . . .			78,463,507	11	94,834,650
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .			1,500,000	13	1,500,000
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,870,354	15	1,292,486
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			85,302,343	16	102,580,340	
Liabilities	17	Accounts payable and accrued expenses . . . . .			108,807	17	89,143
	18	Grants payable . . . . .			319,460	18	319,118
	19	Deferred revenue . . . . .			22,647	19	17,978
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			596,963	21	600,698
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			628,585	25	578,131
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,676,462	26	1,605,068
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			78,131,406	27	95,044,229
	28	Temporarily restricted net assets . . . . .			3,450,787	28	3,887,355
	29	Permanently restricted net assets . . . . .			2,043,688	29	2,043,688
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			83,625,881	33	100,975,272
34	Total liabilities and net assets/fund balances . . . . .			85,302,343	34	102,580,340	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	19,278,058
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,261,385
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	12,016,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	83,625,881
5	Net unrealized gains (losses) on investments . . . . .	5	5,112,670
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	220,048
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,975,272

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	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	2c	Yes
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?	3a	No
3b	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	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public  
Inspection

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,465,181	2,780,968	2,925,666	3,974,774	4,543,486	15,690,075
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,465,181	2,780,968	2,925,666	3,974,774	4,543,486	15,690,075
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)						1,468,787
6 Public support. Subtract line 5 from line 4						14,221,288

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,465,181	2,780,968	2,925,666	3,974,774	4,543,486	15,690,075
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	688,637	1,415,427	1,954,846	2,327,767	2,117,538	8,504,215
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,710	972	523			3,205
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	127,597	189,706	174,028	110,988	148,892	751,211
11	Total support (Add lines 7 through 10)						24,948,706
12	Gross receipts from related activities, etc (see instructions)					12	39,820
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>57 000 %</td></tr></table>	14	57 000 %
14	57 000 %			
15	Public support percentage for 2012 Schedule A, Part II, line 14	<table><tr><td>15</td><td>57 740 %</td></tr></table>	15	57 740 %
15	57 740 %			
16a	<b>33 1/3% support test—2013.</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—2012.</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—2013.</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—2012.</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"/>		

Part IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	ADMINISTRATIVE FEE AND OTHER REVENUE

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THE GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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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	56	
2 Aggregate contributions to (during year)	990,918	
3 Aggregate grants from (during year)	1,038,316	
4 Aggregate value at end of year	17,941,493	
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)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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 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 XIII, 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 XIII, 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 exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- |    |           |
|----|-----------|
|    | Amount    |
| 1c | 1,580,179 |
| 1d |           |
| 1e | 1,580,179 |
| 1f | 0         |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

- |  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 60,297,690      | 55,035,531    | 57,600,176          | 39,491,138          | 35,452,861         |
| b Contributions                                  | 5,288,327       | 264,934       | 197,808             | 11,436,213          | 149,145            |
| c Net investment earnings, gains, and losses     | 9,801,743       | 7,434,145     | 436,072             | 8,973,553           | 4,618,629          |
| d Grants or scholarships                         | 3,788,820       | 2,436,920     | 3,198,525           | 2,300,728           | 729,497            |
| e Other expenditures for facilities and programs |                 |               |                     |                     |                    |
| f Administrative expenses                        |                 |               |                     |                     |                    |
| g End of year balance                            | 71,598,940      | 60,297,690    | 55,035,531          | 57,600,176          | 39,491,138         |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

97 150 %
- b

Permanent endowment

2 850 %
- c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		176,262	98,111	78,151
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,151



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	22,365,435
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	5,112,670
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	221,159
e	Add lines 2a through 2d . . . . .	2e	5,333,829
3	Subtract line 2e from line 1 . . . . .	3	17,031,606
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 XIII ) . . . . .	4b	2,246,452
c	Add lines 4a and 4b . . . . .	4c	2,246,452
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	19,278,058

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	6,584,374
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 XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	6,584,374
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 XIII ) . . . . .	4b	677,011
c	Add lines 4a and 4b . . . . .	4c	677,011
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	7,261,385

Part XIII

Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART IV, LINE 1B	EXPLANATION FOR PART IV, LINE 1A THE GREATER TACOMA COMMUNITY FOUNDATION SERVED AS TRUSTEE FOR THE SEHMEI HOMESTEAD CHARITABLE REMAINDER TRUST, U/A/D JULY 14TH, 1995 THE TRUST WAS TERMINATED IN 2014 AT WHICH TIME THE TRUST ASSETS WERE DISTRIBUTED ACCORDING TO THE TRUST AGREEMENT
PART IV, LINE 2B	EXPLANATION FOR PART IV, LINE 2B THE GREATER TACOMA COMMUNITY FOUNDATION SERVES AS TRUSTEE FOR SIX 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 TAXING AUTHORITIES FOR FISCAL YEARS BEFORE JUNE 30, 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 221,159
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN8B -14,009 AGENCY FUND INCOME 2,260,461
PART XII, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS NET ADMISSIONS TO DIRECT COSTS, 990, PG 9, LN8B -14,009 AGENCY FUND EXPENSES 691,020

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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
		FFWG ANNUAL LUNCHEON (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	90,133		90,133
	2	Less Contributions . .	81,833		81,833
	3	Gross income (line 1 minus line 2) . . . .	8,300		8,300
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	14,009		14,009
	8	Entertainment . . . .			
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . .			
Direct Expenses	2	Cash prizes . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . . .			
	6	Volunteer labor . . . .	Yes % No	Yes % No	Yes % No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** 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).

Return Reference	Explanation
------------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE GREATER TACOMA COMMUNITY FOUNDATION

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

123

3

Enter total number of other organizations listed in the line 1 table

8

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
(1) SCHOLARSHIPS	250	267,411			
(2) SPARK GRANTS	18	27,000			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 - 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
SCHEDULE I, PART I, LINE 2	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

Additional Data

Software ID:  
Software Version:  
EIN: 91-1007459  
Name: THE GREATER TACOMA COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A COMMON VOICE 10402 KLINE ST SW LAKEWOOD, WA 98499	91-1694983	501(C)(3)	7,500				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A WIDER CIRCLE 4808 MOORLAND LN STE 802 BETHESDA, MD 20814	52-2345144	501(C)(3)	20,000				GRANT IN HONOR OF GRANDPARENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCHEMY INDOOR SKATEPARK AND EDUCATION CENTER 1119 PACIFIC AVE STE 800 TACOMA,WA 98402	46-2756372	501(C)(3)	8,500				ALCHEMY INDOOR SKATE PARK & EDUCATION CENTER COMMUNITY OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY TACOMA CHAPTER 1313 BROADWAY STE 100 TACOMA,WA 98402	13-1788491	501(C)(3)	10,090				GENERAL SUPPORT OF PIERCE COUNTY, WA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS MOUNT RAINIER CHAPTER 1235 S TACOMA WAY TACOMA, WA 98409	53-0196605	501(C)(3)	6,118				GENERAL OPERATING SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON ISLAND HISTORICAL SOCIETY 9306 OTSO POINT RD ANDERSON ISLAND, WA 98303	51-0152655	501(C)(3)	20,000				ARCHIVAL BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA,WA 98403	91-0567266	501(C)(3)	20,700				THE BENEFIT OF STUDENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSED WASHINGTON 158 THOMAS ST STE 16 SEATTLE, WA 98109	91-1189441	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIA PACIFIC CULTURAL CENTER 4851 S TACOMA WAY TACOMA, WA 98409	91-1854410	501(C)(3)	15,000				THE PROMISED LEADERS OF TOMORROW YOUTH PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY 901 S 13TH ST TACOMA,WA 98405	91-0847534	501(C)(3)	13,300				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND 3875 S 66TH ST STE 100 TACOMA, WA 98409	91-0759832	501(C)(3)	66,645				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRITISH COLUMBIA CHILDHOOD CANCER PARENTS' ASSOCIATION 4040 AYLING ST PORT COQUITLAM, BC, BC  CA		FOREIGN	8,000				GENERAL OPERATING SUPPORT

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

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BROADWAY CENTER FOR THE PERFORMING ARTS 901 BROADWAY STE 700 TACOMA,WA 98402	91-1106878	501(C)(3)	6,263				GENERAL OPERATING SUPPORT



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

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BUILDING CHANGES 2014 E MADISON STE 200 SEATTLE, WA 98122	91-1410450	501(C)(3)	13,191				GENERAL OPERATING SUPPORT

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

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CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON PO BOX 1235 TACOMA,WA 98405	91-1585652	501(C)(3)	305,596				THE HOSPITALITY KITCHEN

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

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CENTERFORCE 5204 SOLBERG DR SW LAKEWOOD, WA 98499	51-0209800	501(C)(3)	8,500				FOODSERVICE EDUCATION & TRAINING PROGRAM FOR DISABLED ADULTS

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

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CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA,WA 98467	91-0673111	501(C)(3)	9,500				THE ANNUAL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE STE 202 TACOMA,WA 98402	94-3036465	501(C)(3)	12,500				MATCHING GRANT FOR CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE RECONCILIATION PROJECT FOUNDATION PO BOX 7024 TACOMA, WA 98406	91-1647325	501(C)(3)	5,700				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TACOMA 747 MARKET ST RM 1200 TACOMA, WA 98402	91-6001283	GOVERNMENT	40,000				MAINTENANCE EXPENSES RELATED TO THE HILLTOP DIVERSITREE PROJECT TO BE PAID OVER THREE YEARS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE SUCCESS FOUNDATION 1605 NW SAMMAMISH RD STE 200 ISSAQUAH, WA 98027	91-2036088	501(C)(3)	10,300				GENERAL OPERATING SUPPORT FOR TACOMA



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

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COMMUNITIES IN SCHOOLS OF LAKEWOOD 6402 100TH ST SW LAKEWOOD, WA 98499	91-1732922	501(C)(3)	17,168				MIDDLE SCHOOL SUMMER FUN AND LEARNING PROGRAM

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

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COMPREHENSIVE HEALTH EDUCATION FOUNDATION 419 3RD AVE W SEATTLE,WA 98119	91-6186093	501(C)(3)	10,000				SALISHAN COMMUNITY HEALTH ADVOCATE PROGRAM

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

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COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	6,810				MEMBERSHIP DUES

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

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CRYSTAL JUDSON FAMILY JUSTICE CENTER 718 COURT E TACOMA, WA 98402	91-6001359	GOVERNMENT	37,000				THE CIVIL LEGAL PROGRAM

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

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DOUGLAS C GRANUM LLC PO BOX 171 SOUTHWORTH,WA 98386	91-1727846	CHARITABLE	74,096				MATERIALS AND DESIGN FOR IVAN THE GORILLA STATUE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTH ECONOMICS 107 N TACOMA AVE TACOMA, WA 98403	20-1843411	501(C)(3)	10,000				VIDEO CONFERENCING/EDUCATION/OUTREACH CAPABILITIES

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

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EARTHCORPS 6310 NE 74TH ST STE 201E SEATTLE,WA 98115	91-1592071	501(C)(3)	8,916				COMMENCEMENT BAY SITES STEWARDSHIP

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

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EAST AUSTIN COLLEGE PREP ACADEMY 6002 JAIN LANE AUSTIN,TX 78721	26-1609474	501(C)(3)	6,000				SUMMER 2014 STUDENT TRIP TO SPAIN



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY 3318 92ND ST S LAKEWOOD,WA 98499	94-3131776	501(C)(3)	11,350				GENERAL OPERATING SUPPORT

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

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EXODUS HOUSING PO BOX 1006 SUMNER,WA 98390	91-1660137	501(C)(3)	52,204				SERVICES PROVIDED IN JULY, AUGUST, AND SEPTEMBER 2013

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAB-5 717 TACOMA AVE S STE A TACOMA, WA 98402	91-2138554	501(C)(3)	16,000				FAB-5 LIFE PROGRAM

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

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FIRST TEE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR W TACOMA,WA 98467	45-1781054	501(C)(3)	7,000				A DONOR DATABASE FOR THE 2015 US OPEN GALA

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

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FISH FOOD BANKS OF PIERCE COUNTY 621 TACOMA AVE S STE 311 TACOMA, WA 98402	91-1198391	501(C)(3)	5,597				GENERAL OPERATING SUPPORT

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

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FORT NISQUALLY FOUNDATION 5400 N PEARL ST 11 TACOMA, WA 98407	91-1493318	501(C)(3)	17,300				CONNECTING MUSEUM COLLECTION TO THE WEB

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

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FOSS WATERWAY SEAPORT 705 DOCK ST TACOMA, WA 98402	91-1741794	501(C)(3)	10,869				THE MARITIME MUSEUM

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

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FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET ST MS 10-02 TACOMA, WA 98402	91-1145592	501(C)(3)	8,730				BREAST CANCER NAVIGATOR PROGRAM



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

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FRIENDS OF LAKEWOLD PO BOX 39780 LAKEWOOD, WA 98496	94-3041320	501(C)(3)	226,415				GENERAL OPERATING SUPPORT

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

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GENERATION HOPE 415 MICHIGAN AVE NE WASHINGTON,DC 20017	27-3554088	501(C)(3)	8,000				THE 2014 GALA

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

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GIRL SCOUTS OF WESTERN WASHINGTON 601 VALLEY ST SEATTLE,WA 98109	91-6060940	501(C)(3)	13,000				SUMMER GIRL SCOUT CAMP EXPENSES FOR PIERCE CO GIRLS

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

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GIVE2ASIA 340 PINE ST STE 501 SAN FRANCISCO, CA 94104	94-3373670	501(C)(3)	32,100				THE CHINESE OPERA TAIWAN'S YEARLY PROJECT

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

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GOOD SAMARITAN FOUNDATION 401 15TH AVE SE 2ND FLOOR PUYALLUP,WA 98372	91-2004312	501(C)(3)	13,968				LOVE IS NOT ABUSE TEEN SAFETY

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

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GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE STE 401 BREMERTON,WA 98337	91-1110978	501(C)(3)	9,380				GENERAL OPERATING SUPPORT

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

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GREATER LAKES MENTAL HEALTH FOUNDATION 9330 59TH AVE SW LAKEWOOD, WA 98499	91-6064184	501(C)(3)	7,409				THE EMERGENCY FUND

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

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HAROLD E LEMAY MUSEUM 2702 E D ST TACOMA, WA 98421	91-1867848	501(C)(3)	35,369				GENERAL OPERATING SUPPORT



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

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HILLTOP ARTISTS PO BOX 6829 TACOMA,WA 98417	91-1667476	501(C)(3)	20,000				GENERAL OPERATING SUPPORT

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

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HILLTOP URBAN GARDENS 2201 S TACOMA WAY PMB 128 TACOMA, WA 98409	20-4014921	501(C)(3)	10,000				HILLTOP URBAN GARDENS YOUTH INTERNSHIP PROGRAM (HUGYI)

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

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HOPES PARKS 6424 N 9TH ST TACOMA, WA 98406	91-0598103	501(C)(3)	34,600				GENERAL OPERATING SUPPORT

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

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HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY 2608 CENTER ST TACOMA,WA 98409	91-0577128	501(C)(3)	16,635				GENERAL OPERATING SUPPORT

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

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IDA KARLIN HEALING CENTER FOR YOUTH 319 5TH ST SW PUYALLUP, WA 98371	91-1285383	CHARITABLE	13,932				SUPPORTING FAMILIES WHO CANNOT AFFORD COSTS OF CARE

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

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JEFFERSON COUNTY COMMUNITY FOUNDATION 201-B WEST PATISON PORT HADLOCK, WA 98339	84-1682682	501(C)(3)	225,250				SUPPORT AS DEFINED IN THE FUND AGREEMENT

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

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L'ARCHE TAHOMA HOPE COMMUNITY 12303 36TH AVE E TACOMA, WA 98446	91-1206208	501(C)(3)	9,500				GENERAL OPERATING SUPPORT

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

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LASA PO BOX 98619 LAKEWOOD, WA 98496	91-1470619	501(C)(3)	30,136				SERVICES PROVIDED IN JANUARY, FEBRUARY, AND MARCH OF 2014



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

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LIFE CHRISTIAN ACADEMY-LIFE CHRISTIAN SCHOOL 1717 S UNION TACOMA,WA 98405	71-0942420	501(C)(3)	6,200				STUDENT SCHOLARSHIPS

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

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LIGHTHOUSE FOR THE BLIND 2501 S PLUM STPO BOX C14119 SEATTLE,WA 98114	91-0295070	501(C)(3)	5,585				ACCESSIBLE CALIPER PROJECT

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

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LOCAL LIFE 1120 COURT E TACOMA, WA 98402	45-2765899	501(C)(3)	7,500				LOCAL LIFE GENERAL OPERATING SUPPORT

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

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MARY BRIDGE BRIGADE PO BOX 5299 TACOMA,WA 98415	91-6030192	501(C)(3)	27,775				THE FRANCES C PETERSEN LEUKEMIA FUND

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

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MARY BRIDGE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5296 TACOMA, WA 98415	94-3030039	501(C)(3)	30,080				BRIDGES A CENTER FOR GRIEVING CHILDREN

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

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MASTER GARDENER FOUNDATION OF PIERCE COUNTY 3602 PACIFIC AVE STE B TACOMA,WA 98418	94-3033070	501(C)(3)	9,154				2014 WSU MASTER GARDENER ADVANCED-EDUCATION CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING NORTHWEST 2505 3RD AVE STE 204 SEATTLE, WA 98121	91-1546525	501(C)(3)	7,500				AFFORDABLE HOUSING AND HEALTHCARE INTEGRATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN DEVELOPMENT COUNCIL 721 S FAWCETT STE 201 TACOMA,WA 98402	91-0780533	501(C)(3)	10,250				MDC EDUCATION



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRIS E FORD MIDDLE SCHOOL - SPARK GRANT 1602 104TH ST E TACOMA,WA 98445	91-6014726	501(C)(3)	11,500				LITERACY FOR LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTICARE HEALTH SYSTEMS PO BOX 5299 TACOMA,WA 98415	91-1352172	501(C)(3)	73,203				GENERAL PURPOSES AT TACOMA GENERAL HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF FLIGHT 9404 E MARGINAL WAY S SEATTLE, WA 98108	91-0785826	501(C)(3)	65,400				2-YEAR GRANT (\$25,000 FOR AVIATION LEARNING CENTER, \$7,700 FOR PROGRAM/TRANSPORTATION PER YEAR)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402	91-1669422	501(C)(3)	17,369				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL TAIWAN UNIVERSITY ACADEMIC DEVELOPMENT FOUNDATION 38 RIDGEFIELD LN WILLOWBROOK, IL 60527	36-4221899	501(C)(3)	100,000				THE DR PING YUAN YEH SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST LEADERSHIP FOUNDATION 1119 PACIFIC AVE 800 TACOMA, WA 98402	91-1462508	501(C)(3)	35,240				PROYECTO MOLE- "MOLE AFTER 6"

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST SINFONIETTA INC PO BOX 1154 TACOMA, WA 98402	91-1590964	501(C)(3)	8,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE, WA 98328	23-7438056	501(C)(3)	8,900				MAINTAINING NW TREK PHYS PLANT/ED INST COLLECTIONS



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS YOUTH CENTER 2215 PACIFIC AVE TACOMA, WA 98402	91-1385245	501(C)(3)	22,000				OASIS YOUTH CENTER GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIC VIEW COMMUNITY FOUNDATION 720 E WASHINGTON ST STE 111 SEQUIM,WA 98382	91-2084105	501(C)(3)	20,000				SUPPORT AS DEFINED IN THE FUND AGREEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA,WA 98405	91-0564954	501(C)(3)	9,513				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447	91-0565571	501(C)(3)	28,055				THE REGENTS' CHALLENGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS AND STUDENTS IN ACTION PO BOX 1021 EATONVILLE,WA 98328	91-1450064	501(C)(3)	10,000				OUTDOOR CONNECTION ENV ED SUMMER CAMPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVE TACOMA, WA 98405	91-1746986	501(C)(3)	35,500				HILLTOP SCHOLARS SUMMER ACADEMY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP, WA 98374	91-1039199	501(C)(3)	24,932				LAKEWOOD COMPUTER CLUBHOUSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE CONSERVATION DISTRICT PO BOX 1057 PUYALLUP, WA 98371	91-0894461	GOVERNMENT	6,930				FOOD FOREST AND EDIBLE PATHWAYS WORK GROUP STARTUP



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY HOUSING AUTHORITY PO BOX 45410 TACOMA, WA 98448	91-1105806	GOVERNMENT	10,000				FAMILY SELF SUFFICIENCY (FSS)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446	51-0180293	501(C)(3)	5,800				SUPPORTING THE STEILACOOM LIBRARY

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

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POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA, WA 98407	91-6066667	501(C)(3)	21,530				SPECIAL EMPHASIS ON NEW EXHIBIT ACQUISITION WHEN POSSIBLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PSI CHAPTER COALITION 2025 BROADWAY 6D NEW YORK, NY 10023	27-4913933	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
R MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION PO BOX 7119 TACOMA,WA 98417	91-1742581	501(C)(3)	12,500				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402	91-1859897	501(C)(3)	13,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH CENTER 714 S 27TH ST TACOMA,WA 98409	91-0570872	501(C)(3)	15,000				THE REACH CENTER'S SUMMERJOBS253 YOUTH SUMMER EMPLOYMENT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 1110 S PUGET SOUND AVE TACOMA, WA 98405	94-1156347	501(C)(3)	10,710				GENERAL OPERATIONS IN PIERCE COUNTY, WA



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL'S OUT WASHINGTON 801 23RD AVE S STE A SEATTLE, WA 98144	46-0809713	501(C)(3)	59,658				SUMMER LEARNING COLLABORATIVE COORDINATION/ADMINISTRATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARED HOUSING SERVICES 901 S 11TH ST TACOMA, WA 98405	91-1557248	501(C)(3)	15,992				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLUTIONS FOR HUMANITY COMMUNITY AND THE ENVIRONMENT 2661 N PEARL ST 344 TACOMA,WA 98407	20-4014921	501(C)(3)	10,000				HILLTOP URBAN GARDENS YOUTH INTERNSHIP PROGRAM (HUGYI)

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

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SOUTH SOUND OUTREACH 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	91-1741624	501(C)(3)	34,000				TO PROVIDE HEATING ASSISTANCE FOR PIERCE COUNTY SENIOR CITIZENS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAND FOR CHILDREN WASHINGTON 3240 EASTLAKE AVE E STE 100 SEATTLE,WA 98102	52-1957214	501(C)(3)	8,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION 1202 WOOD AVE SUMNER,WA 98390	30-0128156	501(C)(3)	10,600				PROVIDING SCHOLARSHIPS

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

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TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA,WA 98402	91-0697444	501(C)(3)	33,126				FRANCISCAN POLAR PLAZA ICE RINK PREMIUM DASHBOARD SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ARTS COMMISSION 747 MARKET ST 900 TACOMA,WA 98402	91-6001283	GOVERNMENT	10,000				TACOMA ARTS MONTH



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ATHLETIC COMMISSION PO BOX 11304 TACOMA, WA 98411	91-0515947	501(C)(3)	20,500				LET'S PLAY, STATE WRESTLING ASSOCIATION, DESTINY DINNER & AUCTION, AND SLAM ON SOUND

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

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TACOMA COMMUNITY COLLEGE FOUNDATION 6501 S 19TH ST BLDG 6 TACOMA, WA 98466	91-6073780	501(C)(3)	7,920				MEN OF DISTINCTION PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA, WA 98405	91-0570872	501(C)(3)	14,500				GENERAL OPERATING SUPPORT

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

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TACOMA ELKS LODGE NO 174 BPOE PO BOX 11008 TACOMA,WA 98411	91-0142850	501(C)(8)	11,261				THE TALL ELKS FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA FARMERS MARKET PO BOX 707 TACOMA, WA 98401	91-1647227	501(C)(4)	7,000				TACOMA FARMERS MARKET GENERAL OPERATING SUPPORT

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

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TACOMA HOUSING DEVELOPMENT GROUP 902 S L ST TACOMA,WA 98405	81-0557198	501(C)(3)	7,500				EXPENSES FOR TACOMA COLLEGE BOUND SATURDAY EVENT

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

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TACOMA PIERCE COUNTY HABITAT FOR HUMANITY 4824 S TACOMA WAY TACOMA, WA 98409	58-1735531	501(C)(3)	8,500				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA PIERCE COUNTY SPORTS COMMISSION DBA TACOMA SOUTH SOUND SPORTS 1119 PACIFIC AVE STE 500 TACOMA,WA 98402	94-3154901	501(C)(6)	10,500				GENERAL OPERATING SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA YOUTH SYMPHONY ASSOCIATION INC 901 BROADWAY STE 500 TACOMA,WA 98402	23-7005522	501(C)(3)	8,000				GENERAL OPERATING SUPPORT

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

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TACOMA-PIERCE COUNTY CHAMBER OF COMMERCE 950 PACIFIC AVE STE 300 TACOMA, WA 98402	91-0434830	501(C)(3)	10,000				SPACEWORKS TACOMA

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

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TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 S D ST TACOMA,WA 98418	91-1488160	GOVERNMENT	13,600				INCENTIVES/GIFTS/ESSENTIALS FOR UNWED FIRST TIME MOTHERS IN PIERCE COUNTY

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

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TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466	23-7450873	501(C)(3)	14,100				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAMCHILD 715 TACOMA AVE S TACOMA, WA 98402	91-1930194	501(C)(3)	10,000				TEAMCHILD

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

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THE MOCKINGBIRD SOCIETY 2100 24TH AVE S 240 SEATTLE,WA 98144	91-2051340	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUSTARD SEED PROJECT OF KEY PENINSULA PO BOX 182 VAUGHN,WA 98394	61-1537566	501(C)(3)	9,500				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OREGON COMMUNITY FOUNDATION 1221 SWYAMHILL ST 100 PORTLAND,OR 97205	23-7315673	501(C)(3)	25,724				A DONATION TO THE MOCERI FUND



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESCUE MISSION 425 STACOMA WAY TACOMA, WA 98402	91-0565014	501(C)(3)	26,821				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VEDANTA SOCIETY OF WESTERN WASHINGTON 2716 BROADWAY AVE E SEATTLE,WA 98102	81-6187530	501(C)(3)	40,000				NEW PLUMBING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401	91-0650669	501(C)(3)	8,115				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST 1080 TACOMA, WA 98416	91-0564961	501(C)(3)	62,455				THE ERNA F GUILFOIL SCHOLARSHIP FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON FISCAL OFFICE BOX 353055 SEATTLE,WA 98195	91-6001537	501(C)(3)	6,500				NELI ATTENDANCE (PROFESSIONAL DEVELOPMENT) FOR MICHELLE DOUGLAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON C-314 SCIENCES CTR UW BOX 356350 SEATTLE,WA 98195	94-3079432	501(C)(3)	11,883				SCHOLARSHIPS TO MINORITY STUDENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY FOUNDATION PO BOX 641925 PULLMAN, WA 99164	91-1075542	501(C)(3)	38,251				UNRESTRICTED USE BY THE WSU HONORS COLLEGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON WOMEN'S EMPLOYMENT AND EDUCATION 3516 S 47TH ST STE 205 TACOMA,WA 98409	91-1161700	501(C)(3)	8,500				GENERAL OPERATING SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEI EU CHINESE AMERICAN RESOURCES FOR EDUCATION INC 10439 SE 14TH ST BELLEVUE,WA 98004	30-0128485	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	11,940				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405	91-0565562	501(C)(3)	69,400				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH MARINE FOUNDATION 820 E D ST TACOMA, WA 98421	91-1536334	501(C)(3)	12,000				THE ODYSSEY CAMPAIGN/CAPITAL FUND FOR A NEW ENGINE AND SAIL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	89,946				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMANUEL LUTHERAN CHURCH 1315 N STEVENS ST TACOMA, WA 98406	91-0692625	501(C)(3)	8,240				UNRESTRICTED PURPOSES AND GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHURCH OF CHRIST SCIENTIST TACOMA 902 DIVISION AVE TACOMA, WA 98403	91-6000741	CHURCH	7,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE BAPTIST CHURCH 2507 N VASSAULT TACOMA, WA 98406	91-6032943	501(C)(3)	5,400				ANNUAL FUND FROM KARIN HUNT (SYCAMORE TREE FUND)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMANUEL PRESBYTERIAN CHURCH 901 N J ST TACOMA, WA 98403		CHURCH	33,800				GENERAL CHARITABLE PURPOSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON UNITED METHODIST CHURCH 2710 N MADISON ST TACOMA, WA 98407		CHURCH	5,430				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC NORTHWEST CONFERENCE OF UNITED CHURCH OF CHRIST 325 N 125TH ST SEATTLE,WA 98133	91-0582317	CHURCH	50,000				GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIESTS OF THE SACRED HEART PO BOX 367 HALES CORNERS, WI 53130	39-1243521	501(C)(3)	11,940				THE SACRED HEART MONASTERY IN HALES CORNERS, WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIDER CHURCH MINISTRIES OF UNITED CHURCH OF CHRIST 700 PROSPECT AVE CLEVELAND, OH 44115	13-1957221	501(C)(3)	100,000				HAYSTACK SOCIETY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE RIVER COMMUNITY OUTREACH PO BOX 2401 BUCKLEY,WA 98321		CHURCH	10,000				GENERAL OPERATING SUPPORT FOR WHITE RIVER COMMUNITY OUTREACH

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number  
91-1007459

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ROSE LINCOLN HAMILTON PRESIDENT & CEO	(i)	206,402	0	0	20,640	11,714	238,756	0
	(ii)	0	0	0	0	0	0	0
(2)JEFFREY PRITCHARD DIRECTOR OF DEVELOPMENT	(i)	111,250	0	17,333	11,263	11,454	151,300	0
	(ii)	0	0	0	0	0	0	0



**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4A	JEFFREY PRITCHARD RELEASED AND DISCHARGED THE COMMUNITY FOUNDATION FROM ANY AND ALL CLAIMS IN CONSIDERATION FOR SEVERANCE PAY OF \$17,334

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.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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	10	352,388	MARKET VALUE AT GIFT DAT
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 A )	X	3	12,670	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 . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .

30a

Yes

No

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

Yes

32a

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

32a

No

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

**Part III**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135063665	
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 to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2013 Open to Public Inspection
	Name of the organization THE GREATER TACOMA COMMUNITY FOUNDATION				Employer identification number 91-1007459

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
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 ACTING ON CONFLICT OF INTEREST. 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 BOARD CHAIR APPOINTS AN AD HOC COMPENSATION COMMITTEE. 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 SALARY 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 INTEREST AND ABSTENTIONS IN ITS MEETING MINUTES. IN EXECUTIVE SESSION AT THE APRIL BOARD MEETING, THE EXECUTIVE COMMITTEE REPORTS ON THE RESULTS OF THE PERFORMANCE EVALUATION, THE PRESIDENT/CEO'S SELF-ASSESSMENT AND THE PRESIDENT/CEO'S COMPENSATION FOR THE UPCOMING YEAR.
FORM 990, PART VI, SECTION C, LINE 18	THE COMMUNITY FOUNDATION MAKES ITS FORMS 1023 AND 990 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 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 220,048
FORM 990, PART XII, LINE 2C	THE COMMUNITY FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE DETAILED REVIEW OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE BOARD OF DIRECTORS VOTES TO ACCEPT THE AUDITED FINANCIAL STATEMENTS BASED ON THE RECOMMENDATION OF THE AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE PROCESS OF SELECTING THE INDEPENDENT AUDITOR. THE BOARD OF DIRECTORS VOTES TO APPROVE THE SELECTION OF THE INDEPENDENT AUDITOR BASED ON THE RECOMMENDATION OF THE AUDIT COMMITTEE.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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" on 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
(1) THE FRIENDS OF LAKEWOLD  PO BOX 39780  LAKEWOOD, WA 98439 94-3041320	PRESERVE LAKEWOLD GARDENS AS AN INSPIRATIONAL AND EDUCATIONAL EXPERIENCE	WA	501(C)(3)	509(A)(3) - TYPE 1	THE GREATER TACOMA COMMUNITY FOUNDATION	Yes	
(2) WESTERN FOREST INDUSTRIES MUSEUM  PO BOX 705  TACOMA, WA 98401 91-6060485	PRESERVE HISTORICAL RAILROAD MUSEUM,PROVIDE EDUCATION ON LOGGING IN THE PNW	WA	501(C)(3)	509(A)(3) - TYPE 1	THE GREATER TACOMA COMMUNITY FOUNDATION	Yes	
(3) THE ASSET STEWARDSHIP FOUNDATION  950 PACIFIC AVENUE SUITE 1100  TACOMA, WA 98402 26-1088224	SUPPORT THE PURPOSES OF THE GTCF THROUGH RECEIPT AND HOLDING OF GIFTS	WA	501(C)(3)	509(A)(3) - TYPE 1	THE GREATER TACOMA COMMUNITY FOUNDATION	Yes	
(4) GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION  2515 S 336TH ST  FEDERAL WAY, WA 98003 61-1727426	PRESERVE GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	WA	501(C)(3)	509(A)(3) - TYPE 1	THE GREATER TACOMA COMMUNITY FOUNDATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN FOREST INDUSTRIES MUSEUM	B	658,487	COST
(2) THE FRIENDS OF LAKEWOLD	B	221,600	COST
(3) GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	B	267,000	COST

Schedule R (Form 990) 2013

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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