

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization GREATER TACOMA COMMUNITY FOUNDATION <hr/> Doing business as <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 950 PACIFIC AVENUE, SUITE 1100 <hr/> City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98402 <hr/> <b>F</b> Name and address of principal officer: MOHAMMAD MOUSA SAME AS C ABOVE	<b>D</b> Employer identification number 91-1007459 <hr/> <b>E</b> Telephone number 253-383-5622 <hr/> <b>G</b> Gross receipts \$ 37,957,579. <hr/> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <hr/> <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.GTCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1977 <b>M</b> State of legal domicile: WA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>CONNECTING PEOPLE, KNOWLEDGE, AND FUNDING TO BUILD A THRIVING PIERCE COUNTY.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	21
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	47
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	181,261.
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	10,638,865.	15,057,722.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	324,424.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,841,223.	9,805,332.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,450.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,483,538.	25,187,478.
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,683,981.	18,966,072.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,198,129.	2,612,143.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 635,685.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,398,819.	1,379,183.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,280,929.	22,957,398.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	202,609.	2,230,080.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	177,618,126.	185,695,628.
	<b>21</b> Total liabilities (Part X, line 26)	2,631,559.	2,216,511.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	174,986,567.	183,479,117.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MOHAMMAD MOUSA, CFO Type or print name and title	Date 11-20-2025
<b>Paid Preparer Use Only</b>	Preparer's name MEGAN R. RYAN	Preparer's signature MEGAN R. RYAN
	Date 10/30/25	Check if self-employed <input type="checkbox"/> PTIN 00737884
	Firm's name CLARK NUBER PS	Firm's EIN 91-1194016
	Firm's address 555 110TH AVE NE, SUITE 700 BELLEVUE, WA 98004	Phone no. 425-454-4919

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

ACTING AS A CATALYST, CONNECTOR, AND KNOWLEDGE FACILITATOR TO BUILD  
RACIALLY EQUITABLE, ACCESSIBLE, INCLUSIVE PIERCE COUNTY WHERE ALL  
PEOPLE CAN SHAPE AND ACTIVATE THE SYSTEMS THAT AFFECT OUR COMMUNITIES,  
NOW AND FOR GENERATIONS TO COME.

**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 \$ 20,068,185. including grants of \$ 18,586,072. ) (Revenue \$ 3,339. )  
GREATER TACOMA COMMUNITY FOUNDATION (GTCF) DELIVERED \$18.6 MILLION TO  
THE COMMUNITY THROUGH 1,185 GRANTS TO 524 GRANTEEES. ABOUT 85% OF  
FUNDING WAS DIRECTED BY FUND ADVISORS FOR YOUTH PROGRAMS, BASIC NEEDS,  
HOUSING, EDUCATION ACCESS, AND MORE. GTCF STAFF ALIGNED 15% OF GRANTS  
AND OTHER RESOURCES FOR PHILANTHROPIC INVESTMENTS SUPPORTING MOMENTUM  
BUILDING FOR EMERGING COMMUNITY MOVEMENTS, ACCESS TO CAPITAL,  
NEIGHBORHOODS & COMMUNITIES, ENVIRONMENT AND MORE. GTCF STAFF ALSO  
SUPPORTED LEGACY GIVING AWARENESS AND ACTION TO RETAIN GENERATIONAL  
TRANSFER OF WEALTH IN PIERCE COUNTY.

**4b** (Code: ) (Expenses \$ 428,769. including grants of \$ 380,000. ) (Revenue \$ 321,085. )  
GTCF CONTRACTED WITH THE WASHINGTON STATE DEPARTMENT OF COMMERCE TO  
SUPPORT DELIVERY OF NEARLY \$2.3 MILLION IN COMMUNITY REINVESTMENT  
PROJECT FUNDS TO PIERCE COUNTY COMMUNITY THROUGH JUNE OF 2025.

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

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 20,496,954.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 45	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 21		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> 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 on Schedule O.	21													
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		21												
<b>2</b> 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							X				
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....						5								X
<b>6</b> Did the organization have members or stockholders? .....							6							X
<b>7a</b> 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						X
<b>b</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					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body? .....										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body? .....											8b	X		
<b>9</b> 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 on Schedule O .....												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a														X
<b>b</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													
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....			11a	X											
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....															
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....					12a	X									
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....						12b	X								
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....							12c	X							
<b>13</b> Did the organization have a written whistleblower policy? .....								13	X						
<b>14</b> Did the organization have a written document retention and destruction policy? .....									14	X					
<b>15</b> 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?															
<b>a</b> The organization's CEO, Executive Director, or top management official .....										15a	X				
<b>b</b> Other officers or key employees of the organization .....											15b				X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....															
<b>16a</b> 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			X
<b>b</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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records  
 MOHAMMAD MOUSA - 253-383-5622  
 950 PACIFIC AVENUE, SUITE 1100, TACOMA, WA 98402

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KATHI LITTMANN CEO	40.00 1.00			X				335,684.	0.	18,552.
(2) MO MOUSA CFO	40.00 2.00			X				232,216.	0.	10,819.
(3) SETH KIRBY CHIEF IMAPCT OFFICER	40.00 0.00					X		153,495.	0.	15,333.
(4) MEGAN SUKYS CHIEF STRATEGY / COMM. OFFICER	40.00 0.00					X		152,982.	0.	15,333.
(5) STACEY GUADNOLA CHIEF PHILANTHROPY OFFICER	40.00 0.00					X		144,052.	0.	8,980.
(6) DOUG PAGE SENIOR LEGACY FELLOW	36.00 0.00					X		120,206.	0.	4,181.
(7) STEPHEN SAALFELD PHILANTHROPY ADVISOR	36.00 0.00					X		106,570.	0.	17,410.
(8) LORI FORTE HARNICK CHAIR	1.25 0.25	X		X				0.	0.	0.
(9) WAYNE WILLIAMS VICE CHAIR	1.75 0.25	X		X				0.	0.	0.
(10) KITTY- ANN VAN DOORNINCK SECRETARY	1.25 0.25	X		X				0.	0.	0.
(11) PRISCILLA LISICICH TREASURER	1.75 0.25	X		X				0.	0.	0.
(12) AHLMAHZ NEGASH AT LARGE	1.25 0.25	X						0.	0.	0.
(13) CHRISTOPHER ALGEO DIRECTOR	1.50 0.00	X						0.	0.	0.
(14) CHRISTINA BLOCKER DIRECTOR	0.50 0.00	X						0.	0.	0.
(15) JACQUES COLON DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) BEVERLY COX DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) KIM FISHER DIRECTOR	0.50 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) BRETT FRESHWATERS DIRECTOR	1.50 0.00	X						0.	0.	0.
(19) TORY GREEN DIRECTOR	0.50 0.00	X						0.	0.	0.
(20) IVAN HARRELL DIRECTOR	1.50 0.00	X						0.	0.	0.
(21) NATHE LAWVER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) RYAN MELLO DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) LYLE QUASIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JEANETTE ROATCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) TONO SABLAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) ART WANG DIRECTOR	1.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,245,205.	0.	90,608.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,245,205.	0.	90,608.

**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

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
MERCER INVESTMENTS LLC 21875 NETWORK PLACE, CHICAGO, IL 60673-1218	INVESTMENT MANAGEMENT	124,076.

**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

1

SEE PART VII, SECTION A CONTINUATION SHEETS

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	406,361.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,651,361.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,501,673.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		15,057,722.			
<b>Program Service Revenue</b>	<b>2 a</b>	GRANT SERVICES	<b>Business Code</b>	900099	324,424.	324,424.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		324,424.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		7,016,469.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real				
<b>b</b>		Less: rental expenses ...	(ii) Personal				
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	15,558,964.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other				
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....		2,788,863.			2,788,863.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		25,187,478.	324,424.	0.	9,805,332.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,754,630.	18,754,630.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	106,442.	106,442.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	105,000.	105,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	657,844.	241,397.	306,336.	110,111.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,476,889.	525,438.	651,466.	299,985.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	107,750.	41,475.	50,320.	15,955.
<b>9</b> Other employee benefits .....	207,631.	74,383.	92,126.	41,122.
<b>10</b> Payroll taxes .....	162,029.	58,158.	72,556.	31,315.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	53,201.	44,505.	8,696.	
<b>c</b> Accounting .....	60,150.		60,150.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	213,164.		213,164.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	265,388.	173,243.	85,423.	6,722.
<b>12</b> Advertising and promotion .....	13,294.	13,294.		
<b>13</b> Office expenses .....	64,025.	37,848.	20,142.	6,035.
<b>14</b> Information technology .....	130,656.	47,225.	59,892.	23,539.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	176,751.	60,946.	84,121.	31,684.
<b>17</b> Travel .....	4,392.	1,756.	988.	1,648.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	216,915.	105,451.	61,526.	49,938.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	11,035.	3,805.	5,252.	1,978.
<b>23</b> Insurance .....	17,035.	6,114.	7,629.	3,292.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNITY EVENTS	55,336.	55,336.		
<b>b</b> DUES AND SUBSCRIPTIONS	45,211.	26,810.	9,308.	9,093.
<b>c</b> STAFF DEVELOPMENT	20,324.	13,698.	3,358.	3,268.
<b>d</b> _____				
<b>e</b> All other expenses _____	32,306.		32,306.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,957,398.	20,496,954.	1,824,759.	635,685.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	133,948.	<b>1</b>	180,013.
	<b>2</b> Savings and temporary cash investments .....	15,524,107.	<b>2</b>	16,006,550.
	<b>3</b> Pledges and grants receivable, net .....	598,500.	<b>3</b>	1,764,077.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	133,407.	<b>9</b>	114,693.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 253,613.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 236,929.		
		21,626.	<b>10c</b>	16,684.
	<b>11</b> Investments - publicly traded securities .....	153,913,946.	<b>11</b>	157,202,315.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	785,565.	<b>13</b>	729,209.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	6,507,027.	<b>15</b>	9,682,087.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	177,618,126.	<b>16</b>	185,695,628.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	210,961.	<b>17</b>	219,920.
	<b>18</b> Grants payable .....	185,500.	<b>18</b>	11,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	2,235,098.	<b>25</b>	1,985,591.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,631,559.	<b>26</b>	2,216,511.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	164,229,241.	<b>27</b>	171,052,187.
	<b>28</b> Net assets with donor restrictions .....	10,757,326.	<b>28</b>	12,426,930.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	174,986,567.	<b>32</b>	183,479,117.
	<b>33</b> Total liabilities and net assets/fund balances .....	177,618,126.	<b>33</b>	185,695,628.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,187,478.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,957,398.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,230,080.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	174,986,567.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,660,291.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,602,179.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	183,479,117.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		X
<b>b</b> 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	X	
<b>c</b> 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 on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,544,504.	11,367,213.	29,536,425.	10,638,865.	15,057,722.	88,144,729.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,544,504.	11,367,213.	29,536,425.	10,638,865.	15,057,722.	88,144,729.
<b>5</b> 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) .....						6,826,683.
<b>6 Public support.</b> Subtract line 5 from line 4.						81,318,046.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	21,544,504.	11,367,213.	29,536,425.	10,638,865.	15,057,722.	88,144,729.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,550,138.	5,426,291.	4,826,929.	4,643,293.	7,016,469.	25,463,120.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,835.	100.				3,935.
<b>11 Total support.</b> Add lines 7 through 10						113,611,784.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	333,188.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.58	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	72.80	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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"/>
<b>17a 10% -facts-and-circumstances test - 2024.</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 VI 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 - 2023.</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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D - Distributions**

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019			
<b>b</b>	From 2020			
<b>c</b>	From 2021			
<b>d</b>	From 2022			
<b>e</b>	From 2023			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to under distributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020			
<b>b</b>	Excess from 2021			
<b>c</b>	Excess from 2022			
<b>d</b>	Excess from 2023			
<b>e</b>	Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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

2020 AMOUNT: \$ 3,835.

2021 AMOUNT: \$ 100.

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,941,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,772,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,270,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,138,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 909,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 886,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 858,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 831,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

91-1007459

## Part I

[illegible]

Name of organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	MARKETABLE SECURITIES	\$ 1,138,021.	01/22/24
8	MARKETABLE SECURITIES	\$ 858,473.	05/10/24
9	MARKETABLE SECURITIES	\$ 803,491.	08/13/24
13	MARKETABLE SECURITIES	\$ 363,077.	09/16/24
		\$	

Name of organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	113	
2 Aggregate value of contributions to (during year)	6,449,161.	
3 Aggregate value of grants from (during year)	8,331,623.	
4 Aggregate value at end of year	50,904,710.	
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" on Form 990, Part IV, line 7.

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	91,142,390.	81,700,434.	98,954,112.	87,854,273.	81,739,389.
<b>b</b> Contributions	3,076,886.	2,457,133.	1,485,614.	1,107,167.	713,251.
<b>c</b> Net investment earnings, gains, and losses	8,497,676.	11,733,802.	-14,218,725.	14,454,334.	9,798,205.
<b>d</b> Grants or scholarships	3,719,255.	3,423,143.	3,154,788.	3,184,529.	3,189,941.
<b>e</b> Other expenditures for facilities and programs	44,228.	73,820.	33,718.	569.	475.
<b>f</b> Administrative expenses	1,392,447.	1,252,016.	1,332,061.	1,276,564.	1,206,156.
<b>g</b> End of year balance	97,561,022.	91,142,390.	81,700,434.	98,954,112.	87,854,273.

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

**a** Board designated or quasi-endowment 97.5730 %

**b** Permanent endowment 2.4270 %

**c** Term endowment .0000 %

The percentages on 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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ 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" on 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		253,613.	236,929.	16,684.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				16,684.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRUST RECEIVABLE	8,398,305.
(2) ACCOUNT RECEIVABLE OTHER	4,347.
(3) RIGHT OF USE ASSET	1,279,435.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,682,087.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE TRUST PAYABLE	242,725.
(3) SPLIT-INTEREST AGREEMENT PAYABLE	404,516.
(4) OPERATING LEASE LIABILITY	1,338,350.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,985,591.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	27,623,666.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,660,291.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,258,721.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,919,012.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	20,704,654.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	184,614.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,298,210.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	4,482,824.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	25,187,478.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	18,038,991.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	831,896.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	831,896.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	17,207,095.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	184,614.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,565,689.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	5,750,303.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	22,957,398.

**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.

**PART V, LINE 4:**

GREATER TACOMA COMMUNITY FOUNDATION FOLLOWS DONOR INTENT, AS STATED IN  
 FUND AGREEMENTS AND OTHER SOURCE DOCUMENTS, WITH ENDOWMENT FUNDS. MOST  
 ENDOWMENT FUNDS ARE USED TO DIRECTLY SUPPORT ORGANIZATIONS AND EFFORTS  
 THAT BENEFIT PIERCE COUNTY COMMUNITIES AND RESIDENTS.

**PART X, LINE 2:**

THE COMMUNITY FOUNDATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS.  
 ACCORDINGLY, THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT INCLUDE A  
 PROVISION FOR FEDERAL INCOME TAXES.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,602,179.  
 SUPPORTING ORG. REVENUE INCLUDED IN CONSOLIDATED FINANCIAL  
 STATEMENTS 656,542.  
 TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,258,721.

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

AGENCY FUND REVENUE 4,464,145.  
 AGENCY FUND ADMIN FEES -165,935.  
 TOTAL TO SCHEDULE D, PART XI, LINE 4B 4,298,210.

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

SUPPORTING ORG. EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL  
 STATEMENTS 831,896.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES

5,565,689.



**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	N/A	90,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	N/A	5,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	N/A	10,000.
<b>3 a Subtotal</b> .....	0	0			105,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			105,000.

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

Schedule F (Form 990) (Rev. 12-2024)

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	10,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	75,000.	WIRE TRANSFER	0.		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 3
- 3 Enter total number of other organizations or entities ..... 0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

GTCT STAFF PERFORM DUE DILIGENCE ON ALL GRANTS. GRANT RECIPIENTS MUST BE  
A 501(C)(3) TAX-EXEMPT NONPROFIT OR AN EQUIVALENT DETERMINATION IN THE  
FOREIGN COUNTRY. AS A COMMUNITY FOUNDATION, GTCT MAY ALSO DELIVER GRANTS  
TO NON-501(C)(3) ENTITIES WHO ARE PERFORMING CHARITABLE PURPOSE OR PUBLIC  
BENEFIT. GTCT COLLECTS REPORTS FOR SUCH FUNDS THROUGH INFORMAL MEETINGS,  
WRITTEN REPORTS, OR LEARNING SESSIONS. SELECTION CRITERIA FOR GRANTS  
VARIES ACCORDING TO DONOR INTENT FOR THE FUND AND MAY INCLUDE A  
COMPETITIVE PROCESS OR COMMUNITY CONSULTATION. AS A STANDARD ACROSS ALL  
GTCT GRANTMAKING, GRANTEEES, BY RECEIVING FUNDING, ACKNOWLEDGE THEY USE  
GRANTS FOR THE ALLOWABLE CHARITABLE PURPOSE.

**PART I, LINE 3:**

EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

**Employer identification number**

91-1007459

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

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

☒ **Yes** ☐ **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1DROP OPERATIONS, LLC 10609 GRAVELLY LAKE DR SW LAKEWOOD, WA 98499-1327	33-2227959	OTHER	9,500.	0.			CAPITAL SUPPORT
AFRICAN AMERICAN LEADERSHIP FORUM 21451 SE 297TH ST KENT, WA 98942	87-3276268	501(C)(3)	74,594.	0.			CAPITAL SUPPORT
AHAT HOMECARE 301 N L ST TACOMA, WA 98403-1625	94-3102150	501(C)(3)	10,500.	0.			OPERATING SUPPORT
YOUNG LIFE PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	23,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT, CAPITAL SUPPORT
AMERICAN CANCER SOCIETY PO BOX 3682 SEATTLE, WA 98124	13-1788491	501(C)(3)	27,162.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION - PO BOX 2728 - SEATTLE, WA 98111-2728	23-7076867	501(C)(3)	15,000.	0.			OPERATING SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 182.

**3** Enter total number of other organizations listed in the line 1 table ..... 7.

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

**Schedule I (Form 990) (Rev. 12-2024)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PUGET SOUND - 601 UNION ST STE 2420 - SEATTLE, WA 98101	13-5613797	501(C)(3)	110,000.	0.			PROGRAM SUPPORT
AMERICAN LEADERSHIP FORUM TACOMA/PIERCE COUNTY - PO BOX 1914 - TACOMA, WA 98401-1914	91-1442921	501(C)(3)	11,500.	0.			OPERATING SUPPORT
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA, WA 98403-2899	91-0567266	501(C)(3)	23,900.	0.			CAPITAL SUPPORT
ARTS IMPACT 1911 SW CAMPUS DRIVE #393 FEDERAL WAY, WA 98023	83-4390508	501(C)(3)	7,878.	0.			CAPITAL SUPPORT
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET, MA5-100-10-21 - BOSTON, MA 02110	04-6010342	501(C)(3)	2,157,006.	0.			CAPITAL SUPPORT
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 98022	47-1779138	501(C)(3)	10,000.	0.			CAPITAL SUPPORT
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON ST TACOMA, WA 98405-1399	91-1109930	501(C)(3)	15,632.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
BIODIVERSA FOUNDATION 525 S 56TH ST TACOMA, WA 98408	85-1119766	501(C)(3)	50,000.	0.			CAPITAL SUPPORT
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH ST STE 100 - TACOMA, WA 98409-2471	91-0759832	501(C)(3)	66,502.	0.			OPERATING SUPPORT, CAPITAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKTHROUGH T1D 200 VESEY ST FL 28 NEW YORK, NY 10281-5504	23-1907729	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
BYTM (BUILDING YOUTH THROUGH MUSIC) DBA WAYOUT KIDS - PO BOX 1722 - TACOMA, WA 98401-1722	41-2194382	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CAL RIPKEN SR FOUNDATION INC 1427 CLARKVIEW ROAD, SUITE 100 BALTIMORE, MD 21209	52-2310500	501(C)(3)	400,000.	0.			CAPITAL SUPPORT
CAROL MILGARD BREAST CENTER 4525 S 19TH ST TACOMA, WA 98405-1106	26-2377858	501(C)(3)	11,000.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - PO BOX 1235 - TACOMA, WA 98401-1235	91-1585652	501(C)(3)	10,460.	0.			PROGRAM SUPPORT
CENTER FOR ACTION AND CONTEMPLATION - PO BOX 12464 - ALBUQUERQUE, NM 87195-0464	85-0354965	501(C)(3)	15,000.	0.			OPERATING SUPPORT
CHAMBERS CREEK FOUNDATION PO BOX 65357 UNIVERSITY PLACE, WA 98464-1357	91-1962113	501(C)(3)	11,552.	0.			CAPITAL SUPPORT
CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA, WA 98467-2099	91-0673111	501(C)(3)	54,350.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
CHIEF SEATTLE CLUB 410 SECOND AVE EXTENSION SOUTH SEATTLE, WA 98104	91-0852503	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383-3970	91-1702551	501(C)(3)	50,000.	0.			OPERATING SUPPORT
CHINESE RECONCILIATION PROJECT FOUNDATION - PO BOX 7024 - TACOMA, WA 98417-0024	91-1647325	501(C)(3)	9,700.	0.			OPERATING SUPPORT
CITY OF BUCKLEY PO BOX 1960 BUCKLEY, WA 98321-1960	91-6001406	GOVERNMENT	20,600.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
CITY OF FIRCREST - CITY MANAGER 115 RAMSDELL ST FIRCREST, WA 98466-6912		GOVERNMENT	71,978.	0.			CAPITAL SUPPORT
CITY OF TACOMA - TACOMA PUBLIC UTILITIES - PO BOX 11007 - TACOMA, WA 98411-0007	91-6001283	GOVERNMENT	10,800.	0.			PROGRAM SUPPORT
CLE ELUM-ROSLYN SCHOOL DISTRICT 4244 BULLFROG RD CLE ELUM, WA 98922		GOVERNMENT	20,000.	0.			PROGRAM SUPPORT
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL STE 200 BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	60,300.	0.			PROGRAM SUPPORT
COMMUNITIES FOR A HEALTHY BAY 535 DOCK ST STE 213 TACOMA, WA 98402-4630	91-1515969	501(C)(3)	30,750.	0.			OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF PENINSULA - PO BOX 684 - VAUGHN, WA 98394-0684	91-2024847	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BUILDERS PO BOX 875 CLE ELUM, WA 98922-0875	77-0616768	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402-3518	91-1349657	501(C)(3)	5,916.	0.			OPERATING SUPPORT
COMMUNITY PRESBYTERIAN CHURCH PO BOX 1930 BUCKLEY, WA 98321-1930	91-1251017	CHURCH	25,000.	0.			PROGRAM SUPPORT
COVENANT YOUTH OF ALASKA PO BOX 770128 EAGLE RIVER, AK 99577	20-8363626	501(C)(3)	125,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
DIABETES ASSOCIATION OF PIERCE COUNTY - PO BOX 110427 - TACOMA, WA 98411-0427	91-1192064	501(C)(3)	25,000.	0.			OPERATING SUPPORT
DOVE PROJECT PO BOX 1341 VASHON, WA 98070-1341	46-1307359	501(C)(3)	6,000.	0.			OPERATING SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499-9328	94-3131776	501(C)(3)	42,700.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
EMPOWERING PEOPLE IN COMMUNITIES 726 S STEVENS ST TACOMA, WA 98405-1248	20-5511001	501(C)(3)	30,000.	0.			OPERATING SUPPORT
FEED SPOKANE 1114 N FANCHER RD STE 109 SPOKANE, WA 99212	77-0669785	501(C)(3)	12,500.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

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FIRST CHURCH OF CHRIST, SCIENTIST, TACOMA - 902 DIVISION AVE - TACOMA, WA 98403-1963	91-6000741	CHURCH	10,000.	0.			OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 20 TACOMA AVE S TACOMA, WA 98402-2697	91-0575942	501(C)(3)	10,151.	0.			OPERATING SUPPORT
FORT NISQUALLY FOUNDATION 5400 N PEARL ST STE 11 TACOMA, WA 98407-3224	91-1493318	501(C)(3)	24,900.	0.			OPERATING SUPPORT
FOSS HOME & VILLAGE 1301 N HIGHLANDS PKWY TACOMA, WA 98406	91-0573114	501(C)(3)	31,950.	0.			PROGRAM SUPPORT
FOSS WATERWAY SEAPORT 705 DOCK ST TACOMA, WA 98402-4625	91-1741794	501(C)(3)	7,187.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
FREEDOM PROJECT PO BOX 57 RENTON, WA 98057-0057	91-2129474	501(C)(3)	74,594.	0.			CAPITAL SUPPORT
FRIENDS OF THE CHILDREN TACOMA 7302 S PARK AVE TACOMA, WA 98408	84-3340283	501(C)(3)	200,000.	0.			OPERATING SUPPORT
GENERATION HOPE 1401 OKIE STREET NE WASHINGTON, DC 20002	27-3554088	501(C)(3)	7,000.	0.			OPERATING SUPPORT
GEORGE FOX UNIVERSITY ADVANCEMENT 414 N MERIDIAN ST # 6256 NEWBERG, OR 97132-2697	93-0386839	501(C)(3)	55,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - PO BOX 6108 - FEDERAL WAY, WA 98063-6108	61-1727426	501(C)(3)	402,800.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GIG HARBOR FILM FESTIVAL PO BOX 127 GIG HARBOR, WA 98335-0127	32-0200264	501(C)(3)	10,000.	0.			OPERATING SUPPORT
GIG HARBOR PENINSULA FISH FOOD BANK AND COMMUNITY SERVICES - PO BOX 154 - GIG HARBOR, WA 98335-0154	91-1307991	501(C)(3)	13,300.	0.			OPERATING SUPPORT
GIG HARBOR WILDLIFE RESCUE 6701 85TH AVE NW GIG HARBOR, WA 98335	88-1170360	501(C)(3)	50,000.	0.			OPERATING SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 5601 6TH AVE S STE 150 SEATTLE, WA 98108-2556	91-6060940	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
GOODROOTS NORTHWEST PO BOX 7521 BONNEY LAKE, WA 98391-0923	27-0270499	501(C)(3)	27,050.	0.			PROGRAM SUPPORT
GREAT PENINSULA CONSERVANCY 6536 KITSAP WAY BREMERTON, WA 98312	91-1110978	501(C)(3)	126,014.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVE SW - LAKEWOOD, WA 98499-6600	91-6064184	501(C)(3)	10,886.	0.			OPERATING SUPPORT
GREENTRIKE 1501 PACIFIC AVE STE 202 TACOMA, WA 98402-3317	94-3036465	501(C)(3)	67,529.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF SEATTLE-KING COUNTY - 560 NACHES AVE SW STE 110 - RENTON, WA 98057-2219	91-1342397	501(C)(3)	63,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
HARBOR COVENANT CHURCH 5601 GUSTAFSON DR NW GIG HARBOR, WA 98335-8177	94-2923297	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
HILLTOP ARTISTS PO BOX 6829 TACOMA, WA 98417-0381	91-1667476	501(C)(3)	7,100.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HIS SUPPER TABLE PO BOX 1487 OCEAN PARK, WA 98640	91-1983799	501(C)(3)	7,888.	0.			OPERATING SUPPORT
HOMESIGHT 5117 RAINIER AVENUE SOUTH SEATTLE, WA 98118	94-3117253	501(C)(3)	50,000.	0.			CAPITAL SUPPORT
HOPE INTERNATIONAL 227 GRANITE RUN DR STE 250 LANCASTER, PA 17601-6826	23-2836648	501(C)(3)	7,500.	0.			OPERATING SUPPORT
HOPESPARKS 6424 N 9TH ST TACOMA, WA 98406-2091	91-0598103	501(C)(3)	34,700.	0.			PROGRAM SUPPORT
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409-7602	91-0577128	501(C)(3)	26,975.	0.			OPERATING SUPPORT
IMMANUEL PRESBYTERIAN CHURCH 901 N J ST TACOMA, WA 98403-2193	91-6001673	CHURCH	30,700.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH COUNCIL TO PREVENT HOMELESSNESS - PO BOX 330 - VASHON, WA 98070-0330	74-3101551	501(C)(3)	10,000.	0.			OPERATING SUPPORT
JEFFERSON COMMUNITY FOUNDATION PO BOX 1394 PORT HADLOCK, WA 98339-1394	84-1682682	501(C)(3)	812,932.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
KIDVANTAGE PO BOX 712 ISSAQUAH, WA 98027-0026	91-1617032	501(C)(3)	6,354.	0.			PROGRAM SUPPORT
LAKEWOLD GARDENS PO BOX 39780 LAKEWOOD, WA 98496-3780	94-3041320	501(C)(3)	197,145.	0.			OPERATING SUPPORT
L'ARCHE TAHOMA HOPE COMMUNITY 12302 VICKERY AVE E TACOMA, WA 98446-3232	91-1206208	501(C)(3)	41,900.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
LIFE CHRISTIAN ACADEMY 1717 S UNION AVE TACOMA, WA 98405-1997	91-0579229	501(C)(3)	6,900.	0.			PROGRAM SUPPORT
LIGHTHOUSE CHRISTIAN SCHOOL 3008 36TH ST NW GIG HARBOR, WA 98335-8256	91-1637244	501(C)(3)	150,000.	0.			CAPITAL SUPPORT
LITTLE CHURCH ON THE PRAIRIE 6310 MOTOR AVE SW LAKEWOOD, WA 98499	91-0645178	501(C)(3)	15,000.	0.			OPERATING SUPPORT
MALARIA PARTNERS INTERNATIONAL 300 LENORA ST # 269 SEATTLE, WA 98121-2411	46-1380419	501(C)(3)	35,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BRIDGE BRIGADE PO BOX 5299 TACOMA, WA 98415-0299	91-6030192	501(C)(3)	31,808.	0.			PROGRAM SUPPORT
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	94-3030039	501(C)(3)	111,657.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111-1711	27-2087950	501(C)(3)	10,500.	0.			OPERATING SUPPORT
MASON UNITED METHODIST CHURCH 2710 N MADISON ST TACOMA, WA 98407-5299	31-1813333	501(C)(3)	106,310.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
MEDICAL TEAMS INTERNATIONAL PO BOX 4288 PORTLAND, OR 97208-4288	93-0878944	501(C)(3)	10,000.	0.			OPERATING SUPPORT
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	91-1514257	501(C)(3)	77,570.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA, WA 98415-0299	91-1352172	501(C)(3)	67,462.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 S 19TH ST - TACOMA, WA 98405-2920	35-2266626	501(C)(3)	105,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402-3217	91-1669422	501(C)(3)	40,487.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5362	53-0204616	501(C)(3)	6,920.	0.			OPERATING SUPPORT
NATURE CONSERVANCY OF WASHINGTON 74 WALL ST SEATTLE, WA 98121-1320	53-0242652	501(C)(3)	5,500.	0.			OPERATING SUPPORT
NORTH END MUSIC AND PERFORMING ARTS CENTER - 50 TILESTON ST - BOSTON, MA 02113-1916	04-3545228	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE, WA 98104-2244	91-1393082	501(C)(3)	25,000.	0.			OPERATING SUPPORT
NORTHWEST SINFONIETTA PO BOX 1154 TACOMA, WA 98401-1154	91-1590964	501(C)(3)	11,250.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE, WA 98328-9502	23-7438056	501(C)(3)	20,980.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391	501(C)(3)	1,857,734.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421-1111	22-3939593	501(C)(3)	62,500.	0.			CAPITAL SUPPORT
OASIS YOUTH CENTER 2215 PACIFIC AVENUE TACOMA, WA 98402	45-5381980	501(C)(3)	107,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON BLENDED KNEE WINERY, LLC 15902 WOODINVILLE-REDMOND RD NE WOODINVILLE, WA 98072	88-2920509	OTHER	10,000.	0.			PROGRAM SUPPORT
ORKEESWA INC. 425 W COLONIAL DR ORLANDO, FL 32804	20-4408954	501(C)(3)	25,000.	0.			OPERATING SUPPORT
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 S 19TH ST - TACOMA, WA 98405-1164	91-0564954	501(C)(3)	10,050.	0.			PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501(C)(3)	81,390.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
PACIFIC PUG RESCUE 2850 SW CEDAR HILLS BLVD BEAVERTON, OR 97005	20-8373601	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PARKS TACOMA 4702 S 19TH ST TACOMA, WA 98405-1175	91-6000988	GOVERNMENT	9,967.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
PATTY HERSEY-KEN STILL SCHOLARSHIP FUND - 5811 WALLER RD E - TACOMA, WA 98443	99-4341946	501(C)(3)	101,464.	0.			CAPITAL SUPPORT
PENINSULA SCHOOL DISTRICT 14015 62ND AVE NW GIG HARBOR, WA 98332-8607	91-0854211	GOVERNMENT	23,900.	0.			CAPITAL SUPPORT
PET PARTNERS 345 118TH AVE SE STE 100 BELLEVUE, WA 98005-3587	91-1158281	501(C)(3)	5,190.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILANTHROPY NORTHWEST 600 UNIVERSITY ST SEATTLE, WA 98101	91-1110995	501(C)(3)	10,000.	0.			OPERATING SUPPORT
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP, WA 98374-2210	91-1039199	501(C)(3)	21,232.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COUNTY COMMUNITY LAND TRUST 6646 S WAPATO ST TACOMA, WA 98409	92-2539300	501(C)(3)	74,594.	0.			CAPITAL SUPPORT
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446-2200	51-0180293	501(C)(3)	12,100.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST - SEATTLE, WA 98122-2959	91-0686012	501(C)(3)	22,536.	0.			OPERATING SUPPORT
PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391	91-1965830	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA, WA 98407-3224	91-6066667	501(C)(3)	74,414.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
POSITIVI-TEE 395 MONROE STREET DENVER, CO 80206	93-2762094	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130	39-1243521	501(C)(3)	10,460.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE WILLIAM SOUND SCIENCE & TECHNOLOGY INSTITUTE - PO BOX 705 - CORDOVA, AK 99574	92-0129853	501(C)(3)	100,000.	0.			OPERATING SUPPORT
PRISON PET PARTNERSHIP 9601 BUJACICH RD NW GIG HARBOR, WA 98332-8300	91-1487894	501(C)(3)	5,229.	0.			OPERATING SUPPORT
PUYALLUP SEVENTH-DAY ADVENTIST CHURCH - 902 SHAW RD E - PUYALLUP, WA 98372	52-0643036	CHURCH	83,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
Q CHRISTIAN FELLOWSHIP PO BOX 409357 CHICAGO, IL 60640-0032	20-0616399	501(C)(3)	10,000.	0.			OPERATING SUPPORT
R. MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION - PO BOX 7119 - TACOMA, WA 98417-0119	91-1742581	501(C)(3)	73,030.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402-3005	91-1859897	501(C)(3)	8,500.	0.			OPERATING SUPPORT
RAINIER FOOTHILLS WELLNESS FOUNDATION - 1304 GRIFFIN AVE - ENUMCLAW, WA 98022	91-1192604	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RESCUE MISSION 425 S TACOMA WAY TACOMA, WA 98402	91-0565014	501(C)(3)	137,584.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
RISE LWP, LLC 1107 180TH ST E SPANAWAY, WA 98387	84-1801212	OTHER	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RITE OF PASSAGE JOURNEYS PO BOX 1067 BOTHELL, WA 98041	35-2283871	501(C)(3)	70,000.	0.			OPERATING SUPPORT
ROTARY CLUB OF UPPER KITTITAS COUNTY FOUNDATION - PO BOX 1035 - CLE ELUM, WA 98922-2035	46-5013224	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAHALE OUTDOORS 5030 26TH ST E FIFE, WA 98424	88-1998115	501(C)(3)	6,800.	0.			OPERATING SUPPORT
SCHOOL'S OUT WASHINGTON 625 ANDOVER PARK W TUKWILA, WA 98188	46-0809713	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SEATTLE FOUNDATION 1601 5TH AVE STE 1900 SEATTLE, WA 98101-3615	91-6013536	501(C)(3)	80,000.	0.			PROGRAM SUPPORT
SEATTLE POLICE FOUNDATION PO BOX 456 SEATTLE, WA 98111	91-2171529	501(C)(3)	10,000.	0.			OPERATING SUPPORT
SEATTLE YOUTH SYMPHONY ORCHESTRA 11065 5TH AVE NE STE A SEATTLE, WA 98125-6100	91-0493840	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
SERVICE IS A LIFESTYLE 2505 3RD AVENUE STE 203 SEATTLE, WA 98121	81-3164422	501(C)(3)	10,000.	0.			OPERATING SUPPORT
SHILOH BAPTIST CHURCH 1211 S I ST TACOMA, WA 98405-5022	91-1439571	CHURCH	25,000.	0.			CAPITAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SOUND CARE FOUNDATION PO BOX 1314 TACOMA, WA 98401-1314	26-2611997	501(C)(3)	10,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SOUTH SOUND PLANNED GIVING COUNCIL 5727 BAKER WAY NW GIG HARBOR, WA 98332	75-3205248	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
SOUTHERN ADVENTIST UNIVERSITY PO BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
ST. LEO FOOD CONNECTION 710 S 13TH ST TACOMA, WA 98405-4404	91-0622353	501(C)(3)	10,500.	0.			OPERATING SUPPORT
STEP BY STEP FAMILY SUPPORT CENTER PO BOX 488 MILTON, WA 98354-0488	91-1871945	501(C)(3)	261,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVE - SUMNER, WA 98390-1926	30-0128156	501(C)(3)	144,553.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SYMPHONY TACOMA 901 BROADWAY STE 600 TACOMA, WA 98402-4432	91-6032976	501(C)(3)	33,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402-3214	91-0697444	501(C)(3)	28,853.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
TACOMA ARTS LIVE 1001 YAKIMA AVE STE 1 TACOMA, WA 98405-4869	91-1106878	501(C)(3)	17,064.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 98411-0304	91-0515947	501(C)(3)	6,300.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA BOXING CLUB 3109 SOUTH 60TH ST TACOMA, WA 98409	51-0569338	501(C)(3)	10,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S 19TH ST BLDG 6 - TACOMA, WA 98466-6100	91-6073780	501(C)(3)	30,806.	0.			PROGRAM SUPPORT
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA, WA 98405	91-0570872	501(C)(3)	23,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ELK'S LODGE NO. 174 B.P.O.E. - PO BOX 11008 - TACOMA, WA 98411-0015	91-0142850	501(C)(8)	12,357.	0.			PROGRAM SUPPORT
TACOMA HOUSING AUTHORITY 902 S L ST TACOMA, WA 98405-4037	81-0557198	501(C)(3)	100,000.	0.			OPERATING SUPPORT
TACOMA JEWISH COMMUNITY FUND PO BOX 64831 UNIVERSITY PLACE, WA 98464-0831	91-1635565	501(C)(3)	6,000.	0.			OPERATING SUPPORT
TACOMA PARKS FOUNDATION 4702 S 19TH ST TACOMA, WA 98405-1175	91-1482669	501(C)(3)	1,319,000.	0.			PROGRAM SUPPORT
TACOMA PIERCE COUNTY AFFORDABLE HOUSING CONSORTIUM - PO BOX 8070 - TACOMA, WA 98419	38-3670012	501(C)(3)	20,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 SOUTH TACOMA WAY - TACOMA, WA 98409-4447	58-1735531	501(C)(3)	424,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
TACOMA PUBLIC SCHOOLS PO BOX 1357 TACOMA, WA 98401-1357	91-6001553	GOVERNMENT	332,054.	0.			PROGRAM SUPPORT
TACOMA REFUGEE CHOIR PO BOX 2321 TACOMA, WA 98401-2321	82-2515143	501(C)(3)	20,000.	0.			OPERATING SUPPORT
TACOMA URBAN LEAGUE 2550 YAKIMA AVE TACOMA, WA 98405-3800	91-0826302	501(C)(3)	75,094.	0.			CAPTITAL SUPPORT, PROGRAM SUPPORT
TACOMA YOUTH SYMPHONY ASSOCIATION 901 BROADWAY STE 500 TACOMA, WA 98402-4415	23-7005522	501(C)(3)	16,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S D ST STOP 1001 - TACOMA, WA 98418-6813	91-1488160	GOVERNMENT	14,000.	0.			PROGRAM SUPPORT
TAHOMA BIRD ALLIANCE 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466-4619	23-7450873	501(C)(3)	27,300.	0.			OPERATING SUPPORT
TAHOMA INDIAN CENTER 612 TACOMA AVE S #505 TACOMA, WA 98402	87-3327859	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
TAPROOT THEATRE COMPANY PO BOX 30946 SEATTLE, WA 98113-0946	91-0971237	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRAND CINEMA 606 FAWCETT AVE TACOMA, WA 98402-2321	91-1774658	501(C)(3)	110,750.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
THE LIGHTHOUSE FOR THE BLIND, INC. 2501 S PLUM ST SEATTLE, WA 98144-4711	91-0295070	501(C)(3)	36,750.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE MUSEUM OF FLIGHT 9404 E MARGINAL WAY S TUKWILA, WA 98108-4097	91-0785826	501(C)(3)	31,950.	0.			PROGRAM SUPPORT
THE MUSTARD SEED PROJECT OF KEY PENINSULA - PO BOX 182 - VAUGHN, WA 98394-0182	61-1537566	501(C)(3)	1,463,935.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
THE REFORMATION PROJECT PO BOX 191013 DALLAS, TX 75219-8013	46-1012806	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE SALVATION ARMY 1110 S PUGET SOUND AVE TACOMA, WA 98405-2253	94-1156347	501(C)(3)	31,348.	0.			OPERATING SUPPORT
THE TACOMA EDUCATION DREAM FUND 601 SOUTH 8H ST TACOMA, WA 98402	99-3279799	501(C)(3)	350,000.	0.			OPERATING SUPPORT
THE VEDANTA SOCIETY OF WESTERN WASHINGTON - 2716 BROADWAY E - SEATTLE, WA 98102-3909	81-6187530	501(C)(3)	31,950.	0.			PROGRAM SUPPORT
TOY RESCUE MISSION 607 S WINNIFRED ST TACOMA, WA 98465-2538	91-1629854	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOYS FOR KIDS PO BOX 2104 ISSAQUAH, WA 98027	91-2099219	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
TRAVEL TACOMA - MT RAINIER TOURISM AND SPORTS - 1516 COMMERCE ST. - TACOMA, WA 98402	91-1465947	501(C)(6)	23,839.	0.			OPERATING SUPPORT
TURNING POINTE SURVIVOR ADVOCACY CENTER - PO BOX 2014 - SHELTON, WA 98584-5033	91-2024833	501(C)(3)	850,000.	0.			OPERATING SUPPORT
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	49,207.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF PUGET SOUND - CORPORATION & FOUNDATION RELATIONS - CORPORATE & FOUNDATION RELATIONS - TACOMA, WA 98416-0001	91-0564961	501(C)(3)	64,522.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 1900 COMMERCE ST TACOMA, WA 98402-3100	94-3079432	501(C)(3)	60,664.	0.			PROGRAM SUPPORT
URBAN GRACE THE DOWNTOWN CHURCH 902 MARKET ST TACOMA, WA 98402-3609	91-0577139	501(C)(3)	25,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
VASHON HOUSEHOLD PO BOX 413 VASHON, WA 98070-0413	91-1517448	501(C)(3)	7,500.	0.			OPERATING SUPPORT
VASHON YOUTH AND FAMILY SERVICES 20110 VASHON HWY SW VASHON, WA 98070-6026	91-1025994	501(C)(3)	7,500.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION253 5707 S GOVE ST TACOMA, WA 98409-1700	99-3396051	501(C)(3)	8,700.	0.			PROGRAM SUPPORT
VOICE TACOMA CREATIVE MEDIA, LLC 621 TACOMA AVE SOUTH, SUITE 315 TACOMA, WA 98402	37-1960605	OTHER	50,000.	0.			PROGRAM SUPPORT
WASHINGTON FARMLAND TRUST PO BOX 2206 SEATTLE, WA 98111-2206	91-2021165	501(C)(3)	14,100.	0.			OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164-1927	91-1075542	501(C)(3)	7,551.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE STE 300 SEATTLE, WA 98104-1723	91-0900134	501(C)(3)	6,000.	0.			OPERATING SUPPORT
WHITE OAK FARM AND EDUCATION CENTER - PO BOX 450 - WILLIAMS, OR 97544-0450	41-2078214	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WHITE RIVER SCHOOL DISTRICT PO BOX 2050 BUCKLEY, WA 98321-2050	91-1225303	GOVERNMENT	13,000.	0.			PROGRAM SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	10,460.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405-1167	91-0565562	501(C)(3)	1,307,630.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
SCHOLARSHIPS	52	31,000.	75,442.	FAIR MARKET VALUE	TUITION SCHOLARSHIPS

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

PART I, LINE 2:

DUE DILIGENCE IS PERFORMED ON ALL GRANTS. DONOR-ADVISED GRANT RECIPIENTS  
MUST BE A 501(C)(3) TAX-EXEMPT NONPROFIT, STATE REGISTERED NONPROFIT, OR  
GOVERNMENT/AGENCY. AS A COMMUNITY FOUNDATION, GTCF MAY ALSO DELIVER GRANTS  
TO NON-501(C)(3) WHO ARE PERFORMING CHARITABLE PURPOSE OR PUBLIC BENEFIT.  
SELECTION CRITERIA FOR GRANTS VARIES ACCORDING TO DONOR INTENT FOR THE FUND  
AND MAY INCLUDE A COMPETITIVE PROCESS OR COMMUNITY CONSULTATION MONITORING  
OF GRANT USAGE VARIES ACCORDING TO FUND PURPOSE AND MAY INCLUDE INFORMAL  
MEETINGS, WRITTEN REPORTS, OR LEARNING SESSIONS.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9		X

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

Schedule J (Form 990) (Rev. 12-2024)

**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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHI LITTMANN CEO	(i)	256,773.	67,297.	11,614.	17,974.	578.	354,236.	17,366.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MO MOUSA CFO	(i)	201,498.	30,718.	0.	6,045.	4,774.	243,035.	7,787.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SETH KIRBY CHIEF IMPACT OFFICER	(i)	153,495.	0.	0.	0.	15,333.	168,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEGAN SUKYS CHIEF STRATEGY / COMM. OFFICER	(i)	152,982.	0.	0.	0.	15,333.	168,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY GUADNOLA CHIEF PHILANTHROPY OFFICER	(i)	144,052.	0.	0.	0.	8,980.	153,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 1A:

HEALTH CLUB DUES ALLOWANCE OF \$2,400 A YEAR (\$200 A MONTH) PAID AS PART OF  
SALARY FOR CEO ONLY. FULLY TREATED AS TAXABLE COMPENSATION.

PART I, LINE 1B:

HEALTH CLUB DUES ARE PROVIDED TO THE CEO ONLY AS A PART OF THE EMPLOYMENT  
CONTRACT.

PART I, LINE 7:

BONUS COMPENSATION IS SET FORTH AND APPROVED BY THE EXECUTIVE COMMITTEE FOR  
THE CEO BASED ON PERFORMANCE. BONUSES FOR ALL OTHER EMPLOYEES ARE  
DETERMINED IN AN EQUAL MANNER AND MAY BE ADJUSTED BY THE CEO.

PART I, LINE 8:

THE CEO EMPLOYMENT CONTRACT IS DETERMINED BY THE EXECUTIVE COMMITTEE MADE  
WITH REASONABLENESS.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

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	31	3,501,673.	HIGH/LOW AVERAGE ON DATE
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 ( ..... )				
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 V, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024



Part II

**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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED IN SCHEDULE M, PART I, COLUMN (B) REPRESENTS THE

NUMBER OF SEPARATE GIFTS RECEIVED DURING THE YEAR.

SCHEDULE M, PART I, LINE 32B:

GREATER TACOMA COMMUNITY FOUNDATION UTILIZED ITS SUPPORTING

ORGANIZATION, ASSET STEWARDSHIP FOUNDATION TO ACCEPT NONCASH GIFTS

OTHER THAN PUBLICLY TRADED SECURITIES.

SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

FORM 990, PART I, LINE 6:  
VOLUNTEERS SERVE ON THE BOARD, A BOARD COMMITTEE OR A GRANT MAKING  
COMMITTEE. DEPENDING ON THE COMMITTEE THEY SERVED BETWEEN 6 HOURS PER  
YEAR TO 6 HOURS PER WEEK.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE AUDIT COMMITTEE THOROUGHLY REVIEWS THE FORM 990 AND RECOMMENDS IT TO  
THE BOARD OF DIRECTORS FOR ACCEPTANCE. BEFORE VOTING TO ACCEPT THE FORM 990  
AND 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 TRANSACTIONS.

EACH YEAR ALL STAFF MEMBERS AND VOLUNTEERS ARE REQUIRED TO FILL OUT AN  
ACKNOWLEDGEMENT 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 ACKNOWLEDGEMENT 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 DISCLOSE THE CONFLICT AND ABSTAIN FROM DISCUSSION AND  
VOTING. THE ABSTENTION IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:  
DURING THE FIRST QUARTER OF THE YEAR, THE EXECUTIVE COMMITTEE REVIEWS THE  
PRESIDENT/CEO GOALS FOR THE YEAR. IN THE FOURTH QUARTER OF THE YEAR, BOARD  
MEMBERS AND EMPLOYEES COMPLETE AN EVALUATION OF THE PRESIDENT/CEO'S  
PERFORMANCE AND THE PRESIDENT/CEO COMPLETES A SELF ASSESSMENT. THE  
EXECUTIVE COMMITTEE REVIEWS THE RESULTS OF THE PERFORMANCE EVALUATION AND  
THE PRESIDENT/CEO'S SELF ASSESSMENT. THE EXECUTIVE COMMITTEE REVIEWS  
COMPARABLE SALARY DATA AND DETERMINES 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 DECEMBER 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. COMPENSATION WAS LAST  
REVIEWED IN MARCH 2024.

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

Name of the organization	Employer identification number
GREATER TACOMA COMMUNITY FOUNDATION	91-1007459

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT-INTEREST AGREEMENT1,602,179.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

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
ASSET STEWARDSHIP FOUNDATION - 26-1088224 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	SUPPORT THE PURPOSES OF GTCF THROUGH RECEIPT AND HOLDING OF GIFTS.	WASHINGTON	501(C)(3)	12A - TYPE I SUPPORTING	GREATER TACOMA COMMUNITY FOUNDATION	X	
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - 61-1727426, PO BOX 6108, FEDERAL WAY, WA 98063	PRESERVE GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION.	WASHINGTON	501(C)(3)	12A - TYPE I SUPPORTING	GREATER TACOMA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) (Rev. 1-2025)

**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
CHARITABLE REMAINDER TRUST (3) 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	MANAGE INVESTMENTS	WA	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE LEAD TRUST (1) 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	MANAGE INVESTMENTS	WA	N/A	TRUST	N/A	N/A	N/A		X

**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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	B	402,800.	CASH GRANTS
(2)			
(3)			
(4)			
(5)			
(6)			

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]

Provide additional information for responses to questions on Schedule R. See instructions.