PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GREATER TACOMA COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
950 PACIFIC AVENUE 1100

City or town, state or province, country, and ZIP or foreign postal code
TACOMA, WA 98402

D Employer identification number
91-1007459

E Telephone number
253-383-5622

G Gross receipts $ 31,746,571.

F Name and address of principal officer: MOHAMMAD MOUSA
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.GTCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1977

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CONNECTING PEOPLE, KNOWLEDGE, AND FUNDING TO BUILD A THRIVING PIERCE COUNTY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	66
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	60,416.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,057,722.	19,787,012.
9	Program service revenue (Part VIII, line 2g)	324,424.	153,695.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,805,332.	9,479,961.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,187,478.	29,420,668.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,966,072.	17,164,557.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,612,143.	2,860,882.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 716,315.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,379,183.	1,382,941.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,957,398.	21,408,380.
19	Revenue less expenses. Subtract line 18 from line 12	2,230,080.	8,012,288.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	185,695,628.	207,276,680.
21	Total liabilities (Part X, line 26)	2,216,511.	2,227,887.
22	Net assets or fund balances. Subtract line 21 from line 20	183,479,117.	205,048,793.

Part II Signature Block

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

Sign Here

Signature of officer Date
MOHAMMAD MOUSA, CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MEGAN R. RYAN	MEGAN R. RYAN	10/26/26	☐	P00737884

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 Accomplishments

Check 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 $ 14,561,957. including grants of $ 12,980,657.) (Revenue $ 3,695.)
GREATER TACOMA COMMUNITY FOUNDATION (GTCF) DELIVERED $15.1 MILLION TO THE COMMUNITY THROUGH 1,451 GRANTS TO 750 GRANTEES. ABOUT 72% 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 $ 4,183,900. including grants of $ 4,183,900.) (Revenue $ 150,000.)
GTCF CONTRACTED WITH THE WASHINGTON STATE DEPARTMENT OF COMMERCE TO SUPPORT DELIVERY OF NEARLY $5.5 MILLION IN COMMUNITY REINVESTMENT PROJECT FUNDS TO PIERCE COUNTY COMMUNITY FROM JUNE 2024 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 18,745,857.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	113		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	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.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** 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.		**17**		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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.

[X] Own website [ ] Another's website [X] 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	40.00									
CEO	1.00			X				299,181.	0.	720.
(2) MO MOUSA	40.00									
CFO	2.00			X				210,354.	0.	3,790.
(3) MEGAN SUKYS	40.00									
CHIEF STRATEGY / COMM. OFFICER	0.00					X		151,937.	0.	15,853.
(4) SETH KIRBY	40.00									
CHIEF IMPACT OFFICER	0.00					X		147,107.	0.	15,853.
(5) STACEY GUADNOLA	40.00									
DIRECTOR OF PHILANTHROPIC ENGAGEMENT	0.00					X		142,822.	0.	9,555.
(6) DOUG PAGE	36.00									
SENIOR LEGACY FELLOW	0.00					X		116,624.	0.	7,481.
(7) MERILEE TANBARA	36.00									
SENIOR IMPACT OFFICER	0.00					X		120,005.	0.	500.
(8) WAYNE WILLIAMS	1.25									
CHAIR	0.25	X		X				0.	0.	0.
(9) RICHARD WOO	1.25									
VICE CHAIR	0.25	X		X				0.	0.	0.
(10) LORI FORTE	1.25									
CHAIR EMERITUS	0.25	X		X				0.	0.	0.
(11) KITTY-ANN VAN DOORNINCK	1.25									
SECRETARY	0.25	X		X				0.	0.	0.
(12) TORY GREEN	0.75									
TREASURER	0.25	X		X				0.	0.	0.
(13) AHLMAZ NEGASH	1.25									
AT LARGE	0.25	X						0.	0.	0.
(14) CHRISTOPHER ALGEO	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(15) CHRISTINA BLOCKER	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(16) JACQUES COLON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) BEVERLY COX	1.00									
DIRECTOR	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	1.50									
DIRECTOR	0.00	X						0.	0.	0.
(19) LANCE GOODPASTER	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(20) AIMEE KHUU	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(21) SHEILA LANGE	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(22) NATHE LAWYER	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) PRISCILLA LISICICH	1.50									
DIRECTOR	0.00	X						0.	0.	0.
(24) RYAN MELLO	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(25) JEANETTE ROATCH	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(26) TONO SABLAN	0.50									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								1,188,030.	0.	53,752.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,188,030.	0.	53,752.

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 12

		Yes	No
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*		X
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*	X	
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*		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
360 REMODEL & RENOVATIONS 27613 127TH AVE SE, KENT, WA 98030	REMODEL/CONSTRUCTION	168,114.
MERCER INVESTMENTS LLC 21875 NETWORK PLACE, CHICAGO, IL 60673-1218	INVESTMENT MANAGEMENT	148,673.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RAFAEL SAUCEDO	0.50									
DIRECTOR	0.00	X						0.	0.	0.
(28) MICHAEL YODER	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(29) IVAN HARRELL	1.50									
DIRECTOR (THRU 03/25)	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,479,115.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,307,897.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 6,257,942.			
	h	**Total.** Add lines 1a-1f			19,787,012.		
Program Service Revenue			Business Code				
	2a	GRANT SERVICES	900099	153,695.	153,695.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		153,695.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,771,969.			4,771,969.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	7,033,895.				
	b	Less: cost or other basis and sales expenses 7b	2,325,903.				
	c	Gain or (loss) 7c	4,707,992.				
	d	Net gain or (loss)			4,707,992.		4,707,992.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		29,420,668.	153,695.	0.	9,479,961.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,728,316.	16,728,316.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	303,491.	303,491.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	132,750.	132,750.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	573,088.	245,625.	237,376.	90,087.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,674,259.	617,155.	681,318.	375,786.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,606.	50,433.	50,574.	36,599.
9 Other employee benefits	291,736.	110,108.	118,630.	62,998.
10 Payroll taxes	184,193.	70,401.	75,236.	38,556.
11 Fees for services (nonemployees):				
a Management				
b Legal	60,214.		60,214.	
c Accounting	70,142.		70,142.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	246,431.		246,431.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	250,557.	174,809.	69,823.	5,925.
12 Advertising and promotion				
13 Office expenses	81,269.	15,317.	58,963.	6,989.
14 Information technology	134,951.	47,821.	61,132.	25,998.
15 Royalties				
16 Occupancy	138,261.	48,641.	62,879.	26,741.
17 Travel	2,796.	1,085.	1,711.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	234,113.	120,927.	82,812.	30,374.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,412.	8,237.	10,647.	4,528.
23 Insurance	17,423.	6,659.	7,117.	3,647.
24 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.)				
a COMMUNITY EVENTS	48,613.	48,613.		
b ADMIN FEE	39,047.		39,047.	
c DUES AND SUBSCRIPTIONS	35,712.	15,469.	12,156.	8,087.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	21,408,380.	18,745,857.	1,946,208.	716,315.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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
Assets	1	Cash - non-interest-bearing		180,013.	1	32,584.
	2	Savings and temporary cash investments		16,006,550.	2	19,633,627.
	3	Pledges and grants receivable, net		1,764,077.	3	1,849,526.
	4	Accounts receivable, net			4	
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		114,693.	9	98,812.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 436,236.			
	b	Less: accumulated depreciation	10b 260,341.	16,684.	10c	175,895.
	11	Investments - publicly traded securities		157,202,315.	11	177,198,536.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		729,209.	13	500,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,682,087.	15	7,787,700.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		185,695,628.	16	207,276,680.
Liabilities	17	Accounts payable and accrued expenses		219,920.	17	332,633.
	18	Grants payable		11,000.	18	45,260.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,985,591.	25	1,849,994.
	26	**Total liabilities.** Add lines 17 through 25		2,216,511.	26	2,227,887.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		171,052,187.	27	193,457,593.
	28	Net assets with donor restrictions		12,426,930.	28	11,591,200.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		183,479,117.	32	205,048,793.
	33	Total liabilities and net assets/fund balances		185,695,628.	33	207,276,680.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,420,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,408,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,012,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183,479,117.
5	Net unrealized gains (losses) on investments	5	13,113,702.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	443,686.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	205,048,793.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a		X
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,367,213.	29,536,425.	10,638,865.	15,057,722.	19,787,012.	86,387,237.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,367,213.	29,536,425.	10,638,865.	15,057,722.	19,787,012.	86,387,237.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,820,953.
6 **Public support.** Subtract line 5 from line 4.						78,566,284.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	11,367,213.	29,536,425.	10,638,865.	15,057,722.	19,787,012.	86,387,237.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,426,291.	4,826,929.	4,643,293.	7,016,469.	4,771,969.	26,684,951.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	100.					100.
11 **Total support.** Add lines 7 through 10						113,072,288.

12 Gross receipts from related activities, etc. (see instructions) 12 490,222.

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 69.48 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 71.58 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in* **Part VI.**	6		
7	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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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* **Part VI** *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.*	**1**		
2	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* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
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 **Minimum Asset Amount** (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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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

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 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	[X] 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 foundation

Check 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

[X] 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).

Name of organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

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		$ 1,671,468.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,423,381.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,329,189.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 460,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 412,175.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 3,479,115.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

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		$ 452,193.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 402,979.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
10		$ 3,002,439.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11		$ 401,512.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number: 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
3	MARKETABLE SECURITIES	$ 1,229,189.	03/05/25
5	MARKETABLE SECURITIES	$ 412,175.	01/16/25
7	MARKETABLE SECURITIES	$ 452,193.	06/10/25
9	MARKETABLE SECURITIES	$ 402,979.	12/29/25
10	MARKETABLE SECURITIES	$ 3,002,439.	06/27/25
		$	

Name of organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

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 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	116	
2	Aggregate value of contributions to (during year)	9,030,912.	
3	Aggregate value of grants from (during year)	6,525,949.	
4	Aggregate value at end of year	59,598,713.	

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? [X] Yes [ ] 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? [X] Yes [ ] 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).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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
1a Beginning of year balance	97,561,022.	91,142,390.	81,700,434.	98,954,112.	87,854,273.
b Contributions	576,225.	3,076,886.	2,457,133.	1,485,614.	1,107,167.
c Net investment earnings, gains, and losses	13,757,071.	8,497,676.	11,733,802.	-14,218,725.	14,454,334.
d Grants or scholarships	3,943,873.	3,719,255.	3,423,143.	3,154,788.	3,184,529.
e Other expenditures for facilities and programs	31,270.	44,228.	73,820.	33,718.	569.
f Administrative expenses	1,459,557.	1,392,447.	1,252,016.	1,332,061.	1,276,564.
g End of year balance	106,459,618.	97,561,022.	91,142,390.	81,700,434.	98,954,112.

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

a Board designated or quasi-endowment 97.5700 %
b Permanent endowment 2.4300 %
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:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		436,236.	260,341.	175,895.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				175,895.

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)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE TRUST PAYABLE	254,933.
(3) SPLIT-INTEREST AGREEMENT PAYABLE	388,585.
(4) OPERATING LEASE LIABILITY	1,206,476.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,849,994.

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 ... X

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.

1	Total revenue, gains, and other support per audited financial statements			1	39,090,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	13,113,702.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,592,213.		
e	Add lines 2a through 2d			2e	14,705,915.
3	Subtract line 2e from line 1			3	24,384,667.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	222,464.		
b	Other (Describe in Part XIII.)	4b	4,813,537.		
c	Add lines 4a and 4b			4c	5,036,001.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	29,420,668.

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.

1	Total expenses and losses per audited financial statements			1	20,265,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	914,240.		
e	Add lines 2a through 2d			2e	914,240.
3	Subtract line 2e from line 1			3	19,351,391.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	222,464.		
b	Other (Describe in Part XIII.)	4b	1,834,525.		
c	Add lines 4a and 4b			4c	2,056,989.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	21,408,380.

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	443,686.
SUPPORTING ORG. REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	1,148,527.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,592,213.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE	4,977,394.
AGENCY FUND ADMIN FEES	-163,857.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	4,813,537.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORG. EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS	914,240.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES	1,834,525.

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* 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? ..... [X] **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		125,000.
EUROPE	0	0	GRANTMAKING		5,000.
3 a Subtotal	0	0			130,000.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			130,000.

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	40,000.	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 2

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)*	[X] 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	[X] 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	[X] 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	[X] 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	[X] 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	[X] 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:

GTCF 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, GTCF MAY ALSO DELIVER GRANTS TO NON-501(C)(3) ENTITIES WHO ARE PERFORMING CHARITABLE PURPOSE OR PUBLIC BENEFIT. GTCF 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 GTCF GRANTMAKING, GRANTEES, BY RECEIVING FUNDING, ACKNOWLEDGE THEY USE GRANTS FOR THE ALLOWABLE CHARITABLE PURPOSE.

PART I, LINE 3:

EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS.

PART IV, LINE 1:

THERE WERE TRANSFERS TO FOREIGN CORPORATIONS, BUT THEY WERE NOT OF THE TYPE DESCRIBED IN SECTION 6038B(A)(1)(A) OR 367(D) SO NO FORM 926 WAS REQUIRED TO BE FILED.

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 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? ..... [X] 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
1DROP OPERATIONS, LLC 10609 GRAVELLY LAKE DR SW LAKEWOOD, WA 98499-1327	33-2227959		405,000.	0.			COMMUNITY REINVESTMENT PROGRAM AND 501(C)(3) START UP SUPPORT.
ABUNDANCE HEALTH, LLC 1306 E 42ND ST TACOMA, WA 98404	85-3078208		50,000.	0.			COMMUNITY REINVESTMENT PROGRAM
ADVANCE MENTAL HEALTH OF WASHINGTON, LLC - 922 J STREET - TACOMA, WA 98405	93-1978445		52,000.	0.			COMMUNITY REINVESTMENT PROGRAM
AHAT HOMECARE 301 N L ST TACOMA, WA 98403-1625	94-3102150	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ALASKA & SOUTH PUGET SOUND REGION YOUNG LIFE - PO BOX 65937 - UNIVERSITY PLACE, WA 98464	84-0385934	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ALL NATIONS FOUNDATION 4670 STATE ROUTE 109 MOCLIPS, WA 98562	20-3212609	501(C)(3)	27,000.	0.			OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 293.

3 Enter total number of other organizations listed in the line 1 table ..... 94.

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
AMARA 3505 S JUNEAU ST SEATTLE, WA 98118	91-0577487	501(C)(3)	114,800.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY, GREAT WEST DIVISION, PIERCE COUNTY - 1313 BROADWAY STE 100 GREAT WEST DIVISION, PIERCE COUNTY - TACOMA,	13-1788491	501(C)(3)	14,369.	0.			OPERATING SUPPORT
AMERICAN CANCER SOCIETY, NORTHWEST DIVISION - PO BOX 3682 - SEATTLE, WA 98124	13-1788491	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
AMERICAN CIVIL LIBERTIES UNION 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004-2427	13-6213516	501(C)(3)	20,000.	0.			OPERATING SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION - PO BOX 2728 - SEATTLE, WA 98111-2728	23-7076867	501(C)(3)	20,000.	0.			OPERATING SUPPORT
AMERICAN HEART ASSOCIATION PUGET SOUND - 601 UNION ST STE 2420 - SEATTLE, WA 98101	13-5613797	501(C)(3)	40,000.	0.			OPERATING SUPPORT
AMERICAN RED CROSS OF SOUTH PUGET SOUND - P.O. BOX 3097 - SEATTLE, WA 98114	53-0196605	501(C)(3)	9,484.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
AMNESTY INTERNATIONAL USA, INC. 311 W 43RD ST STE 7TH FLOOR NEW YORK, NY 10036-6016	52-0851555	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ANIMAL-MAN SOLUTIONS, LLC 513 110TH ST CT E APT M205 TACOMA, WA 98445	92-1757429		100,000.	0.			COMMUNITY REINVESTMENT PROGRAM

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
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA, WA 98403-2899	91-0567266	501(C)(3)	30,450.	0.			OPERATING SUPPORT
ARMS AROUND YOU 506 2ND AVE STE 1400 SEATTLE, WA 98104	81-4195345	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY - 901 S 13TH ST - TACOMA, WA 98405-4903	91-0847534	501(C)(3)	16,950.	0.			OPERATING SUPPORT
AWED CREATIONS LLC 9422 14TH AVE E TACOMA, WA 98445	93-2466246		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
B.E.S.T. DOLLARS FOR SCHOLARS 120 STATE AVE #303 OLYMPIA, WA 98501	37-1754165	501(C)(3)	76,100.	0.			PROGRAM SUPPORT
BAILEY AND BAILEY COUNSELING AND CONSULTATION - 2136 MARTIN LUTHER KING JR. WAY - TACOMA, WA 98405-3838	46-1930325		27,000.	0.			COMMUNITY REINVESTMENT PROGRAM
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 98022	47-1779138	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON ST TACOMA, WA 98405-1399	91-1109930	501(C)(3)	11,660.	0.			OPERATING SUPPORT
BETHLEHEM BAPTIST CHURCH 4818 E PORTLAND AVE TACOMA, WA 98404-4503	91-1098782	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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
BIODIVERSA FOUNDATION 525 S 56TH ST TACOMA, WA 98408	85-1119766	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
BLACK NIGHT MARKET LLC 1011 115TH ST CT E APT S203 TACOMA, WA 98445	88-1473824		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH ST STE 100 - TACOMA, WA 98409-2471	91-0759832	501(C)(3)	66,132.	0.			OPERATING SUPPORT
BREAKTHROUGH T1D 200 VESEY ST FL 28 NEW YORK, NY 10281-5504	23-1907729	501(C)(3)	150,000.	0.			CAPITAL SUPPORT
BRIDGE MEADOWS 8502 N WAYLAND AVE PORTLAND, OR 97203	20-2028975	501(C)(3)	55,000.	0.			OPERATING SUPPORT
BROTHERHOOD RISE CENTER 2136 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	84-1728192	501(C)(3)	100,250.	0.			OPERATING SUPPORT
BUDDYS CHICKEN & WAFFLES LLC 3709 S G STREET TACOMA, WA 98418	88-3620282		20,000.	0.			COMMUNITY REINVESTMENT PROGRAM
BUILDING BEYOND THE WALLS 12809 207TH AVE E BONNEY LAKE, WA 98391-7944	81-3804554	501(C)(3)	5,773.	0.			PROGRAM SUPPORT
BYTM (BUILDING YOUTH THROUGH MUSIC) DBA WAYOUT KIDS - PO BOX 1722 DBA WAYOUT KIDS - TACOMA, WA 98401-1722	41-2194382	501(C)(3)	85,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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
CAROL MILGARD BREAST CENTER 4525 S 19TH ST PHILANTHROPY OFFICE TACOMA, WA 98405-1106	26-2377858	501(C)(3)	6,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
CASCADE PBS (FORMERLY KCTS CHANNEL 9) - 316 BROADWAY - SEATTLE, WA 98122	91-1221895	501(C)(3)	6,000.	0.			OPERATING SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 100 23RD AVE SOUTH - SEATTLE, WA 98144	91-1585652	501(C)(3)	15,640.	0.			PROGRAM SUPPORT
CENTER FOR ACTION AND CONTEMPLATION - PO BOX 12464 - ALBUQUERQUE, NM 87195-0464	85-0354965	501(C)(3)	35,000.	0.			OPERATING SUPPORT
CHILDREN OF LIGHT COMMUNITY CENTER DBA GIRLS HEARTS ON FIRE - 901 S 11TH ST - TACOMA, WA 98405	90-1035221	501(C)(3)	10,000.	0.			OPERATING SUPPORT
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383-3970	91-1702551	501(C)(3)	40,000.	0.			OPERATING SUPPORT
CHINESE RECONCILIATION PROJECT FOUNDATION - PO BOX 7024 - TACOMA, WA 98417-0024	91-1647325	501(C)(3)	5,900.	0.			OPERATING SUPPORT
CITY OF BUCKLEY PO BOX 1960 BUCKLEY, WA 98321-1960	91-6001406	GOVERNMENT	9,850.	0.			PROGRAM SUPPORT
CITY OF FIFE 5411 23RD ST E FIFE, WA 98424-2061	91-6012977	GOVERNMENT	35,489.	0.			CAPITAL SUPPORT

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CITY OF FIRCREST - CITY MANAGER 115 RAMSDELL ST FIRCREST, WA 98466-6912	91-6001431	GOVERNMENT	5,140.	0.			CAPITAL SUPPORT
CITY OF TACOMA - TACOMA PUBLIC UTILITIES - PO BOX 11007 - TACOMA, WA 98411-0007	91-6001283	GOVERNMENT	12,200.	0.			PROGRAM SUPPORT
CLARK COUNTY VOLUNTEER LAWYERS PROGRAM - 1104 MAIN STREET SUITE 1 - VANCOUVER, WA 98660	91-1477518	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
CLE ELUM-ROSLYN SCHOOL DISTRICT 4244 BULLFROG RD CLE ELUM, WA 98922		SCHOOL	20,276.	0.			PROGRAM SUPPORT
CLE ELUM-ROSLYN WARRIOR BOOSTERS PO BOX 73 SOUTH CLE ELUM, WA 98943-0073	27-3036099	501(C)(3)	14,018.	0.			PROGRAM SUPPORT
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL STE 200 EASTGATE B BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	82,900.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
COMMON GOOD TACOMA 621 TACOMA AVE SOUTH TACOMA, WA 98402	93-1450162	501(C)(3)	77,000.	0.			OPERATING SUPPORT
COMMUNITIES FOR A HEALTHY BAY 535 DOCK ST SUITE 213 TACOMA, WA 98402-4630	91-1515969	501(C)(3)	40,250.	0.			OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF TACOMA 3702 E MCKINLEY AVE TACOMA, WA 98404	91-2138848	501(C)(3)	52,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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COMMUNITY AUNTIES PO BOX 1822 SILVERDALE, WA 98383	45-5223468	501(C)(3)	6,000.	0.			OPERATING SUPPORT
COMMUNITY CONNECTION PLACE 2534 GRANDVIEW DR. W UNIVERSITY PLACE, WA 98466	47-1206925	501(C)(3)	27,000.	0.			OPERATING SUPPORT
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402-3518	91-1349657	501(C)(3)	7,210.	0.			OPERATING SUPPORT
COMMUNITY PRESBYTERIAN CHURCH PO BOX 1930 BUCKLEY, WA 98321-1930	91-1251017	CHURCH	22,317.	0.			PROGRAM SUPPORT
COVENANT YOUTH OF ALASKA PO BOX 770128 EAGLE RIVER, AK 99577	20-8363626	501(C)(3)	50,000.	0.			OPERATING SUPPORT
CRYSTAL JUDSON FAMILY JUSTICE CENTER - 718 COURT E - TACOMA, WA 98402-2200	91-6001359	GOVERNMENT	14,395.	0.			OPERATING SUPPORT
DAFGIVING360 P.O. BOX 2430 OMAHA, NE 68103	31-1640316	501(C)(3)	329,002.	0.			PROGRAM SUPPORT
DESERT SCHOLARSHIP FOUNDATION 13601 WEST MCMILLAN ROAD SUITE 102- BOISE, ID 83713	81-2886019	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DOVE PROJECT PO BOX 1341 VASHON, WA 98070-1341	46-1307359	501(C)(3)	8,000.	0.			OPERATING SUPPORT

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E&E PRIVATE PROTECTION LLC 5424 S PUGET SOUND AVE TACOMA, WA 98409	83-1426565		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
EIGHT TWENTY EIGHT LLC 4509 79TH AVE CT W UNIVERSITY PLACE, WA 98466	32-0640267		51,000.	0.			COMMUNITY REINVESTMENT PROGRAM
ELEVATE PLUS CONSULTING GROUP LLC 950 BROADWAY SUITE M100 TACOMA, WA 98402	33-1938139		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499-9328	94-3131776	501(C)(3)	188,598.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
EMMANUEL LUTHERAN CHURCH 1315 N STEVENS ST TACOMA, WA 98406-3799	91-0692625	501(C)(3)	27,100.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
EMPOWERING PEOPLE IN COMMUNITIES 726 S STEVENS ST TACOMA, WA 98405-1248	20-5511001	501(C)(3)	15,000.	0.			OPERATING SUPPORT
EPIC VALOR LLC 11409 SE 214TH ST KENT, WA 98031	91-1700322		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
ESPERANZA MOVIL FAMILY RESOURCE CENTER - 220 SECOND AVE S - SEATTLE, WA 98104	20-5987399	501(C)(3)	27,000.	0.			OPERATING SUPPORT
ETTA PROJECTS 909 N J ST TACOMA, WA 98403-2193	33-1055457	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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EUDORAS BAKERY CAFE LLC 8809 COLGATE DR. W UNIVERSITY PLACE, WA 98466	82-3193079		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
EVERGREEN EMPOWERMENT GROUP 1215 MLK JR. WAY TACOMA, WA 98405	45-3140449		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
EVERGREEN STATE COLLEGE FOUNDATION 2700 EVERGREEN PKWY NW OLYMPIA, WA 98505-0005	91-0981488	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
FAMILIES SHOULDER TO SHOULDER 708 BROADWAY SUITE 108 TACOMA, WA 98402	99-1842244	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
FAMILIES UNLIMITED NETWORK PO BOX 65672 UNIVERSITY PLACE, WA 98464-1672	20-0435496	501(C)(3)	21,829.	0.			OPERATING SUPPORT
FIRST 5 FUNDAMENTALS 1501 PACIFIC AVE STE 201 TACOMA, WA 98402-3317	80-0209462	501(C)(3)	22,635.	0.			OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 102 TACOMA AVE S TACOMA, WA 98402	91-0575942	501(C)(3)	12,318.	0.			OPERATING SUPPORT
FORT NISQUALLY FOUNDATION 5400 N PEARL ST STE 11 TACOMA, WA 98407-3224	91-1493318	501(C)(3)	26,000.	0.			OPERATING SUPPORT
FOSS HOME & VILLAGE 1301 N HIGHLANDS PKWY SUITE A TACOMA, WA 98406	91-0573114	501(C)(3)	33,200.	0.			PROGRAM SUPPORT

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FOUNDATION FOR TACOMA STUDENTS 919 S 9TH ST TACOMA, WA 98405-4520	27-3029219	501(C)(3)	16,000.	0.			OPERATING SUPPORT
FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET ST MS: 10-45 TACOMA, WA 98402-3515	91-1145592	501(C)(3)	16,100.	0.			PROGRAM SUPPORT
FRIENDS OF 88.5 FM - KNKX 930 BROADWAY TACOMA, WA 98402-4405	81-1095651	501(C)(3)	52,250.	0.			OPERATING SUPPORT
FUSE 28, LLC 2367 TACOMA AVE S TACOMA, WA 98402	33-3564551		27,000.	0.			COMMUNITY REINVESTMENT PROGRAM
GARDEN'S GOURMET SALADS LLC 1623 E 72ND ST SUITE 300 TACOMA, WA 98404	81-3877495		20,000.	0.			COMMUNITY REINVESTMENT PROGRAM
GENERATIONS HAIR SALON LLC 1124 MLK JR WAY SUITE B TACOMA, WA 98405	83-0532649		25,000.	0.			COMMUNITY REINVESTMENT PROGRAM
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - PO BOX 6108 - FEDERAL WAY, WA 98063-6108	61-1727426	501(C)(3)	405,171.	0.			OPERATING 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 NOW PO BOX 546 GIG HARBOR, WA 98335	86-1636609	501(C)(3)	24,500.	0.			OPERATING SUPPORT

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GIG HARBOR PENINSULA FISH FOOD BANK AND COMMUNITY SERVICES - PO BOX 154 COMMUNITY SERVICES - GIG HARBOR, WA 98335-0154	91-1307991	501(C)(3)	6,300.	0.			OPERATING SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 5601 6TH AVE S STE 150 SEATTLE, WA 98108-2556	91-6060940	501(C)(3)	8,200.	0.			PROGRAM SUPPORT
GLOBAL PEACE FILM FESTIVAL, INC 1001 N. ORANGE AVENUE ORLANDO, FL 32801	20-0117158	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
GOOD SAMARITAN FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	91-1514257	501(C)(3)	56,460.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GOODROOTS NORTHWEST PO BOX 7521 BONNEY LAKE, WA 98391-0923	27-0270499	501(C)(3)	31,500.	0.			PROGRAM SUPPORT
GREAT PENINSULA CONSERVANCY 6536 KITSAP WAY BREMERTON, WA 98312	91-1110978	501(C)(3)	49,183.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION - PO BOX 5296 MS: 1313-FND - TACOMA, WA 98415	91-6064184	501(C)(3)	11,770.	0.			OPERATING SUPPORT
GREENTRIKE 1501 PACIFIC AVE STE 202 TACOMA, WA 98402-3317	94-3036465	501(C)(3)	88,740.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
HABITAT FOR HUMANITY OF SEATTLE-KING & KITTITAS COUNTY - 500 NACHES AVE SW SUITE 200 - RENTON, WA 98057-2219	91-1342397	501(C)(3)	37,000.	0.			OPERATING SUPPORT

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HARBOR HISTORY MUSEUM PO BOX 744 GIG HARBOR, WA 98335-0744	23-7440330	501(C)(3)	94,760.	0.			OPERATING SUPPORT
HARRIET TUBMAN FOUNDATION FOR SAFE PASSAGE - 2029 SOUTH 18TH ST - TACOMA, WA 98405	82-4154435	501(C)(3)	37,000.	0.			OPERATING SUPPORT
HOMESTEAD COMMUNITY LAND TRUST 412 MAYNARD AVENUE SOUTH #201 SEATTLE, WA 98104	91-1565651	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
HOPE INTERNATIONAL 227 GRANITE RUN DR STE 250 LANCASTER, PA 17601-6826	23-2836648	501(C)(3)	7,500.	0.			OPERATING SUPPORT
HOPESPARKS - PRESIDENT & CEO 6424 N 9TH ST TACOMA, WA 98406-2091	91-0598103	501(C)(3)	60,800.	0.			OPERATING SUPPORT
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409-7602	91-0577128	501(C)(3)	32,100.	0.			OPERATING SUPPORT
IMMANUEL PRESBYTERIAN CHURCH 909 NORTH J STREET TACOMA, WA 98403	91-6001673	CHURCH	32,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
INDEPENDENT ACHIEVEMENTS FOR MINORITY YOUTH - 1402 AUBURN WAY N PMB 234 - AUBURN, WA 98002	99-4435755	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
INDIGENOUS LEADERSHIP ACADEMY PNW 2738 N SHIRLEY ST TACOMA, WA 98407	88-3626317	501(C)(3)	52,000.	0.			OPERATING SUPPORT

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INNOVATIVE CHANGE MAKERS (ICM) 3202 S TYLER ST D1 TACOMA, WA 98409	88-2734736	501(C)(3)	20,000.	0.			OPERATING SUPPORT
INSTITUTE FOR BLACK JUSTICE PO BOX 791 SPANAWAY, WA 98387-0791	85-2866010	501(C)(3)	38,778.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
INTENTIONS JUICE AND SMOOTHIE BAR LLC - 5236 S TACOMA WAY - TACOMA, WA 98409	84-4881328		50,000.	0.			COMMUNITY REINVESTMENT PROGRAM
IRETA P URHEPECHA 603 3RD AVE SE PACIFIC, WA 98047	91-1498750	501(C)(3)	77,000.	0.			OPERATING SUPPORT
JAMES MATTHEW COMMISSION, SPC 1104 LAFAYETTE ST S TACOMA, WA 98444	82-1663251		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
JBLM RESTORATION SERVICES LLP 2541 198TH ST CT EAST SPANAWAY, WA 98387	33-4485116		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
JEDS BIG SLICE, LLC 4420 E PORTLAND AVE TACOMA, WA 98404	86-1324168		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
JEFFERSON COMMUNITY FOUNDATION PO BOX 1394 PORT HADLOCK, WA 98339-1394	84-1682682	501(C)(3)	783,679.	0.			PROGRAM SUPPORT
JEWEL'S SALON & BEAUTY LLC 10227 BRIDGEPORT WAY SW LAKEWOOD, WA 98499	83-1214451		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM

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JUSTICE CONNECTION 1612 K STREET NW SUITE 808 WASHINGTON, DC 20006	52-1343924	501(C)(3)	10,000.	0.			OPERATING SUPPORT
KBTC ASSOCIATION 2320 S 19TH ST TACOMA, WA 98405-2946	56-2551392	501(C)(3)	96,500.	0.			OPERATING SUPPORT
KEY PENINSULA PARTNERSHIP FOR A HEALTHY COMMUNITY - PO BOX 695 - VAUGHN, WA 98394	86-2537545	501(C)(3)	15,000.	0.			OPERATING SUPPORT
KITTITAS COUNTY HABITAT FOR HUMANITY - 605 N MAIN ST SUITE 3 - ELLENSBURG, WA 98926	91-1595008	501(C)(3)	17,600.	0.			PROGRAM SUPPORT
KJ JONES CONSULTING 2409 S 10TH ST APT B TACOMA, WA 98405	92-3538622		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
KRISTAL KLEAR LLC PO BOX 64431 UNIVERSITY PLACE, WA 98464	87-4295629		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
KUOW PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 98105-4535	91-2079402	501(C)(3)	8,918.	0.			OPERATING SUPPORT
KYLA CARE THERAPY LLC 3400 HARBOR AVE SW STE 250 MB219 SEATTLE, WA 98126	99-2738928		25,000.	0.			COMMUNITY REINVESTMENT PROGRAM
LAKEWOLD GARDENS PO BOX 39780 LAKEWOOD, WA 98496-3780	94-3041320	501(C)(3)	279,700.	0.			OPERATING SUPPORT

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LAKEWOOD COMMUNITY PLAYERS DBA LAKEWOOD PLAYHOUSE - 5729 LAKEWOOD TOWNE CENTER BLVD SW - LAKEWOOD, WA 98499	91-6058223	501(C)(3)	7,500.	0.			OPERATING SUPPORT
L'ARCHE TAHOMA HOPE COMMUNITY 12302 VICKERY AVE E TACOMA, WA 98446-3232	91-1206208	501(C)(3)	35,900.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
LASA PO BOX 98619 LAKEWOOD, WA 98496-8619	91-1470619	501(C)(3)	18,224.	0.			OPERATING SUPPORT
LEVELED UP REENTRY 4227 SOUTH MERIDIAN D421 PUYALLUP, WA 98373	93-1558090	501(C)(3)	20,000.	0.			OPERATING SUPPORT
LIFE CHRISTIAN ACADEMY 1717 S UNION AVE TACOMA, WA 98405-1997	91-0579229	501(C)(3)	7,200.	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
LINCOLN HIGH SCHOOL 701 S 37TH ST TACOMA, WA 98418-6799	91-6001553	SCHOOL	18,400.	0.			PROGRAM SUPPORT
LINDQUIST DENTAL CLINIC FOR CHILDREN - 130 131ST ST S - TACOMA, WA 98444-4804	91-0615378	501(C)(3)	10,000.	0.			OPERATING SUPPORT
LITTLE CHURCH ON THE PRAIRIE 6310 MOTOR AVE SW LAKEWOOD, WA 98499	91-0645178	501(C)(3)	77,000.	0.			OPERATING SUPPORT

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LOVE BY THE SLICE BAKING & CATERING CO. LLC - 1112 S 11TH ST - TACOMA, WA 98405	46-0473199		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
LUV-A-LATTE 1102 S YAKIMA AVE TACOMA, WA 98405	87-1664936		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
MADIGAN FOUNDATION PO BOX 99883 LAKEWOOD, WA 98496	91-1665384	501(C)(3)	14,537.	0.			OPERATING SUPPORT
MAKING A DIFFERENCE FOUNDATION PO BOX 94545 SEATTLE, WA 98124-6845	54-2092145	501(C)(3)	72,000.	0.			OPERATING SUPPORT
MALARIA PARTNERS INTERNATIONAL 300 LENORA ST # 269 SEATTLE, WA 98121-2411	46-1380419	501(C)(3)	15,000.	0.			OPERATING SUPPORT
MARTIN BUILDING ENTERPRIZE LLC 3520 S. CUSHMAN TACOMA, WA 98418	99-4049259		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
MARY BRIDGE BRIGADE PO BOX 5299 MS: 311-1-MBB TACOMA, WA 98415-0299	91-6030192	501(C)(3)	30,197.	0.			PROGRAM SUPPORT
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 MS: 1313-3-FND TACOMA, WA 98415-0296	94-3030039	501(C)(3)	99,964.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111-1711	27-2087950	501(C)(3)	20,500.	0.			OPERATING SUPPORT

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MASON UNITED METHODIST CHURCH 2710 N MADISON ST TACOMA, WA 98407-5299	31-1813333	501(C)(3)	6,510.	0.			OPERATING SUPPORT
MATTICE BEAUTY SUPPLY LLC 3906 S 12TH STREET TACOMA, WA 98405	83-4669508		15,000.	0.			COMMUNITY REINVESTMENT PROGRAM
MEANINGFUL MOVIES PROJECT PO BOX 31005 SEATTLE, WA 98103	80-0782680	501(C)(3)	27,000.	0.			OPERATING SUPPORT
MEDICAL TEAMS INTERNATIONAL PO BOX 4288 PORTLAND, OR 97208-4288	93-0878944	501(C)(3)	10,000.	0.			OPERATING SUPPORT
METROPOLITAN DEVELOPMENT COUNCIL (MDC) - 721 FAWCETT AVE - TACOMA, WA 98402	91-0780533	501(C)(3)	55,000.	0.			OPERATING SUPPORT
MI CHIANTLA 8013 22ND AVE SE LACEY, WA 98503-3412	88-4026401	501(C)(3)	77,000.	0.			OPERATING SUPPORT
MOUNT TAHOMA HIGH SCHOOL 4634 S 74TH ST TACOMA, WA 98409-1004	91-6001553	SCHOOL	5,100.	0.			PROGRAM SUPPORT
MOUSEABOUT FOUNDATION 11809 N ATLANTIC ST SPOKANE, WA 99218	88-2518354	501(C)(3)	10,000.	0.			OPERATING SUPPORT
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	91-1514257	501(C)(3)	69,900.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT

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
MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA, WA 98415-0299	91-1352172	501(C)(3)	56,495.	0.			OPERATING SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 S 19TH ST - TACOMA, WA 98405-2920	35-2266626	501(C)(3)	26,778.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402-3217	91-1669422	501(C)(3)	152,620.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
NATIONAL MEDICAL FELLOWSHIPS 1199 N FAIRFAX STREET SUITE 600 ALEXANDRIA, VA 22314	01-0963657	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5362	53-0204616	501(C)(3)	7,200.	0.			OPERATING SUPPORT
NATIVE AMERICAN REENTRY SERVICES 724 S. YAKIMA AVE, 2ND FLOOR TACOMA, WA 98405	47-3483049	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
NORTHWEST CHRISTIAN SCHOOL 904 SHAW RD PUYALLUP, WA 98372-5211	91-0871197	501(C)(3)	30,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102-0272	91-0826037	501(C)(3)	15,000.	0.			OPERATING SUPPORT
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE, WA 98104-2244	91-1393082	501(C)(3)	58,750.	0.			OPERATING SUPPORT

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NORTHWEST SINFONIETTA PO BOX 1154 TACOMA, WA 98401-1154	91-1590964	501(C)(3)	12,250.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE, WA 98328-9502	23-7438056	501(C)(3)	24,800.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391	501(C)(3)	163,155.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421-1111	22-3939593	501(C)(3)	285,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
NX LEVEL LLC 6718 ARDMORE DR. SW LAKEWOOD, WA 98499	92-1317839		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
OASIS YOUTH CENTER 2215 PACIFIC AVENUE TACOMA, WA 98402	45-5381980	501(C)(3)	64,750.	0.			OPERATING SUPPORT
ON BLENDED KNEE WINERY, LLC 15902 WOODINVILLE-REDMOND RD NE SUI WOODINVILLE, WA 98072	88-2920509		30,000.	0.			COMMUNITY REINVESTMENT PROGRAM
ORKEESWA INC. 425 W COLONIAL DR SUITE 303 #324 ORLANDO, FL 32804	20-4408954	501(C)(3)	50,000.	0.			OPERATING SUPPORT
OUR SISTERS' HOUSE 708 BROADWAY STE 310 TACOMA, WA 98402-3778	91-1650772	501(C)(3)	10,250.	0.			OPERATING SUPPORT

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PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 S 19TH ST - TACOMA, WA 98405-1164	91-0564954	501(C)(3)	10,375.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501(C)(3)	70,465.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PACIFIC NORTHWEST NATIVE LACROSSE 3621 N. 8TH ST TACOMA, WA 98406	99-2748035	501(C)(3)	81,620.	0.			OPERATING SUPPORT
PARKS TACOMA 4702 S 19TH ST TACOMA, WA 98405-1175	91-6000988	GOVERNMENT	8,800.	0.			PROGRAM SUPPORT
PARTNERS FOR PARKS 700 SLEATER KINNEY RD SE STE B 577 LACEY, WA 98503	76-0808398	501(C)(3)	6,750.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
PENINSULA SCHOOL DISTRICT 14015 62ND AVE NW GIG HARBOR, WA 98332-8607	91-0854211	SCHOOL	38,200.	0.			PROGRAM SUPPORT
PERRY TECHNICAL FOUNDATION 2011 W WASHINGTON AVE OFFICE OF FINANCIAL AID - YAKIMA, WA 98903-1296	94-3188041	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
PERSONAL TOUCH BARBERSHOP LLC 12629 RENTON AVE S #D SEATTLE, WA 98178	86-1837595		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
PET PARTNERS 345 118TH AVE SE STE 100 BELLEVUE, WA 98005-3587	91-1158281	501(C)(3)	5,400.	0.			OPERATING SUPPORT

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PHILANTHROPY NORTHWEST 600 UNIVERSITY ST SUITE 1725 SEATTLE, WA 98101	91-1110995	501(C)(3)	7,000.	0.			OPERATING SUPPORT
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP, WA 98374-2210	91-1039199	501(C)(3)	29,275.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446-2200	51-0180293	501(C)(3)	12,400.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST GREAT NW & THE HAWAIIAN ISLANDS - SEATTLE, WA	91-0686012	501(C)(3)	23,070.	0.			OPERATING SUPPORT
PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391	91-1965830	501(C)(3)	15,000.	0.			OPERATING SUPPORT
POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA, WA 98407-3224	91-6066667	501(C)(3)	72,379.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
POTENTIAL UNLEASHED LLC PO BOX 112189 TACOMA, WA 98411	90-0876066		100,000.	0.			COMMUNITY REINVESTMENT PROGRAM
POWER OF TWO 204 2ND ST SW UNIT 911 PUYALLUP, WA 98371	84-5066086	501(C)(3)	27,000.	0.			OPERATING SUPPORT
PRECISE SERVICES NURSE STAFFING & HOMECARE AGENCY LLC - 7625 27TH ST W APT B14 - UNIVERSITY PLACE, WA 98466	88-3291860		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM

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PRESCOTT AREA HABITAT FOR HUMANITY, INC. - PO BOX 11930 - PRESCOTT, AZ 86304	86-0645207	501(C)(3)	44,250.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130	39-1243521	501(C)(3)	15,640.	0.			PROGRAM SUPPORT
PRINCE WILLIAM SOUND SCIENCE & TECHNOLOGY INSTITUTE - PO BOX 705 - CORDOVA, AK 99574	92-0129853	501(C)(3)	75,000.	0.			OPERATING SUPPORT
PUYALLUP SEVENTH-DAY ADVENTIST CHURCH - 902 SHAW RD E - PUYALLUP, WA 98372	52-0643036	CHURCH	213,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
Q CHRISTIAN FELLOWSHIP PO BOX 409357 CHICAGO, IL 60640-0032	20-0616399	501(C)(3)	10,000.	0.			OPERATING SUPPORT
QUALITY HANDS LLC 8036 S K STREET TACOMA, WA 98408	88-4382071		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
R. MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION - PO BOX 7119 - TACOMA, WA 98417-0119	91-1742581	501(C)(3)	26,020.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RADICAL IDENTITY PRAXIS, LLC 6817 27TH ST W UNIT 64032 UNIVERSITY PLACE, WA 98464	86-1649762		52,000.	0.			COMMUNITY REINVESTMENT PROGRAM
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402-3005	91-1859897	501(C)(3)	15,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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RAINIER FOOTHILLS WELLNESS FOUNDATION - 1304 GRIFFIN AVE - ENUMCLAW, WA 98022	91-1192604	501(C)(3)	21,460.	0.			OPERATING SUPPORT
RAINIER SCHOLARS 2100 24TH AVE SUITE 360 SEATTLE, WA 98144	91-2045918	501(C)(3)	27,000.	0.			OPERATING SUPPORT
RAISING GIRLS PO BOX 7851 TACOMA, WA 98417-0851	82-1306270	501(C)(3)	78,000.	0.			OPERATING SUPPORT
REBUILDING HOPE, THE SEXUAL ASSAULT CENTER FOR PIERCE COUNTY - 723 MARTIN LUTHER KING JR. WAY - TACOMA, WA 98405	91-0962226	501(C)(3)	65,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
REBUILDING TOGETHER SOUTH SOUND 3827 100TH ST SW SUITE B LAKEWOOD, WA 98499	91-2147601	501(C)(3)	5,500.	0.			OPERATING SUPPORT
RESCUE MISSION PO BOX 1912 TACOMA, WA 98401-1912	91-0565014	501(C)(3)	198,538.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
RISE LWP, LLC 1107 180TH ST E SPANAWAY, WA 98387	84-1801212		50,000.	0.			PROGRAM SUPPORT
RITE OF PASSAGE JOURNEYS PO BOX 1067 BOTHELL, WA 98041	35-2283871	501(C)(3)	70,000.	0.			OPERATING SUPPORT
ROB YOUNG PRODUCTIONS LLC 1004 WHEELER ST S TACOMA, WA 98444	99-4018579		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM

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ROCK PAPER SCISSORS FOUNDATION 3800 BRIDGEPORT WAY W SUITE A #260 UNIVERSITY PLACE, WA 98466	80-0944341	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ROSE ISLAND FARM, LLC 2801 120TH ST E TACOMA, WA 98445	92-0952911		100,000.	0.			PROGRAM 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
SABALA INTERNATIONAL CENTER 814 N L ST STE. #1 TACOMA, WA 98403-1733	82-2645514	501(C)(3)	10,000.	0.			OPERATING SUPPORT
SAHALE OUTDOORS 5030 26TH ST E FIFE, WA 98424	88-1998115	501(C)(3)	7,850.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SALVATION ARMY NORTHWEST DIVISION PO BOX 9219 SEATTLE, WA 98109-0200	94-1156347	501(C)(3)	10,460.	0.			OPERATING SUPPORT
SDOTGORGEOUS BEAUTY BAR LLC 8709 WILDWOOD AVE SW LAKEWOOD, WA 98498	85-1198014		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
SEABECK CONFERENCE CENTER 13395 LAGOON DR NW SEABECK, WA 98380	91-6011617	501(C)(3)	15,000.	0.			OPERATING SUPPORT
SEATTLE CHILDRENS HOSPITAL FOUNDATION - PO BOX 5371 MS 818F - SEATTLE, WA 98145-5005	91-1156519	501(C)(3)	20,000.	0.			OPERATING SUPPORT

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SEATTLE FOUNDATION 1601 5TH AVE STE 1900 SEATTLE, WA 98101-3615	91-6013536	501(C)(3)	330,000.	0.			PROGRAM SUPPORT
SEATTLE YOUTH SYMPHONY ORCHESTRA 11065 5TH AVE NE STE A SEATTLE, WA 98125-6100	91-0493840	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SERVICES PLUS TACOMA INC 20513 10TH AVE COURT EAST #30 SPANAWAY, WA 98387	87-4340687		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
SIGN AND CELEBRATE, LLC 10716 102ND AVE CT SW LAKEWOOD, WA 98498	33-1504872		10,000.	0.			PROGRAM SUPPORT
SOUTH PUGET SOUND SALMON ENHANCEMENT GROUP - 6700 MARTIN WAY E STE 112 - LACEY, WA 98516-5586	91-1519762	501(C)(3)	59,079.	0.			CAPITAL SUPPORT
SOUTH SOUND CARE FOUNDATION PO BOX 1314 TACOMA, WA 98401-1314	26-2611997	501(C)(3)	17,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SOUTH SOUND PLANNED GIVING COUNCIL 5727 BAKER WAY NW STE 200 GIG HARBOR, WA 98332	75-3205248	501(C)(3)	22,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
ST. CHARLES BORROMEO PARISH 7112 S 12TH ST TACOMA, WA 98465-1797	91-0684772	501(C)(3)	14,000.	0.			OPERATING SUPPORT
ST. JOHN BOSCO CATHOLIC CHURCH 315 N MAIN ST WOODSTOCK, VA 22664-1420	31-1525496	501(C)(3)	18,000.	0.			OPERATING SUPPORT

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ST. LEO FOOD CONNECTION 710 S 13TH ST TACOMA, WA 98405-4404	91-0622353	501(C)(3)	11,500.	0.			OPERATING SUPPORT
ST. PATRICK CATHOLIC SCHOOL 1112 N G ST TACOMA, WA 98403-2518	91-1874577	501(C)(3)	7,000.	0.			OPERATING SUPPORT
STADIUM HIGH SCHOOL 111 N E ST TACOMA, WA 98403-2630	91-6001553	SCHOOL	5,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
STEILACOOM HISTORICAL MUSEUM ASSOCIATION - PO BOX 88016 - STEILACOOM, WA 98388-0016	91-6176075	501(C)(3)	5,102.	0.			OPERATING SUPPORT
STEP BY STEP FAMILY SUPPORT CENTER PO BOX 488 MILTON, WA 98354-0488	91-1871945	501(C)(3)	276,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
STROKE AWARENESS OREGON 695 SW MILL VIEW WAY BEND, OR 97702	82-4216575	501(C)(3)	40,680.	0.			OPERATING SUPPORT
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVE - SUMNER, WA 98390-1926	30-0128156	501(C)(3)	18,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SUPER FUNNY COMEDY CLUB LLC 1530 PACIFIC AVE TACOMA, WA 98402	84-2567756		100,000.	0.			COMMUNITY REINVESTMENT PROGRAM
SYMPHONY TACOMA 901 BROADWAY STE 600 TACOMA, WA 98402-4432	91-6032976	501(C)(3)	17,600.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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TACOMA AREA COALITION OF INDIVIDUALS WITH DISABILITIES - 6315 S 19TH ST INDIVIDUALS WITH DISABILITIES - TACOMA, WA	91-1125538	501(C)(3)	15,250.	0.			OPERATING SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402-3214	91-0697444	501(C)(3)	17,510.	0.			OPERATING SUPPORT
TACOMA ARTS LIVE 1001 YAKIMA AVE SUITE 1 TACOMA, WA 98405-4869	91-1106878	501(C)(3)	36,279.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ATHLETIC COMMISSION PO BOX 11304 TACOMA, WA 98411-0304	91-0515947	501(C)(3)	7,720.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S 19TH ST BLDG 6 - TACOMA, WA 98466-6100	91-6073780	501(C)(3)	36,150.	0.			PROGRAM SUPPORT
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA, WA 98405-3941	91-0570872	501(C)(3)	62,871.	0.			OPERATING SUPPORT
TACOMA ELK'S LODGE NO. 174 B.P.O.E. - PO BOX 11008 - TACOMA, WA 98411-0015	91-0142850	501(C)(8)	12,714.	0.			PROGRAM SUPPORT
TACOMA HEALING AWARENESS COMMUNITY 1721 S G ST TACOMA, WA 98405-4444	84-4621393	501(C)(3)	52,009.	0.			OPERATING SUPPORT
TACOMA HOUSING AUTHORITY 902 S L ST TACOMA, WA 98405-4037	81-0557198	501(C)(3)	103,401.	0.			OPERATING SUPPORT

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TACOMA JEWISH COMMUNITY FUND PO BOX 64831 UNIVERSITY PLACE, WA 98464-0831	91-1635565	501(C)(3)	6,500.	0.			OPERATING SUPPORT
TACOMA LIGHT TRAIL 7014 35TH STREET W UNIVERSITY PLACE, WA 98466	87-2923930	501(C)(3)	10,000.	0.			OPERATING SUPPORT
TACOMA MOVEMENT CENTER 4502 76TH AVE W TACOMA, WA 98466	47-4971165		27,000.	0.			COMMUNITY REINVESTMENT PROGRAM
TACOMA PARKS FOUNDATION 4702 S 19TH ST TACOMA, WA 98405-1175	91-1482669	501(C)(3)	1,318,000.	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
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 SOUTH TACOMA WAY - TACOMA, WA 98409-4447	58-1735531	501(C)(3)	219,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
TACOMA PUBLIC SCHOOLS PO BOX 1357 TACOMA, WA 98401-1357	91-6001553	SCHOOL	412,128.	0.			PROGRAM SUPPORT
TACOMA PUBLIC SCHOOLS - BUDGET OFFICE - 601 S 8TH ST BUDGET OFFICE - TACOMA, WA 98405-4614	91-6001553	SCHOOL	19,100.	0.			PROGRAM SUPPORT
TACOMA ROWING 3902 PALISADES PL W UNIVERSITY PLACE, WA 98466	20-5288666	501(C)(3)	25,000.	0.			OPERATING SUPPORT

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TACOMA TREE FOUNDATION 539 BROADWAY TACOMA, WA 98402	83-2505388	501(C)(3)	35,500.	0.			OPERATING SUPPORT
TACOMA YOUTH SYMPHONY ASSOCIATION 901 BROADWAY STE 500 TACOMA, WA 98402-4415	23-7005522	501(C)(3)	11,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S D ST STOP 1001 - TACOMA, WA 98418-6813	91-1488160	GOVERNMENT	14,400.	0.			PROGRAM SUPPORT
TAHOMA BIRD ALLIANCE 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466-4619	23-7450873	501(C)(3)	30,700.	0.			OPERATING SUPPORT
TEAM WRK 816 ELECTRON WAY FIRCREST, WA 98466-6911	83-2450494	501(C)(3)	27,000.	0.			OPERATING SUPPORT
TEARS FOUNDATION 11102 SUNRISE BLVD E STE 112 PUYALLUP, WA 98374-8846	45-0500497	501(C)(3)	11,750.	0.			OPERATING SUPPORT
TEXAS OBSERVER PO BOX 11554 AUSTIN, TX 78711	74-2619883	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE BOWED G FAMILY FARMS 11012 CANYON RD E SUITE #8-819 PUYALLUP, WA 98373	92-1562577		87,000.	0.			COMMUNITY REINVESTMENT PROGRAM
THE FIRST TEE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR W TACOMA, WA 98467-3231	45-1781054	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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THE FOUNDATION WA PO BOX 87883 VANCOUVER, WA 98687	92-0559383	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
THE GRAND CINEMA 606 FAWCETT AVE TACOMA, WA 98402-2321	91-1774658	501(C)(3)	26,250.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
THE LIGHTHOUSE FOR THE BLIND, INC. 2501 S PLUM ST SEATTLE, WA 98144-4711	91-0295070	501(C)(3)	38,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE MUSEUM OF FLIGHT 9404 E MARGINAL WAY S TUKWILA, WA 98108-4097	91-0785826	501(C)(3)	33,200.	0.			PROGRAM SUPPORT
THE MUSTARD SEED PROJECT OF KEY PENINSULA - PO BOX 182 - VAUGHN, WA 98394-0182	61-1537566	501(C)(3)	633,250.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
THE PROP RECOVERY SWEAT LODGE 2600 RIVER ROAD EAST TACOMA, WA 98404	99-4066901	501(C)(3)	27,000.	0.			OPERATING SUPPORT
THE REFORMATION PROJECT PO BOX 191013 DALLAS, TX 75219-8013	46-1012806	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE SALVATION ARMY P.O. BOX 9219 SEATTLE, WA 98109	94-1156347	501(C)(3)	27,643.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE VEDANTA SOCIETY OF WESTERN WASHINGTON - 2716 BROADWAY E - SEATTLE, WA 98102-3909	81-6187530	501(C)(3)	33,200.	0.			PROGRAM SUPPORT

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
TOWN OF WILKESON PO BOX 89 WILKESON, WA 98396-0089	91-6001530	GOVERNMENT	10,000.	0.			CAPITAL SUPPORT
TOYS FOR KIDS 11232 120TH AVE NE STE 111 KIRKLAND, WA 98033	91-2099219	501(C)(3)	30,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TRINI PLATE LLC 3502 MCKINLEY AVE APT 20 TACOMA, WA 98404	37-2057367		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
UNDENIABLE BAJINYA 623 S TENTH ST STEILACOOM, WA 98388	81-5312958		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
UNICEF USA 125 MAIDEN LN NEW YORK, NY 10038-4912	13-1760110	501(C)(3)	15,000.	0.			OPERATING SUPPORT
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	199,961.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF PUGET SOUND - CORPORATION & FOUNDATION RELATIONS - CORPORATE & FOUNDATION RELATIONS 1500 N WARNER ST #1080 - TACOMA,	91-0564961	501(C)(3)	66,400.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON - SCHOOL OF MEDICINE - SCHOOL OF MEDICINE C-314 SCIENCES CTR UW BOX 356350 - SEATTLE, WA 98195-6350	94-3079432	501(C)(3)	6,870.	0.			PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON TACOMA UNIVERSITY OF WASHINGTON TACOMA 1900 COMMERCE STREET - TACOMA, WA 98402	94-3079432	501(C)(3)	9,779.	0.			PROGRAM SUPPORT

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
UNIVERSITY OF WASHINGTON TACOMA - ADVANCEMENT - 1900 COMMERCE ST # 358432 UNIVERSITY ADVANCEMENT - TACOMA, WA 98402-3100	94-3079432	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
URBAN GRACE THE DOWNTOWN CHURCH 902 MARKET ST TACOMA, WA 98402-3609	91-0577139	501(C)(3)	20,000.	0.			OPERATING SUPPORT
VASHON HOUSE HOLD PO BOX 413 VASHON, WA 98070-0413	91-1517448	501(C)(3)	10,000.	0.			OPERATING SUPPORT
VASHON YOUTH AND FAMILY SERVICES 20110 VASHON HWY SW VASHON, WA 98070-6026	91-1025994	501(C)(3)	8,000.	0.			OPERATING SUPPORT
VELVETS BIG EASY LLC 609 169TH ST. S SPANAWAY, WA 98387	83-2711879		10,000.	0.			COMMUNITY REINVESTMENT PROGRAM
VINE MAPLE PLACE PO BOX 1092 MAPLE VALLEY, WA 98038-1092	91-2082308	501(C)(3)	26,000.	0.			OPERATING SUPPORT
VISION253 5707 S GOVE ST TACOMA, WA 98409-1700	99-3396051	501(C)(3)	77,000.	0.			OPERATING SUPPORT
VOICE TACOMA CREATIVE MEDIA, LLC 621 TACOMA AVE SOUTH, SUITE 315 TACOMA, WA 98402	37-1960605		50,000.	0.			COMMUNITY REINVESTMENT PROGRAM
WASHINGTON FARMLAND TRUST PO BOX 2206 SEATTLE, WA 98111-2206	91-2021165	501(C)(3)	10,000.	0.			OPERATING SUPPORT

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
WASHINGTON HOMEOWNERSHIP RESOURCE CENTER - 5101 14TH AVE NW STE 315 - SEATTLE, WA 98107	91-1669492	501(C)(3)	50,000.	0.			OPERATING SUPPORT
WASHINGTON REALTIST FOUNDATION 7100 FORT DENT WAY, #100 TUKWILA, WA 98188	33-1275307	501(C)(3)	50,000.	0.			OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164-1927	91-1075542	501(C)(3)	183,618.	0.			PROGRAM SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE STE 300 SEATTLE, WA 98104-1723	91-0900134	501(C)(3)	6,750.	0.			OPERATING SUPPORT
WAY TO JUSTICE 321 WEST BOONE STREET SPOKANE, WA 99201	84-5129426	501(C)(3)	325,000.	0.			PROGRAM SUPPORT
WHATCOM COMMUNITY FOUNDATION 1500 CORNWALL AVE. STE. 202 BELLINGHAM, WA 98225	91-1726410	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WHITE OAK FARM AND EDUCATION CENTER - PO BOX 450 - WILLIAMS, OR 97544-0450	41-2078214	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WHITE RIVER SCHOOL DISTRICT PO BOX 2050 BUCKLEY, WA 98321-2050	91-1225303	SCHOOL	13,000.	0.			PROGRAM SUPPORT
WOMEN MAKE MOVIES 231 W 29TH ST SUITE 1006 NEW YORK, NY 10001	13-2740460	501(C)(3)	20,000.	0.			OPERATING SUPPORT

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
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	102,996.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 102 TACOMA, WA 98405-1167	91-0565562	501(C)(3)	220,666.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
YOUNIVERSAL FITNESS STUDIO 1828 112TH ST E SUITE D TACOMA, WA 98445	85-3136533		10,000.	0.			PROGRAM SUPPORT
YOUTH FOR CHRIST USA, INC. AKA TACOMA AREA YOUTH FOR CHRIST - PO BOX 834 - TACOMA, WA 98401-0834	91-0584100	501(C)(3)	20,000.	0.			OPERATING SUPPORT
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402-3904	91-0565026	501(C)(3)	99,250.	0.			OPERATING SUPPORT

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	42	51,000.	101,491.	FAIR MARKET VALUE	TUITION SCHOLARSHIPS
ACCESS TO CAPITAL GRANTS	10	151,000.	0.		

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 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

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		X
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?	**2**		X
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.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		X

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	(i)	266,804.	18,124.	14,253.	0.	720.	299,901.	17,974.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MO MOUSA	(i)	204,234.	6,120.	0.	0.	3,790.	214,144.	6,045.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEGAN SUKYS	(i)	150,862.	1,075.	0.	0.	15,853.	167,790.	0.
CHIEF STRATEGY / COMM. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SETH KIRBY	(i)	145,532.	1,575.	0.	0.	15,853.	162,960.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY GUADNOLA	(i)	142,747.	75.	0.	0.	9,555.	152,377.	0.
DIRECTOR OF PHILANTHROPIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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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 for instructions and the latest information.

OMB No. 1545-0047

2025

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	36	6,257,942.	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 ( )				

				Yes	No
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 Acknowledgment	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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 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

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 FEBRUARY 2026.

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
GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number
91-1007459

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

CHANGE IN SPLIT-INTEREST AGREEMENT	443,686.

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 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	(g) 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	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	B	405,171.	CASH GRANTS
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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