

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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, SUITE 1100 City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98402 F Name and address of principal officer: MOHAMMAD MOUSA SAME AS C ABOVE	D Employer identification number 91-1007459 E Telephone number (253) 383-5622 G Gross receipts \$ 17,806,131. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GTCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1977		M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STRENGTHENING OUR COMMUNITY BY FOSTERING GENEROSITY AND CONNECTING PEOPLE WHO CARE WITH CAUSES THAT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 90 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 8,549,192. Prior Year 6,577,084. Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,195,131. 3,690,581. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,471. 128,582. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,771,794. 10,396,247.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,076,080. 6,607,964. 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) 1,535,772. 1,722,726. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 611,626. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,710,532. 1,155,197. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,322,384. 9,485,887. 19 Revenue less expenses. Subtract line 18 from line 12 449,410. 910,360.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 100,782,852. Beginning of Current Year 112,635,731. End of Year 21 Total liabilities (Part X, line 26) 1,851,843. 3,032,259. 22 Net assets or fund balances. Subtract line 21 from line 20 98,931,009. 109,603,472.		

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 MOHAMMAD MOUSA, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ED E. RAMOS, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00601133
	Firm's name ▶ DWYER PEMBERTON & COULSON, P.C. Firm's address ▶ P.O. BOX 1614 TACOMA, WA 98401-1614	Firm's EIN ▶ 91-1503183 Phone no. 253.572.9922

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: GREATER TACOMA COMMUNITY FOUNDATION HELPS BUILD A THRIVING AND VIBRANT PIERCE COUNTY BY PROVIDING RESOURCES THAT SUPPORT INDIVIDUALS AND ORGANIZATIONS IN WORKING TOGETHER TO MEET THE COMMUNITY'S NEEDS AND TO ACHIEVE ITS OPPORTUNITIES, NOW AND INTO THE FUTURE.

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 [X] 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 [X] 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 \$ 7,510,716. including grants of \$ 6,607,964.) (Revenue \$ 128,582.) GREATER TACOMA COMMUNITY FOUNDATION PROVIDED MORE THAN \$6.5 MILLION TO THE COMMUNITY THROUGH DONOR-ADVISED GRANTS, SUPPORT FOR THE ALIGNMENT AND DEVELOPMENT OF EXPANDED LEARNING OPPORTUNITIES THROUGHOUT PIERCE COUNTY, FUNDING FOR COMMUNITY-DRIVEN EFFORTS TO IMPROVE SOCIAL AND ENVIRONMENTAL CONDITIONS THROUGHOUT THE PUYALLUP WATERSHED, SCHOLARSHIPS, GENERAL OPERATING GRANTS, CAPACITY-BUILDING GRANTS, COMMUNITY WORKSHOPS TO IMPROVE WOMEN'S ECONOMIC OPPORTUNITY, GRANTS FOR GRASSROOTS PROJECTS, AND PHILANTHROPIC EDUCATION.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,510,716.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GREATER TACOMA COMMUNITY FOUNDA - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERI TONN, PH.D. CHAIR	2.00	X		X				0.	0.	0.
(2) DWIGHT WILLIAMS VICE CHAIR	2.00	X		X				0.	0.	0.
(3) GARY BROOKS TREASURER	2.00	X		X				0.	0.	0.
(4) MARY THOMAS SECRETARY	2.00	X		X				0.	0.	0.
(5) CARLA PELSTER DIRECTOR	2.00	X						0.	0.	0.
(6) BOB PITTMAN DIRECTOR	2.00	X						0.	0.	0.
(7) JULIE ANDERSON DIRECTOR	2.00	X						0.	0.	0.
(8) JOHN KORSMO DIRECTOR	2.00	X						0.	0.	0.
(9) LAMONT LOO DIRECTOR	2.00	X						0.	0.	0.
(10) PHIL CARTER DIRECTOR	2.00	X						0.	0.	0.
(11) MARO IMIRZIAN DIRECTOR	2.00	X						0.	0.	0.
(12) ALI MODARRES DIRECTOR	2.00	X						0.	0.	0.
(13) SCOTT LIMOLI DIRECTOR	2.00	X						0.	0.	0.
(14) CARLA SANTORNO DIRECTOR	2.00	X						0.	0.	0.
(15) KATHI LITTMANN PRESIDENT & CEO	40.00			X				209,054.	0.	30,161.
(16) MOHAMMAD MOUSA CFO	40.00			X				119,202.	0.	22,954.
(17) GINA ANSTEY VP OF PROGRAMS & INITIATIV	40.00				X			101,752.	0.	20,585.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for BARB GRANGER.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All cells are empty.

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

Part VIII Statement of Revenue

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

			(A) 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,577,084.				
	g Noncash contributions included in lines 1a-1f: \$		1,473,986.				
	h Total. Add lines 1a-1f		6,577,084.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,963,211.			1,963,211.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a ADMINISTRATIVE FEE REVENUE	561000		128,567.	128,567.			
b OTHER REVENUE	900099		15.	15.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			128,582.				
12 Total revenue. See instructions.			10,396,247.	128,582.	0.	3,690,581.	

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	6,275,133.	6,275,133.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	332,831.	332,831.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	386,567.	89,105.	210,762.	86,700.
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	1,034,687.	289,109.	422,136.	323,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,760.	22,229.	30,871.	24,660.
9 Other employee benefits	116,227.	33,084.	47,247.	35,896.
10 Payroll taxes	107,485.	29,020.	47,294.	31,171.
11 Fees for services (non-employees):				
a Management				
b Legal	9,025.		9,025.	
c Accounting	30,243.		30,243.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	302,363.		302,363.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	239,833.	204,733.	21,650.	13,450.
12 Advertising and promotion	26,857.	3,059.	23,798.	
13 Office expenses	64,322.	21,161.	29,973.	13,188.
14 Information technology	91,375.	28,765.	42,611.	19,999.
15 Royalties				
16 Occupancy	91,007.	24,572.	40,043.	26,392.
17 Travel	61,844.	60,254.	1,063.	527.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,599.	59,336.	72,921.	13,342.
20 Interest	81.		81.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,670.	5,788.	10,335.	4,547.
23 Insurance	6,983.	1,885.	3,073.	2,025.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	11,926.	2,308.	3,363.	6,255.
b COMMUNITY EVENTS	11,329.	11,329.		
c EQUIPMENT RENTAL AND MA	9,996.	2,799.	4,998.	2,199.
d MISCELLANEOUS	9,707.	9,707.		
e All other expenses	22,037.	4,509.	9,695.	7,833.
25 Total functional expenses. Add lines 1 through 24e	9,485,887.	7,510,716.	1,363,545.	611,626.
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		1	
	2 Savings and temporary cash investments	14,169,480.	2	6,333,826.
	3 Pledges and grants receivable, net	1,786,869.	3	750,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,284.	9	24,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,672.		
	b Less: accumulated depreciation	10b 131,620.		
	11 Investments - publicly traded securities	81,370,244.	11	102,274,629.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,500,000.	13	1,500,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,904,304.	15	1,714,999.
16 Total assets. Add lines 1 through 15 (must equal line 34)	100,782,852.	16	112,635,731.	
Liabilities	17 Accounts payable and accrued expenses	167,279.	17	633,113.
	18 Grants payable	259,020.	18	395,469.
	19 Deferred revenue	383,989.	19	1,019,743.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	486,809.	21	500,264.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	554,746.	25	483,670.
	26 Total liabilities. Add lines 17 through 25	1,851,843.	26	3,032,259.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	92,789,933.	27	104,649,678.
	28 Temporarily restricted net assets	4,097,388.	28	2,910,106.
	29 Permanently restricted net assets	2,043,688.	29	2,043,688.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	98,931,009.	33	109,603,472.	
34 Total liabilities and net assets/fund balances	100,782,852.	34	112,635,731.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,396,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,485,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	910,360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,931,009.
5	Net unrealized gains (losses) on investments	5	9,663,589.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	98,514.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,603,472.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

SCHEDULE D
(Form 990)

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

2017

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	79	
2 Aggregate value of contributions to (during year)	1,731,504.	
3 Aggregate value of grants from (during year)	1,596,947.	
4 Aggregate value at end of year	22,746,087.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 on 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	67,968,403.	64,615,943.	69,484,324.	71,598,940.	60,297,690.
b Contributions	931,748.	1,943,223.	121,544.	3,244,240.	5,288,327.
c Net investment earnings, gains, and losses	10,039,865.	4,490,311.	-3,129,520.	-1,265,043.	9,801,743.
d Grants or scholarships	2,378,662.	3,081,074.	1,860,405.	4,093,813.	3,788,820.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	76,561,354.	67,968,403.	64,615,943.	69,484,324.	71,598,940.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 97.30 %
 - b** Permanent endowment 2.70 %
 - c** Temporarily restricted endowment _____ %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input checked="" type="checkbox"/> |
- 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		169,672.	131,620.	38,052.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,052.

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, col. (B) line 12.) ▶		

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, col. (B) line 13.) ▶		

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, col. (B) line 15.) ▶	

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) ANNUITIES PAYABLE UNDER THE	
(3) SPLIT-INTEREST AGREEMENT	483,670.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	483,670.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,250,615.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,663,589.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	98,514.
e	Add lines 2a through 2d	2e	9,762,103.
3	Subtract line 2e from line 1	3	7,488,512.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,907,735.
c	Add lines 4a and 4b	4c	2,907,735.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,396,247.

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	8,764,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,764,402.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	721,485.
c	Add lines 4a and 4b	4c	721,485.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,485,887.

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 IV, LINE 2B:

EXPLANATION FOR PART IV, LINE 2B:

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

PART X, LINE 2:

THE COMMUNITY FOUNDATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 98,514.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND INCOME 2,907,735.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES 721,485.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALCHEMY INDOOR SKATEPARK AND EDUCATION CENTER - PO BOX 569 - TACOMA,, WA 98402	46-2756372	501(C)(3)	23,124.	0.			GENERAL OPERATING SUPPORT
ALZHEIMER'S ASSOCIATION WESTERN AND CENTRAL WA STATE CHAPTER - 100 W HARRISON ST N200 - SEATTLE,, WA 98119	13-3039601	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, TACOMA BRANCH - PO BOX 65303 - TACOMA,, WA 98464	91-6033390	501(C)(4)	5,450.	0.			START SMART WORKSHOP
AMERICAN CANCER SOCIETY, GREAT WEST DIVISION, PIERCE COUNTY - 1313 BROADWAY STE 100 - TACOMA,, WA 98402	13-1788491	501(C)(3)	11,443.	0.			GENERAL OPERATIONS IN PIERCE COUNTY, WA
AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION - 901 5TH AVE STE 630 - SEATTLE,, WA 98164	23-7076867	501(C)(3)	7,250.	0.			GENERAL OPERATING SUPPORT
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA,, WA 98403	91-0567266	501(C)(3)	21,800.	0.			BENEFITTING STUDENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **176.**

3 Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARK INSTITUTE OF LEARNING S WASHINGTON ST TACOMA,, WA 98405	91-1713751	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
ARTS & CULTURE COALITION OF PIERCE COUNTY - 606 S FAWCETT - TACOMA,, WA 98402	91-1774658	501(C)(3)	32,500.	0.			GENERAL OPERATING SUPPORT FOR ARTS & CULTURE COALITION OF PIERCE COUNTY
ASIA PACIFIC CULTURAL CENTER 4851 SOUTH TACOMA WAY TACOMA,, WA 98409	91-1854410	501(C)(3)	7,500.	0.			PROMISED LEADERS OF TOMORROW (PLOT) YOUTH PROGRAM
ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY - 901 S 13TH ST - TACOMA,, WA 98405	91-0847534	501(C)(3)	11,300.	0.			SUPPORT OF INTERFAITH WOMEN'S CONFERENCE
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON TACOMA,, WA 98405-1399	91-1109930	501(C)(3)	6,225.	0.			GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH ST STE 100 - TACOMA,, WA 98409	91-0759832	501(C)(3)	49,678.	0.			GENERAL OPERATING SUPPORT
BROADWAY CENTER FOR THE PERFORMING ARTS - 901 BROADWAY STE 700 - TACOMA,, WA 98402-4415	91-1106878	501(C)(3)	32,407.	0.			EDUCATIONAL PROGRAMS
BUILDING BEYOND THE WALLS 12809 207TH AVE E BONNEY LAKE,, WA 98391	81-3804554		5,000.	0.			GENERAL OPERATING SUPPORT FOR BUILDING BEYOND THE WALLS
CASCADE BICYCLE CLUB 7787 62ND AVE NE SEATTLE,, WA 98115	91-2165219	501(C)(3)	6,400.	0.			CHARITABLE PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHERINE PLACE 923 S 8TH ST TACOMA,, WA 98405	91-2089836	501(C)(3)	18,500.	0.			PROGRAM EVALUATION DEVELOPMENT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - PO BOX 1235 - TACOMA,, WA 98405	91-1585652	501(C)(3)	50,184.	0.			CASE MGMT. SERVICES AT PHOENIX HOUSING TO HOMELESS FAMILIES THRU FAMILY PERMANENCY PROJECT
CENTER FOR FOOD PRESERVATION ARTS 1521 N FIFE ST TACOMA,, WA 98406		CHARITABLE	16,108.	0.			GENERAL OPERATING SUPPORT FOR CENTER FOR FOOD PRESERVATION ARTS
CENTRO LATINO 1208 S 10TH ST TACOMA,, WA 98405	91-1488193	501(C)(3)	7,260.	0.			AGRICULTURE COMMUNITY OF INTEREST WORK
CHARLES WRIGHT ACADEMY 7723 CHAMBERS CREEK RD W TACOMA,, WA 98467	91-0673111	501(C)(3)	6,057.	0.			GROSS MEMORIAL SOCCER FIELD MAINTENANCE & CAPITAL EXPENSES
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE STE 202 TACOMA,, WA 98402	94-3036465	501(C)(3)	27,987.	0.			GENERAL OPERATING SUPPORT
CHINESE RECONCILIATION PROJECT FOUNDATION - PO BOX 7024 - TACOMA,, WA 98406	91-1647325	501(C)(3)	15,400.	0.			GENERAL OPERATING SUPPORT
CITIZENS FOR A HEALTHY BAY 535 DOCK ST STE 213 TACOMA,, WA 98402	91-1515969	501(C)(3)	89,708.	0.			ENVIRONMENTAL EDUCATION COMMUNITY OF INTEREST WORK
CITY OF LAKEWOOD 6000 MAIN ST SW LAKEWOOD,, WA 98499-5027		GOVERNMENT	25,000.	0.			PAVILION IN THE PARK

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CITY OF TACOMA 747 MARKET ST RM 1200 TACOMA,, WA 98402	91-6001283	GOVERNMENT	44,500.	0.			FORESTS COMMUNITY OF INTEREST WORK
CLOVER CREEK COUNCIL 1400 BRITTANY LN NE A106 LACEY,, WA 98516	91-1509069	501(C)(3)	8,000.	0.			AGRICULTURE COMMUNITY OF INTEREST WORK
COMMUNITIES IN SCHOOLS OF LAKEWOOD 6402 100TH ST SW LAKEWOOD,, WA 98499-1710	91-1732922	501(C)(3)	29,268.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF PENINSULA - PO BOX 684 - VAUGHN,, WA 98394	91-2024847	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF PUYALLUP 302 2ND ST SE PUYALLUP,, WA 98372	26-0028759	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF TACOMA 2141 S J ST RM 8 TACOMA,, WA 98405	91-2138848	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
COURAGE 360 3516 S 47TH ST STE 205 TACOMA,, WA 98409	91-1161700	501(C)(3)	16,110.	0.			CASE MGMT. SERVICES TO HOMELESS FAMILIES THRU THE FAMILY PERMANENCY PROJECT
CRYSTAL JUDSON FAMILY JUSTICE CENTER - 718 COURT E - TACOMA,, WA 98402	91-6001359	GOVERNMENT	31,233.	0.			FAMILY JUSTICE CENTER BARBECUE FUNDRAISING EVENT
DIVINE MERCY CARE 11096-A LEE HIGHWAY STE 101 FAIRFAX,, VA 22030	34-1985248	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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DOWNTOWN ON THE GO 950 PACIFIC AVE STE 300 TACOMA,, WA 98402	46-4368609	501(C)(4)	175,712.	0.			ACTIVE TRANSPORTATION COMMUNITY OF INTEREST WORK
EARTH ECONOMICS 107 N TACOMA AVE TACOMA,, WA 98403	20-1843411	501(C)(3)	25,450.	0.			AGRICULTURE COMMUNITY OF INTEREST WORK
EATONVILLE AREA COUNCIL DBA EATONVILLE FAMILY AGENCY - PO BOX 1764 - EATONVILLE,, WA 98328	91-1059530	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ECONOMIC DEVELOPMENT GROUP OF KITTTITAS COUNTY - PO BOX 598 - ELLENSBURG,, WA 98926	91-1171979	501(C)(3)	6,000.	0.			TOWNS TO TEANAWAY PLAN
EMERGENCY FOOD NETWORK 92ND ST S LAKEWOOD,, WA 98499	94-3131776	501(C)(3)	41,500.	0.			CAPITAL CAMPAIGN
EMMANUEL LUTHERAN CHURCH 1315 N STEVENS ST TACOMA,, WA 98406	91-0692625	501(C)(3)	9,978.	0.			UNRESTRICTED PURPOSES
FAB-5 1310 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	46-0869786	501(C)(3)	9,000.	0.			UNRESTRICTED SUPPORT FOR FAB5.
FINANCIAL BEGINNINGS WASHINGTON 530 INDUSTRY DR STE 240 TUKWILA,, WA 98188	81-4631680	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 20 TACOMA AVE S TACOMA,, WA 98402	91-0575942	501(C)(3)	7,201.	0.			GENERAL OPERATING SUPPORT

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FOOTHILLS RAILS TO TRAILS COALITION - PO BOX 192 - PUYALLUP,, WA 98371	94-3053040	501(C)(3)	18,300.	0.			CHARITABLE PURPOSES
FOREVERGREEN TRAILS 505 BROADWAY UNIT 409 TACOMA,, WA 98402	74-3215815	501(C)(3)	19,750.	0.			ACTIVE TRANSPORTATION COMMUNITY OF INTEREST WORK
FORTERRA 901 5TH AVE STE 2200 SEATTLE,, WA 98164	94-3112461	501(C)(3)	25,775.	0.			FORESTS COMMUNITY OF INTEREST WORK
FOSS HOME AND VILLAGE 13023 GREENWOOD AVE N SEATTLE,, WA 98133-7197	91-0573114	501(C)(3)	29,656.	0.			RESIDENT TECHNOLOGY PACKAGE
FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVE W SEATTLE,, WA 98119	91-6186093	501(C)(3)	5,000.	0.			SALISHAN COMMUNITY HEALTH ADVOCATE PROGRAM
FOUNDATION FOR TACOMA STUDENTS 919 S. 9TH ST TACOMA,, WA 98405	27-3029219	501(C)(3)	78,000.	0.			GENERAL OPERATING SUPPORT
FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET ST MS 10-02 TACOMA,, WA 98402-3515	91-1145592	501(C)(3)	13,563.	0.			HOSPICE AND PALLIATIVE CARE IN MEMORY OF CONNIE BENDER
FSG, INC. 500 BOYLSTON ST STE 600 BOSTON,, MA 02116	20-2776974	501(C)(3)	9,500.	0.			FACILITATION OF WOMEN'S ECONOMIC OPPORTUNITY PARTNER CONVENING
FULCRUM FOUNDATION 710 9TH AVE SEATTLE,, WA 98104	53-0196617	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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FUTUREWISE 816 2ND AVE STE 200 SEATTLE,, WA 98104	91-1539831	501(C)(3)	81,850.	0.			AGRICULTURE COMMUNITY OF INTEREST WORK
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - PO BOX 6108 - FEDERAL WAY,, WA 98063	61-1727426	501(C)(3)	605,200.	0.			GENERAL OPERATING SUPPORT
GIG HARBOR BOATSHOP 3805 HARBORVIEW DR GIG HARBOR,, WA 98332	20-5014377	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 601 VALLEY ST SEATTLE,, WA 98109	91-6060940	501(C)(3)	15,300.	0.			SUMMER GIRL SCOUT CAMP EXPENSES FOR PIERCE COUNTY GIRLS
GOOD SAMARITAN FOUNDATION PO BOX 5296 TACOMA,, WA 98415-0296	91-2004312	501(C)(3)	7,968.	0.			HELPING DISABLED CHILDREN GET COMMUNICATION DEVICES AT THE CHILDREN'S THERAPY UNIT
GRACE BAPTIST CHURCH 2507 N VASSAULT TACOMA,, WA 98406	91-6032943	501(C)(3)	7,200.	0.			ANNUAL FUND
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE STE 401 BREMERTON,, WA 98337	91-1110978	501(C)(3)	10,080.	0.			GENERAL OPERATING SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVE SW - LAKEWOOD,, WA 98499	91-6064184	501(C)(3)	9,922.	0.			GENERAL OPERATING SUPPORT
GREATER METRO PARKS FOUNDATION 4702 S 19TH ST TACOMA,, WA 98405	91-1482669	501(C)(3)	55,450.	0.			EAST SIDE CAMPAIGN

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HADASSAH FOUNDATION INC 40 WALL ST NEW YORK,, NY 10005	13-4022483	501(C)(3)	5,000.	0.			HADASSAH HOSPITAL IN JERUSALEM
HARBOR WILDWATCH 3110 JUDSON ST PMB #99 GIG HARBOR,, WA 98335	20-4205938	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HAROLD E. LEMAY MUSEUM 2702 E D ST TACOMA,, WA 98421	91-1867848	501(C)(3)	40,411.	0.			GENERAL OPERATING SUPPORT
HILLTOP ARTISTS PO BOX 6829 TACOMA,, WA 98417	91-1667476	501(C)(3)	38,000.	0.			HILLTOP ARTISTS SUMMER SCHOOL
HOPESPARKS 6424 N 9TH ST TACOMA,, WA 98406	91-0598103	501(C)(3)	52,650.	0.			IMPROVING BUSINESS PROCESSES ACROSS MULTIPLE DEPARTMENTS
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA,, WA 98409	91-0577128	501(C)(3)	14,725.	0.			GENERAL OPERATING SUPPORT
IDA KARLIN PEDIATRIC CENTER 319 5TH ST SW PUYALLUP,, WA 98371	30-0848480	501(C)(3)	15,932.	0.			SUPPORTING FAMILIES WHO CANNOT AFFORD COSTS OF CARE
IMMANUEL PRESBYTERIAN CHURCH 901 N J ST TACOMA,, WA 98403	91-6001673	CHURCH	16,600.	0.			SUPPORTING COMMUNITY AND CHURCH PROGRAMS
JEFFERSON COMMUNITY FOUNDATION 201 WEST PATISON STE B PORT HADLOCK,, WA 98339	84-1682682	501(C)(3)	150,485.	0.			JEFFERSON LAND TRUST

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JOB CARR CABIN MUSEUM PO BOX 7609 TACOMA,, WA 98417	91-2080541	501(C)(3)	6,000.	0.			UNRESTRICTED
KIN ON HEALTH CARE CENTER 4416 S BRANDON ST SEATTLE,, WA 98118	91-1620786	501(C)(3)	10,000.	0.			MUSIC THERAPY PROGRAM
LAKEWOLD GARDENS PO BOX 39780 LAKEWOOD,, WA 98496	94-3041320	501(C)(3)	249,985.	0.			GENERAL OPERATING SUPPORT
LASA PO BOX 98619 LAKEWOOD,, WA 98496	91-1470619	501(C)(3)	22,439.	0.			CASE MGMT. SERVICES TO HOMELESS FAMILIES THRU THE FAMILY PERMANENCY PROJECT
LAZY F CAMP AND RETREAT CENTER 16170 MANASTASH RD ELLENSBURG,, WA 98926	91-0751121	501(C)(3)	8,000.	0.			OPERATION PURPLE CAMP
MAKE-A-WISH ALASKA AND WASHINGTON 811 1ST AVE STE 520 SEATTLE,, WA 98104	91-1329433	501(C)(3)	15,500.	0.			GENERAL OPERATING SUPPORT
MARY BRIDGE BRIGADE PO BOX 5299 TACOMA,, WA 98415-0299	91-6030192	501(C)(3)	28,819.	0.			FRANCES C. PETERSEN LEUKEMIA FUND
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 MS: 409-1-PHIL TACOMA,, WA 98415-0296	94-3030039	501(C)(3)	36,152.	0.			UNCOMPENSATED CARE
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA,, WA 98415-0296	91-1514257	501(C)(3)	10,800.	0.			ALLENMORE BEHAVIORAL HEALTH HOSPITAL

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MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA,, WA 98415-0299	91-1352172	501(C)(3)	54,829.	0.			2017 ROCK THE FOUNDATION EVENT GIFT
MUSEUM OF GLASS 1801 DOCK ST TACOMA,, WA 98402	91-1669422	501(C)(3)	17,811.	0.			GENERAL OPERATING SUPPORT
NEW CONNECTIONS 613 S 15TH ST TACOMA,, WA 98405	11-3703613	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT AS INSPIRED BY STRENGTHENING PIERCE COUNTY APPLICATION
NEW PHOEBE HOUSE ASSOCIATION PO BOX 5245 TACOMA,, WA 98415	33-1023012	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
NISQUALLY LAND TRUST 420 MARVIN RD NE STE C PMB 243 LACEY,, WA 98516	91-1484518	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NORTH BENNET STREET SCHOOL 150 NORTH ST BOSTON,, MA 02109	04-2103830	501(C)(3)	10,000.	0.			SCHOLARSHIP FUND
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE,, WA 98104	91-1393082	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST LEADERSHIP FOUNDATION 1119 PACIFIC AVE #800 TACOMA,, WA 98402	91-1462508	501(C)(3)	26,500.	0.			READY TO RISE
NORTHWEST SINFONIETTA PO BOX 1154 TACOMA,, WA 98401	91-1590964	501(C)(3)	10,500.	0.			IN HONOR OF NATALIE MAYER AND THE MAY 6TH GALA

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NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE,, WA 98328	23-7438056	501(C)(3)	12,800.	0.			MAINTAINING PHYSICAL PLANT & EDUCATIONAL INSTITUTE COLLECTIONS AT NORTHWEST TREK
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E TACOMA,, WA 98408	91-1198391	501(C)(3)	5,098.	0.			GRAHAM FOOD BANK AT HOLY DISCIPLES CHURCH
OASIS YOUTH CENTER 2215 PACIFIC AVE TACOMA,, WA 98402	91-1385245	501(C)(3)	22,500.	0.			GENERAL OPERATING BUDGET FOR OASIS YOUTH CENTER
PACIFIC EDUCATION INSTITUTE 724 COLUMBIA ST NW STE 255 OLYMPIA,, WA 98501	75-3108166	501(C)(3)	11,821.	0.			ENVIRONMENTAL EDUCATION COMMUNITY OF INTEREST WORK
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 S 19TH ST - TACOMA,, WA 98405	91-0564954	501(C)(3)	9,938.	0.			SUMMER BOY SCOUT CAMP EXPENSES FOR PIERCE COUNTY BOYS
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA,, WA 98447	91-0565571	501(C)(3)	70,683.	0.			KURT MAYER CHAIR IN HOLOCAUST STUDIES
PARENTS AND STUDENTS IN ACTION PO BOX 1021 EATONVILLE,, WA 98328	91-1450064	501(C)(3)	29,000.	0.			GENERAL OPERATING SUPPORT AS INSPIRED BY STRENGTHENING PIERCE COUNTY APPLICATION
PCAF 3009 S 40TH ST TACOMA,, WA 98409	91-1385245	501(C)(3)	14,500.	0.			OASIS
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVE TACOMA,, WA 98405	91-1746986	501(C)(3)	61,000.	0.			CAPITAL CAMPAIGN AS RECOMMENDED BY SHERI AND JEFF TONN

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PEACH FOUNDATION 1098 MARLIN AVE FOSTER CITY,, CA 94404	91-2155836	501(C)(3)	19,800.	0.			SCHOLARSHIPS
PENINSULA HANDS ON ART PO BOX 2024 GIG HARBOR,, WA 98335	33-1141252	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PIERCE CENTER FOR ARTS AND TECHNOLOGY - 1101 A ST, UNIT 807 - TACOMA,, WA 98402	81-4175391	501(C)(3)	11,684.	0.			SUPPORT PLANNING, DEVELOPMENT, AND OPERATIONS OF PIERCE CENTER FOR ARTS AND TECH
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP,, WA 98374	91-1039199	501(C)(3)	35,095.	0.			NURSING SCHOLARSHIPS
PIERCE CONSERVATION DISTRICT PO BOX 1057 PUYALLUP,, WA 98371	91-0894461	GOVERNMENT	276,252.	0.			JUST AND HEALTHY FOODS COMMUNITY OF INTEREST WORK
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA,, WA 98446-2215	51-0180293	501(C)(3)	14,250.	0.			SUPPORTING OUTREACH EFFORTS
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST - SEATTLE,, WA 98122	91-0686012	501(C)(3)	8,965.	0.			GENERAL SUPPORT OF TACOMA AREA PROGRAMS
POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA,, WA 98407	91-6066667	501(C)(3)	44,041.	0.			GENERAL OPERATING SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 367 HALES CORNERS,, WI 53130	39-1243521	501(C)(3)	9,320.	0.			SACRED HEART MONASTERY IN HALES CORNERS, WI

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R. MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION - PO BOX 7119 - TACOMA,, WA 98417	91-1742581	501(C)(3)	81,700.	0.			GENERAL OPERATING SUPPORT
RAINBOW CENTER 2215 PACIFIC AVE TACOMA,, WA 98402	91-1859897	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
REBUILDING TOGETHER SOUTH SOUND 4019 S ORCHARD ST TACOMA,, WA 98466	91-2147601	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
RESCUE MISSION PO BOX 1912 TACOMA,, WA 98401	91-0565014	501(C)(3)	56,211.	0.			GENERAL OPERATING SUPPORT
ROTARY CLUB OF UPPER KITTITAS COUNTY FOUNDATION - PO BOX 1035 - CLE ELUM,, WA 98922	46-5013224	501(C)(3)	15,000.	0.			ROTARY SCHOLARSHIP PROGRAM
RPM FOUNDATION 2702 E D ST TACOMA,, WA 98421	20-2102643	501(C)(3)	5,000.	0.			EDUCATION
SAFE STREETS CAMPAIGN 622 TACOMA AVE S FL 1 TACOMA,, WA 98402	91-1704402	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY NORTHWEST DIVISION PO BOX 9219 SEATTLE,, WA 98109	94-1156347	501(C)(3)	5,220.	0.			GENERAL OPERATING SUPPORT
SAMDHANA KARANA YOGA OR SKY COMMUNITY TACOMA - CLOSED 3-1-2018 - 739 ST HELENS AVE - TACOMA,, WA 98402	27-2638431	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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SCHOOL'S OUT WASHINGTON 801 23RD AVE S STE A SEATTLE,, WA 98144	46-0809713	501(C)(3)	240,247.	0.			TACOMA SOCIAL EMOTIONAL LEARNING DESIGN TEAM PARTICIPATION
SEATTLE REPERTORY THEATRE PO BOX 900923 SEATTLE,, WA 98109-9982	91-0756535	501(C)(3)	7,500.	0.			AUGUST WILSON MONOLOGUE COMPETITION: PIERCE COUNTY PROGRAMMING
SECOND CYCLE 1205 MARTIN LUTHER KING JR WAY TACOMA,, WA 98405	45-2637950	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
SHANAMAN TACOMA PIERCE COUNTY SPORTS MUSEUM - PO BOX 1614 - TACOMA,, WA 98401-1614	91-1648184	501(C)(3)	10,000.	0.			OPERATING COSTS AND WEBSITE UPGRADES
SHARED HOUSING SERVICES 901 S 11TH ST TACOMA,, WA 98405	91-1557248	501(C)(3)	16,915.	0.			GENERAL OPERATING SUPPORT
SOUND OUTREACH 1106 MARTIN LUTHER KING JR WAY TACOMA,, WA 98405	91-1741624	501(C)(3)	19,170.	0.			GENERAL OPERATING SUPPORT
SOUTH SOUND CARE FOUNDATION PO BOX 1314 TACOMA,, WA 98401	26-2611997	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
SOUTH SOUND TOGETHER 1950 S STATE ST TACOMA,, WA 98405	68-0099037	CHARITABLE	10,417.	0.			IMPROVEMENT/BEAUTIFICATIO OF THE I-5 CORRIDOR IN PIERCE COUNTY
SOUTHWESTERN WASHINGTON SYNOD ELCA 420 121ST ST S TACOMA,, WA 98444	36-3513680	501(C)(3)	5,556.	0.			SUPPORT OF SALISHAN MISSION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. NICHOLAS GREEK ORTHODOX CHURCH 1523 S YAKIMA AVE TACOMA,, WA 98405		CHURCH	100,000.	0.			STRUCTURAL RENOVATIONS
STEILACOOM HISTORICAL MUSEUM ASSOCIATION - PO BOX 88016 - STEILACOOM,, WA 98388	91-6176075	501(C)(3)	26,159.	0.			BUILDING MAINTENANCE AND OTHER OPERATING SUPPORT
TACOMA AREA COALITION OF INDIVIDUALS WITH DISABILITIES (TACID) - 6315 S 19TH ST - TACOMA, WA 98466	91-1125538	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVE - SUMNER,, WA 98390	30-0128156	501(C)(3)	10,700.	0.			STUDENT SCHOLARSHIPS
SYMPHONY TACOMA 901 BROADWAY STE 600 TACOMA,, WA 98402	91-6032976	501(C)(3)	70,900.	0.			GENERAL OPERATING SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA,, WA 98402-3214	91-0697444	501(C)(3)	15,096.	0.			GENERAL OPERATING SUPPORT
TACOMA COMMUNITY BOAT BUILDERS 1120 EAST D ST. TACOMA,, WA 98421	46-1724422	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S 19TH ST BLDG 6 - TACOMA,, WA 98466	91-6073780	501(C)(3)	18,163.	0.			NURSING SCHOLARSHIPS
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA,, WA 98405	91-0570872	501(C)(3)	71,000.	0.			DONATION TO THE CAPITAL CAMPAIGN - EMBRACING AMERICA'S PROMISE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA CONCERT BAND 7916 NIXON AVE SW LAKEWOOD,, WA 98498	94-3076795	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
TACOMA ELKS LODGE NO. 174 B.P.O.E. PO BOX 11008 TACOMA,, WA 98411	91-0142850	501(C)(8)	12,129.	0.			PROGRAMS THAT BENEFIT CHILDREN
TACOMA FARMERS MARKET PO BOX 707 TACOMA,, WA 98401	91-1647227	501(C)(4)	10,290.	0.			JUST AND HEALTHY FOOD SYSTEMS COMMUNITY OF INTEREST WORK
TACOMA HISTORICAL SOCIETY PO BOX 1865 TACOMA,, WA 98402	94-3146516	501(C)(3)	11,200.	0.			GENERAL OPERATING SUPPORT
TACOMA OPERA ASSOCIATION 47 ST. HELENS AVENUE SUITE 201 TACOMA,, WA 98402	911237511	501(C)(3)	8,415.	0.			GENERAL OPERATING SUPPORT
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 S TACOMA WAY - TACOMA,, WA 98409	58-1735531	501(C)(3)	151,750.	0.			GENERAL OPERATING SUPPORT
TACOMA PUBLIC SCHOOLS PO BOX 1357 TACOMA,, WA 98401-1357		SCHOOL	432,500.	0.			TONE TRUST
TACOMA TOOL LIBRARY 754 S 38TH ST TACOMA,, WA 98418	91-1178790	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT FOR TACOMA TOOL LIBRARY
TACOMA URBAN LEAGUE 2550 S YAKIMA AVE TACOMA,, WA 98405	91-0826302	501(C)(3)	31,000.	0.			JUST AND HEALTHY FOOD SYSTEMS COMMUNITY OF INTEREST WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S D ST MS 001 - TACOMA,, WA 98418-6813	91-1488160	GOVERNMENT	14,100.	0.			INCENTIVES/GIFTS/ESSENTIA FOR UNWED FIRST TIME MOTHERS IN PIERCE COUNTY
TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE,, WA 98466	23-7450873	501(C)(3)	15,100.	0.			GENERAL OPERATING SUPPORT
TEENTIX 305 HARRISON ST SEATTLE,, WA 98109	81-2736337	501(C)(3)	30,000.	0.			THE TEENTIX PASS PROGRAM EXPANSION AND UPGRADE
TEMPLE BETH EL 5975 S 12TH STREET TACOMA,, WA 98465-1936	91-6016911	501(C)(3)	11,000.	0.			CANTOR FUND
THE FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVE NW WASHINGTON,, DC 20012-2031	52-2242472	501(C)(3)	24,000.	0.			COACHING AND EXPERT ADVICE; IMPLEMENTATION OF TACOMA'S WALLACE-FUNDED PSELI INITIATIVE
THE GOODTIMES PROJECT 7400 SAND POINT WAY NE #101 S SHORELINE,, WA 98115	46-2489916	501(C)(3)	13,400.	0.			GENERAL OPERATING SUPPORT
THE LIGHTHOUSE FOR THE BLIND, INC. 2501 S PLUM ST SEATTLE,, WA 98144	91-0295070	501(C)(3)	23,350.	0.			GENERAL OPERATING SUPPORT
THE MOCKINGBIRD SOCIETY 2100 24TH AVE S STE 240 SEATTLE, WA 98144	91-2051340	501(C)(3)	5,000.	0.			PIERCE COUNTY CHAPTER OF THE MOCKINGBIRD YOUTH NETWORK
THE MUSEUM OF FLIGHT 9404 E MARGINAL WAY S SEATTLE, WA 98108	91-0785826	501(C)(3)	17,500.	0.			AEROSPACE STEM EDUCATION TECHNOLOGY IMPROVEMENTS AND INCREASED ACCESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUSTARD SEED PROJECT OF KEY PENINSULA - PO BOX 182 - VAUGHN,, WA 98394	61-1537566	501(C)(3)	56,000.	0.			GENERAL OPERATING SUPPORT
THE SALVATION ARMY 1110 S PUGET SOUND AVE TACOMA,, WA 98405	94-1156347	501(C)(3)	17,762.	0.			GENERAL OPERATING SUPPORT
THE WISHING WELL FOUNDATION 16524 89TH AVE E PUYALLUP,, WA 98375	45-4004786	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
TOYS FOR KIDS 4008 243RD PL SE ISSAQUAH,, WA 98029	91-2099219	501(C)(3)	5,000.	0.			DAVE HENDERSON SCHOLARSHIP
TRINITY PRESBYTERIAN CHURCH 1615 6TH AVE TACOMA,, WA 98405	23-6393377	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
UNITED CHURCH OF CHRIST WIDER CHURCH MINISTRIES - 700 PROSPECT AVE E - CLEVELAND,, OH 44115	13-1957221	501(C)(3)	50,000.	0.			MINISTRY SUPPORT
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA,, WA 98401-2215	91-0650669	501(C)(3)	28,822.	0.			POVERTY TO POSSIBILITY CONVENING
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST #1080 TACOMA,, WA 98416	91-0564961	501(C)(3)	57,227.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF WASHINGTON UW BOX 356350 SEATTLE,, WA 98195-6350	94-3079432	501(C)(3)	6,440.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON, TACOMA 1900 COMMERCE ST BOX 358432 TACOMA,, WA 98402	94-3079432	501(C)(3)	226,879.	0.			IMPLEMENTATION COACH
UNIVERSITY PLACE PRESBYTERIAN CHURCH - 8101 27TH ST W - UNIVERSITY PLACE,, WA 98465	23-6393377	501(C)(3)	250,000.	0.			REFRESH BUILDING FUND
VASHON HOUSEHOLD PO BOX 413 VASHON ISLAND,, WA 98070	91-1517448	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
VASHON MAURY COMMUNITY FOOD BANK PO BOX 1205 VASHON ISLAND,, WA 98070	94-3165664	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
VASHON MAURY ISLAND LAND TRUST PO BOX 2031 VASHON ISLAND,, WA 98070	94-3123021	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
VILLAGE KEEPERS PO BOX 64022 UNIVERSITY PLACE,, WA 98464	47-5073105	501(C)(3)	24,598.	0.			JUST AND HEALTHY FOOD SYSTEMS COMMUNITY OF INTEREST WORK
WASHINGTON BIKES 7787 62ND AVE NE SEATTLE,, WA 98115	91-1235139	501(C)(4)	9,000.	0.			ACTIVE TRANSPORTATION COMMUNITY OF INTEREST WORK
WASHINGTON FARM FORESTRY ASSOCIATION - PO BOX 1010 - CHEHALIS,, WA 98532	91-6058341	501(C)(5)	24,296.	0.			FORESTS COMMUNITY OF INTEREST WORK
WASHINGTON STATE HISTORICAL SOCIETY - 1911 PACIFIC AVE - TACOMA,, WA 98402	91-6000557	501(C)(3)	7,500.	0.			SCHOOL TRANSPORTATION FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE OAK FARM AND EDUCATION CENTER - PO BOX 450 - WILLIAMS,, OR 97544	41-2078214	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
WHITE RIVER COMMUNITY OUTREACH PO BOX 7053 BONNEY LAKE,, WA 98391	91-1464977	CHURCH	10,500.	0.			RESOURCE REFERRALS TO SUPPORTIVE SERVICES FOR WHITE RIVER AND CARBONADO SCHOOL DISTRICTS
WILLO WOMEN'S INTERGENERATIONAL LIVING LEGACY ORGANIZATION - 602 BAKER ST - TACOMA,, WA 98402	91-1106878	501(C)(3)	5,000.	0.			STORYTELLING EVENT FOR WILLO WOMEN'S INTERGENERATIONAL LIVING LEGACY ORGANIZATION
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	9,320.	0.			GENERAL OPERATING SUPPORT
WRITE253 2602 S. 38TH ST. BOX #285 TACOMA,, WA 98409	81-3531110	501(C)(3)	11,900.	0.			GENERAL OPERATING SUPPORT FOR WRITE253
WYATT HOLLIDAY FOUNDATION DBA EXCEPTIONAL FAMILIES NETWORK - 5605 100TH ST SW STE A - LAKEWOOD,, WA 98499	84-1646228	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT AS INSPIRED BY STRENGTHENING PIERCE COUNTY APPLICATION
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE #201 TACOMA,, WA 98405	91-0565562	501(C)(3)	71,800.	0.			GENERAL OPERATING SUPPORT
YWCA PIERCE COUNTY 405 BROADWAY TACOMA,, WA 98402	91-0565026	501(C)(3)	94,024.	0.			ENHANCING SERVICES FOR HISPANIC VICTIMS OF DOMESTIC VIOLENCE

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	79	297,705.	0.		
SPARK GRANTS	7	6,426.	0.		
OTHER	8	28,700.	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:

PROCESS FOR MONITORING GRANTS INSIDE THE UNITED STATES IS AS FOLLOWS:

-WHEN A GRANT IS AWARDED, IT IS SENT TO THE GRANTEE ALONG WITH A TRANSMITTAL LETTER THAT STATES THAT THE GRANT FUNDS MUST BE USED TO SUPPORT THE STATED PURPOSE AND, IF APPLICABLE, IN ACCORDANCE WITH THE APPROVED GRANT PROPOSAL PLAN, BUDGET AND TIMELINE. CERTAIN GRANTS REQUIRE THE SUBMISSION OF EVALUATION REPORTS AT SPECIFIED INTERVALS FOLLOWING RECEIPT

Part IV Supplemental Information

OF THE GRANT.

-THE GRANTEE IS REQUIRED TO SIGN AND DATE THE FORM, ACKNOWLEDGING RECEIPT OF THE GRANT AND AGREEMENT WITH THE TERMS OF THE GRANT, AND RETURN THE SIGNED FORM TO THE COMMUNITY FOUNDATION.

SCHEDULE I, PART I, LINE 2

THE SELECTION CRITERIA USED TO AWARD GRANTS IS AS FOLLOWS:

- GRANTEE MUST BE A 501(C)3 TAX-EXEMPT NONPROFIT ORGANIZATION OR BE AFFILIATED WITH A TAX-EXEMPT ORGANIZATION

- THE GRANT MUST BE USED TO PROVIDE A SERVICE PRIMARILY FOR RESIDENTS OF PIERCE COUNTY

- THE COMMUNITY FOUNDATION VALUES THE IMPORTANT WORK THAT NONPROFITS DO WITHIN OUR COMMUNITY AND WE INVEST IN HEALTHY, WELL-RUN NONPROFIT ORGANIZATIONS WITH CLEAR MISSION AND PROGRAMMATIC ALIGNMENT, WHO LEARN FROM THEIR CONSTITUENTS, PARTICIPATE IN FIELD BUILDING ACTIVITIES, ASSESS THEIR IMPACT, AND SHARE GREATER TACOMA COMMUNITY FOUNDATION'S VALUES. WE DO THIS WITH GENERAL OPERATING SUPPORT GRANTS DESIGNED TO BOLSTER SMALLER NONPROFITS WHO ARE ADDRESSING CRITICAL ISSUES TO SUSTAIN AND BUILD A STRONGER PIERCE COUNTY. WE ALSO AWARD BUILDING CAPACITY GRANTS TO AGENCIES OF ALL SIZES FOR IMPROVING OPERATIONAL, PROGRAMMATIC FINANCIAL, OR ORGANIZATIONAL INFRASTRUCTURE.

- THE GRANTEE MUST NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEXUAL ORIENTATION, PHYSICAL OR MENTAL DISABILITIES, GENDER

Part IV Supplemental Information

OR NATIONAL ORIGIN; BE INCLUSIVE WITH CLIENTS, VOLUNTEERS AND STAFF

- IF A GRANT IS RECOMMENDED TO BE MADE TO A PUBLIC CHARITY ACCORDING TO SECTION 509(A), THE FUNDS MUST BE SPENT FOR CHARITABLE PURPOSES AND NOT FOR PRIVATE GAIN OR POLITICAL ACTIVITIES

- A RECOMMENDED GRANT WILL NOT BE MADE TO AN INDIVIDUAL OR FAMILY FOLLOWING A TRAGEDY AND WILL PROVIDE NO PRIVATE BENEFIT TO THE DONOR

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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 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 PRESIDENT & CEO	(i)	209,054.	0.	0.	21,000.	9,161.	239,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARB GRANGER VP, PHILANTHROPY	(i)	129,144.	0.	0.	13,000.	9,022.	151,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 7:

REPRESENTS BONUS AT YEAR-END WHICH IS BASED ON REVIEW OF PERFORMANCE BY THE
EXECUTIVE COMMITTEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	29,898	1,473,986.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MATTER.

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 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 ACKNOWLEDGMENT STATEMENT WHERE THEY DESCRIBE ANY AND ALL CONNECTIONS, RELATIONSHIPS OR SITUATIONS WHICH MAY BE A CONFLICT OF INTEREST WITH THE COMMUNITY FOUNDATION. BY SIGNING THE ACKNOWLEDGMENT FORM, THEY INDICATE THAT THEY HAVE CAREFULLY READ THE CONFLICT OF INTEREST POLICY AND THEIR RESPONSES ARE COMPLETE, TRUE AND ACCURATE.

AT COMMITTEE AND BOARD MEETINGS THROUGHOUT THE YEAR, STAFF AND VOLUNTEERS WHO HAVE A CONFLICT OF INTEREST WITH A MATTER THAT IS BEFORE THE COMMITTEE OR BOARD VERBALLY DISCLOSE THE CONFLICT AND ABSTAIN FROM DISCUSSION AND VOTING. THE ABSTENTION IS DOCUMENTED IN THE MEETING MINUTES.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

FORM 990, PART VI, SECTION B, LINE 15A:

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

THE EXECUTIVE COMMITTEE VOTES ON THE RECOMMENDED ACTION AND DOCUMENTS THE PROCESS, THE NAMES OF MEMBERS PRESENT, AS WELL AS ANY STATED CONFLICTS OF INTEREST AND ABSTENTIONS IN ITS MEETING MINUTES. IN EXECUTIVE SESSION AT THE 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.

FORM 990, PART VI, SECTION C, LINE 18:

THE COMMUNITY FOUNDATION MAKES ITS FORMS 1023 AND 990 AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19:

THE COMMUNITY FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

Name of the organization GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 98,514.

FORM 990, PART XI, LINE 1:

TOTAL REVENUE IS GTCF-ONLY, NOT CONSOLIDATED REVENUE. THE AMOUNT ON LINE 1 CAN BE FOUND IN THE SUPPLEMENTAL SCHEDULES OF THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C:

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FRIENDS OF LAKEWOLD - 94-3041320 P.O. BOX 39780 LAKEWOOD, WA 98439	PRESERVE LAKEWOLD GARDENS AS AN INSPIRATIONAL AND EDUCATIONAL EXPERIENCE.	WASHINGTON	501(C)(3)	509(A)(2)	GREATER TACOMA COMMUNITY FOUNDATION	X	
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - 61-1727426, 2515 S. 336TH ST., FEDERAL WAY, WA 98003	PRESERVE GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	WASHINGTON	501(C)(3)	509(A)(3) - TYPE 1	GREATER TACOMA COMMUNITY FOUNDATION	X	
THE ASSET STEWARDSHIP FOUNDATION - 26-1088224, 950 PACIFIC AVENUE, SUITE 110, TACOMA, WA 98402	SUPPORT THE PURPOSES OF GTCF THROUGH RECEIPT AND HOLDING OF GIFTS	WASHINGTON	501(C)(3)	509(A)(3) - TYPE 1	GREATER TACOMA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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) THE FRIENDS OF LAKEWOLD GEORGE WEYERHAEUSER PACIFIC RIM BONSAI	B	250,670.	COST
(2) COLLECTION	B	605,200.	COST
(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.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.