

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

**2021**

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

**A For the 2021 calendar year, or tax year beginning and ending**


<b>B</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	<b>C Name of organization</b> GREATER TACOMA COMMUNITY FOUNDATION		<b>D Employer identification number</b> 91-1007459	
	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		<b>E Telephone number</b> 253-383-5622	
	City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98402		<b>G Gross receipts \$</b> 27,510,434.	
	<b>F Name and address of principal officer:</b> MOHAMMAD MOUSA SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.GTCF.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>				
<b>L Year of formation:</b> 1977 <b>M State of legal domicile:</b> WA				
<b>H(c) Group exemption number</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>CONNECTING PEOPLE, KNOWLEDGE, AND FUNDING TO BUILD A THRIVING PIERCE COUNTY.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 16	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 20	
	<b>6</b> Total number of volunteers (estimate if necessary)	6 61	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	21,544,504.	11,367,213.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,295,586.	13,305,869.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,835.	2,612.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,843,925.	24,675,694.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,725,306.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,372,919.	2,306,082.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>521,876.</u>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,384,170.	1,210,868.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,482,395.	14,016,160.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,361,530.	10,659,534.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	149,222,221.	166,592,589.
	<b>21</b> Total liabilities (Part X, line 26)	2,232,483.	1,888,890.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	146,989,738.	164,703,699.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <u>11.15.2022</u>			
	MOHAMMAD MOUSA, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature JENNIFER BECKER HARRIS	Date 10/28/22	Check if self-employed <input type="checkbox"/>	PTIN 00183358
	Firm's name CLARK NUBER PS	Firm's EIN 91-1194016	Firm's address 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004	Phone no. 425-454-4919	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ACTING AS A CATALYST, CONNECTOR, AND KNOWLEDGE FACILITATOR TO BUILD RACIALLY EQUITABLE, ACCESSIBLE, INCLUSIVE PIERCE COUNTY WHERE ALL PEOPLE CAN SHAPE AND ACTIVATE THE SYSTEMS THAT AFFECT OUR COMMUNITIES, NOW AND FOR GENERATIONS TO COME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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 \$ 11,789,264. including grants of \$ 10,499,210. ) (Revenue \$ 2,512. ) GREATER TACOMA COMMUNITY FOUNDATION DELIVERED MORE THAN \$10.4 MILLION TO THE COMMUNITY THROUGH DONOR-ADVISED GRANTS, COVID-19 EMERGENCY RESPONSE FUNDING THROUGH PIERCE COUNTY CONNECTED, SUPPORT FOR EXPANDED LEARNING OPPORTUNITIES THROUGHOUT PIERCE COUNTY, FUNDING FOR COMMUNITY-DRIVEN EFFORTS TO IMPROVE SOCIAL AND ENVIRONMENTAL CONDITIONS THROUGHOUT THE PUYALLUP WATERSHED, YOUTH HOMELESSNESS, UNRESTRICTED GENERAL OPERATING GRANTS, CAPACITY-BUILDING GRANTS, SUPPORT FOR COMMUNITY-DRIVEN CIVIC ENGAGEMENT, IMPACT INVESTING, COMMUNITY KNOWLEDGE FACILITATION, NETWORK BUILDING, AND PHILANTHROPIC EDUCATION.

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

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

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

4e Total program service expenses 11,789,264.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MOHAMMAD MOUSA - 253-383-5622
950 PACIFIC AVENUE, SUITE 1100, TACOMA, WA 98402

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHI LITTMANN CEO AND PRESIDENT	40.00 1.00			X			268,930.	0.	40,722.	
(2) MOHAMMAD MOUSA CFO	40.00 2.00			X			173,971.	0.	28,917.	
(3) MEGAN SUKYS C STRATEGY/COMMUNICATIONS OFFICER	40.00 0.00					X	123,537.	0.	34,083.	
(4) SETH KIRBY CHIEF IMPACT OFFICER	40.00 0.00					X	121,059.	0.	33,113.	
(5) ROBIN CALLAHAN VP PHILANTHROPIC SERVICES	40.00 2.00					X	122,426.	0.	21,634.	
(6) EVELYN RYBERG SEN. DIR. OF PHILANTHROPIC SERVICES	40.00 0.00					X	107,664.	0.	19,487.	
(7) STACEY GUADNOLA DIR. OF PHILANTHROPIC ENGAGEMENT	40.00 0.00					X	100,563.	0.	22,623.	
(8) ART WANG CHAIR	2.00 0.00	X		X			0.	0.	0.	
(9) LORI FORTE HARNICK VICE CHAIR	2.00 0.00	X		X			0.	0.	0.	
(10) PRISCILLA LISICISH SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(11) BRIAN GREEN TREASURER	2.00 0.00	X		X			0.	0.	0.	
(12) JACQUES COLON DIRECTOR	0.50 0.00	X					0.	0.	0.	
(13) BEVERLY COX DIRECTOR	0.50 0.00	X					0.	0.	0.	
(14) KIM FISHER DIRECTOR	0.50 0.00	X					0.	0.	0.	
(15) TORY GREEN DIRECTOR	0.50 0.00	X					0.	0.	0.	
(16) JOSH DUNN DIRECTOR	0.50 0.00	X					0.	0.	0.	
(17) RYAN MELLO DIRECTOR	0.50 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALI MODARRES DIRECTOR	0.50 0.00	X						0.	0.	0.
(19) AHLMAHZ NEGASH DIRECTOR	0.50 0.00	X						0.	0.	0.
(20) LYLE QUASIM DIRECTOR	0.50 0.00	X						0.	0.	0.
(21) WAYNE WILLIAMS DIRECTOR	0.50 0.00	X						0.	0.	0.
(22) RICHARD WOO DIRECTOR	0.50 0.00	X						0.	0.	0.
(23) CARLA SANTORNO DIRECTOR	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							1,018,150.	0.	200,579.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,018,150.	0.	200,579.	

**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 **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	11,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,356,213.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,053,328.				
	<b>h Total.</b> Add lines 1a-1f .....			11,367,213.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,426,291.			5,426,291.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	10,714,318.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,834,740.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	7,879,578.				
	<b>d</b> Net gain or (loss) .....			7,879,578.		7,879,578.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> GRANT SERVICES	<b>Business Code</b>	900099	2,512.	2,512.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....		900099	100.		100.	
	<b>e Total.</b> Add lines 11a-11d .....			2,612.			
<b>12 Total revenue.</b> See instructions .....			24,675,694.	2,512.	0.	13,305,969.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,163,268.	10,163,268.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	335,942.	335,942.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	512,056.	99,854.	296,274.	115,928.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,368,058.	431,169.	716,594.	220,295.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,425.	49,589.	62,061.	19,775.
<b>9</b> Other employee benefits .....	152,569.	45,886.	80,381.	26,302.
<b>10</b> Payroll taxes .....	141,974.	40,178.	76,450.	25,346.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,250.		3,250.	
<b>c</b> Accounting .....	50,925.	3,750.	47,175.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	182,384.		182,384.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	496,638.	436,270.	47,806.	12,562.
<b>12</b> Advertising and promotion .....	5,469.	4,970.	499.	
<b>13</b> Office expenses .....	42,159.	12,311.	22,976.	6,872.
<b>14</b> Information technology .....	108,233.	29,782.	43,090.	35,361.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	149,659.	40,318.	76,700.	32,641.
<b>17</b> Travel .....	326.	33.	269.	24.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	46,050.	7,382.	23,277.	15,391.
<b>20</b> Interest .....	393.		393.	
<b>21</b> Payments to affiliates .....	18,076.	18,076.		
<b>22</b> Depreciation, depletion, and amortization .....	21,750.	5,859.	11,147.	4,744.
<b>23</b> Insurance .....	12,360.	3,498.	6,655.	2,207.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES AND SUBSCRIPTIONS	41,836.	31,366.	7,286.	3,184.
<b>b</b> COMMUNITY EVENTS	20,605.	20,605.		
<b>c</b> STAFF DEVELOPMENT	10,755.	9,158.	353.	1,244.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,016,160.	11,789,264.	1,705,020.	521,876.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	8,911,908.	<b>2</b>	8,545,189.
	<b>3</b> Pledges and grants receivable, net .....	3,926,693.	<b>3</b>	2,109,530.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	193,296.	<b>9</b>	41,056.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 224,810.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 200,251.	39,232.	<b>10c</b> 24,559.
	<b>11</b> Investments - publicly traded securities .....	130,045,914.	<b>11</b>	149,400,784.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,254,148.	<b>13</b>	1,224,934.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,851,030.	<b>15</b>	5,246,537.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	149,222,221.	<b>16</b>	166,592,589.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	220,355.	<b>17</b>	222,255.
	<b>18</b> Grants payable .....	105,350.	<b>18</b>	152,028.
	<b>19</b> Deferred revenue .....	932,791.	<b>19</b>	543,192.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	973,987.	<b>25</b>	971,415.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,232,483.	<b>26</b>	1,888,890.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	135,253,891.	<b>27</b>	154,272,314.
	<b>28</b> Net assets with donor restrictions .....	11,735,847.	<b>28</b>	10,431,385.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	146,989,738.	<b>32</b>	164,703,699.
<b>33</b> Total liabilities and net assets/fund balances .....	149,222,221.	<b>33</b>	166,592,589.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,675,694.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,016,160.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,659,534.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	146,989,738.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,756,025.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	298,402.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	164,703,699.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,577,084.	10,799,687.	15,375,991.	21,544,504.	11,367,213.	65,664,479.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,577,084.	10,799,687.	15,375,991.	21,544,504.	11,367,213.	65,664,479.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						16,622,751.
<b>6 Public support.</b> Subtract line 5 from line 4.						49,041,728.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	6,577,084.	10,799,687.	15,375,991.	21,544,504.	11,367,213.	65,664,479.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,963,211.	2,615,049.	2,434,654.	3,550,138.	5,426,291.	15,989,343.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	128,582.	142,373.	108,728.	3,835.	100.	383,618.
<b>11 Total support.</b> Add lines 7 through 10						82,037,440.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,512.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.78 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	61.56 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

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

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

ADMINISTRATIVE FEE REVENUE

2017 AMOUNT: \$ 128,567.

2018 AMOUNT: \$ 130,223.

2019 AMOUNT: \$ 108,728.

OTHER INCOME

2017 AMOUNT: \$ 15.

2018 AMOUNT: \$ 12,150.

2020 AMOUNT: \$ 3,835.

2021 AMOUNT: \$ 100.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number  91-1007459
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,003,865.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 604,439.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number  91-1007459
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 451,121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 319,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number  91-1007459
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MARKETABLE SECURITIES _____ _____ _____	\$ 1,003,865.	09/14/21
7	MARKETABLE SECURITIES _____ _____ _____	\$ 451,121.	12/21/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number  91-1007459
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset inclusion details.

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	87,854,272.	81,739,389.	69,740,985.	76,561,354.	67,968,403.
<b>b</b> Contributions .....	1,107,167.	713,252.	1,729,977.	975,922.	931,748.
<b>c</b> Net investment earnings, gains, and losses .....	14,454,334.	9,915,528.	12,885,514.	-3,117,519.	10,039,865.
<b>d</b> Grants or scholarships .....	4,461,661.	4,513,896.	2,617,087.	4,678,772.	2,378,662.
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	98,954,112.	87,854,273.	81,739,389.	69,740,985.	76,561,354.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 97.4200 %
  - b** Permanent endowment ▶ 2.5800 %
  - c** Term endowment ▶ .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		224,810.	200,251.	24,559.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				24,559.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) CHARITABLE TRUST PAYABLE	476,661.
(3) SPLIT-INTEREST AGREEMENT PAYABLE	494,754.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	971,415.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	29,146,732.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,756,025.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,273,732.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,029,757.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,116,975.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	162,873.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,395,846.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,558,719.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	24,675,694.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,846,326.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,719,306.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,719,306.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,127,020.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	162,873.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	726,267.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	889,140.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,016,160.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

GREATER TACOMA COMMUNITY FOUNDATION FOLLOWS DONOR INTENT ON ENDOWMENT

FUNDS AS STATED IN FUND AGREEMENTS AND OTHER SOURCE DOCUMENTS. MOST

ENDOWMENT FUNDS ARE USED TO DIRECTLY SUPPORT ORGANIZATIONS AND EFFORTS

THAT BENEFIT PIERCE COUNTY COMMUNITIES AND RESIDENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 267,958.

SUPPORTING ORGANIZATIONS' REVENUE 2,005,774.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,273,732.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

AGENCY FUND REVENUE 4,511,213.

AGENCY FUND ADMIN FEES -115,367.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 4,395,846.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORGANIZATIONS' EXPENSES 1,749,750.

PRIOR YEAR RETURNED GRANTS -30,444.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,719,306.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES 726,267.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVOCATES FOR IMMIGRANTS IN DETENTION NW - 1915 S SHERIDAN AVE - TACOMA, WA 98405-3453	27-1031009	501(C)(3)	12,500.	0.			OPERATING SUPPORT
ALCHEMY INDOOR SKATEPARK AND EDUCATION CENTER - 311 S 7TH ST - TACOMA, WA 98402-3707	46-2756372	501(C)(3)	11,742.	0.			PROGRAM SUPPORT
ALLEN RENAISSANCE 1321 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-3929	91-2003317	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION WESTERN AND CENTRAL WA STATE CHAPTER - 100 W HARRISON ST STE N200 - SEATTLE, WA 98119-4170	13-3039601	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY, GREAT WEST DIVISION, PIERCE COUNTY - 1313 BROADWAY STE 100 - TACOMA, WA 98402-3400	13-1788491	501(C)(3)	13,291.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION - PO BOX 2728 - SEATTLE, WA 98111-2728	23-7076867	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 210.

**3** Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LEADERSHIP FORUM TACOMA/PIERCE COUNTY - PO BOX 1914 - TACOMA, WA 98401-1914	91-1442921	501(C)(3)	12,250.	0.			OPERATING SUPPORT
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA, WA 98403-2899	91-0567266	501(C)(3)	35,800.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
ASIA PACIFIC CULTURAL CENTER 4851 SOUTH TACOMA WAY TACOMA, WA 98409-4446	91-1854410	501(C)(3)	45,000.	0.			PROGRAM SUPPORT
ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY - 901 S 13TH ST - TACOMA, WA 98405-4903	91-0847534	501(C)(3)	7,806.	0.			OPERATING SUPPORT
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON ST TACOMA, WA 98405-1399	91-1109930	501(C)(3)	24,950.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
BELOVED ARISE 2606 2ND AVE # 540 SEATTLE, WA 98121-1212	84-2991429	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BETHEL COMMUNITY SERVICES 18020 B ST E SPANAWAY, WA 98387-8316	33-1086473	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
BIG HOMIE MINISTRIES INTERNATIONAL PO BOX 99157 LAKEWOOD, WA 98496-0157	47-1354491	501(C)(3)	50,000.	0.			OPERATING SUPPORT
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH ST STE 100 - TACOMA, WA 98409-2471	91-0759832	501(C)(3)	141,731.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING BEYOND THE WALLS 12809 207TH AVE E BONNEY LAKE, WA 98391-7944	81-3804554	501(C)(3)	7,300.	0.			OPERATING SUPPORT
BYTM (BUILDING YOUTH THROUGH MUSIC) DBA WAYOUT KIDS - PO BOX 1722 - TACOMA, WA 98401-1722	41-2194382	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
CALLED TO COMPETE DBA KINGDOM SPORTS - 15418 WEIR ST PMB 177 - OMAHA, NE 68137-5045	82-1885356	501(C)(3)	10,323.	0.			PROGRAM SUPPORT
CARING FOR KIDS 237 ELDORADO AVE FIRCREST, WA 98466-7212	27-3768291	501(C)(3)	7,000.	0.			OPERATING SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - PO BOX 1235 - TACOMA, WA 98401-1235	91-1585652	501(C)(3)	121,440.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
CENTER FOR ACTION AND CONTEMPLATION - PO BOX 12464 - ALBUQUERQUE, NM 87195-0464	85-0354965	501(C)(3)	15,000.	0.			OPERATING SUPPORT
CENTRO LATINO 1208 S 10TH ST TACOMA, WA 98405-4043	91-1488193	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LN STE 375 - ALEXANDRIA, VA 22314-2875	43-1634280	501(C)(3)	10,800.	0.			OPERATING SUPPORT
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383-3970	91-1702551	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE RECONCILIATION PROJECT FOUNDATION - PO BOX 7024 - TACOMA, WA 98417-0024	91-1647325	501(C)(3)	10,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
CITY OF BUCKLEY PO BOX 1960 BUCKLEY, WA 98321-1960	91-6001406	GOVERNMENT	50,170.	0.			PROGRAM SUPPORT
CITY OF FIFE 5411 23RD ST E FIFE, WA 98424-2061	91-6012977	GOVERNMENT	87,371.	0.			CAPITAL SUPPORT
CITY OF FIRCREST 115 RAMSDELL ST FIRCREST, WA 98466-6912		GOVERNMENT	1,000,000.	0.			CAPITAL SUPPORT
CITY OF PUYALLUP 333 S MERIDIAN STE 101 PUYALLUP, WA 98371-5904	91-6001274	GOVERNMENT	10,000.	0.			PROGRAM SUPPORT
CITY OF TACOMA 747 MARKET ST TACOMA, WA 98402-3726	91-6001283	GOVERNMENT	16,000.	0.			PROGRAM SUPPORT
CITY OF TACOMA, TACOMA PUBLIC UTILITIES - PO BOX 11007 - TACOMA, WA 98411-0007		GOVERNMENT	5,200.	0.			PROGRAM SUPPORT
CLOVER PARK TECHNICAL COLLEGE FOUNDATION - 4500 STEILACOOM BLVD SW - LAKEWOOD, WA 98499-4098	91-1565219	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL STE 200 BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	62,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF LAKEWOOD 10828 GRAVELLY LAKE DR SW STE 104 LAKEWOOD, WA 98499-1300	91-1732922	501(C)(3)	41,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF PENINSULA - PO BOX 684 - VAUGHN, WA 98394-0684	91-2024847	501(C)(3)	10,000.	0.			OPERATING SUPPORT
COMMUNITIES IN SCHOOLS OF PUYALLUP 302 2ND ST SE PUYALLUP, WA 98372-3220	26-0028759	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
COMMUNITY BUILDERS PO BOX 875 CLE ELUM, WA 98922-0875	77-0616768	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402-3518	91-1349657	501(C)(3)	13,070.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
COMPREHENSIVE LIFE RESOURCES 1305 TACOMA AVE S STE 305 TACOMA, WA 98402-1903	91-0854239	501(C)(3)	188,879.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
COVENANT YOUTH OF ALASKA PO BOX 203356 ANCHORAGE, AK 99520-3356	20-8363626	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CRYSTAL JUDSON FAMILY JUSTICE CENTER - 718 COURT E - TACOMA, WA 98402-2200	91-6001359	GOVERNMENT	36,000.	0.			OPERATING SUPPORT, ORG CAPACITY, PROGRAM SUPPORT
DEGREES OF CHANGE PO BOX 1573 TACOMA, WA 98401-1573	45-3035382	501(C)(3)	5,250.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EATONVILLE AREA COUNCIL DBA EATONVILLE FAMILY AGENCY - PO BOX 1764 - EATONVILLE, WA 98328-1764	91-1059530	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
EDGE FOUNDATION 2017 FAIRVIEW AVE E UNIT I SEATTLE, WA 98102-3577	35-2262709	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499-9328	94-3131776	501(C)(3)	218,950.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
EMMANUEL LUTHERAN CHURCH 1315 N STEVENS ST TACOMA, WA 98406-3799	91-0692625	501(C)(3)	21,188.	0.			OPERATING SUPPORT
FEED SPOKANE PO BOX 141674 SPOKANE VALLEY, WA 99214-1674	77-0669785	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FIRST 5 FUNDAMENTALS 1501 PACIFIC AVE STE 201 TACOMA, WA 98402-3317	80-0209462	501(C)(3)	20,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH 20 TACOMA AVE S TACOMA, WA 98402-2697	91-0575942	501(C)(3)	7,467.	0.			OPERATING SUPPORT
FOOTHILLS RAILS TO TRAILS COALITION - PO BOX 192 - PUYALLUP, WA 98371-0021	94-3053040	501(C)(3)	12,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FOREVERGREEN TRAILS 243 S 55TH ST TACOMA, WA 98408-6402	74-3215815	501(C)(3)	12,365.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT NISQUALLY FOUNDATION 5400 N PEARL ST STE 11 TACOMA, WA 98407-3224	91-1493318	501(C)(3)	22,500.	0.			OPERATING SUPPORT
FOSS HOME AND VILLAGE 13023 GREENWOOD AVE N SEATTLE, WA 98133-7308	91-0573114	501(C)(3)	20,050.	0.			PROGRAM SUPPORT
FOSS WATERWAY SEAPORT 705 DOCK ST TACOMA, WA 98402-4625	91-1741794	501(C)(3)	13,115.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FOUNDATION FOR TACOMA STUDENTS 919 S 9TH ST TACOMA, WA 98405-4520	27-3029219	501(C)(3)	10,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET ST STOP 10-02 TACOMA, WA 98402-3515	91-1145592	501(C)(3)	18,305.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FREEDOM PROJECT PO BOX 57 RENTON, WA 98057-0057	91-2129474	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - PO BOX 6108 - FEDERAL WAY, WA 98063-6108	61-1727426	501(C)(3)	413,000.	0.			OPERATING SUPPORT
GIG HARBOR BOATSHOP 3805 HARBORVIEW DR GIG HARBOR, WA 98332-2131	20-5014377	501(C)(3)	10,000.	0.			OPERATING SUPPORT
GIG HARBOR NOW 151 MAPLE LN NW GIG HARBOR, WA 98335-5996	86-1636609	501(C)(3)	7,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIG HARBOR PENINSULA FISH FOOD BANK AND COMMUNITY SERVICES - PO BOX 154 - GIG HARBOR, WA 98335-0154	91-1307991	501(C)(3)	36,500.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 5601 6TH AVE S STE 150 SEATTLE, WA 98108-2556	91-6060940	501(C)(3)	9,800.	0.			PROGRAM SUPPORT
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE STE 300 BREMERTON, WA 98337-1940	91-1110978	501(C)(3)	31,760.	0.			OPERATING SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVE SW - LAKEWOOD, WA 98499-6600	91-6064184	501(C)(3)	12,970.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GREENTRIKE 1501 PACIFIC AVE STE 202 TACOMA, WA 98402-3317	94-3036465	501(C)(3)	358,476.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HARBOR COVENANT CHURCH 5601 GUSTAFSON DR NW GIG HARBOR, WA 98335-8177	94-2923297	501(C)(3)	20,000.	0.			OPERATING SUPPORT
HARBOR HISTORY MUSEUM PO BOX 744 GIG HARBOR, WA 98335-0744	23-7440330	501(C)(3)	31,500.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
HARMONY HILL OF UNION 7362 E STATE ROUTE 106 UNION, WA 98592-9781	94-3050703	501(C)(3)	8,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HEARING, SPEECH & DEAF CENTER (HSDC) - 1625 19TH AVE - SEATTLE, WA 98122-2848	91-0681207	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLTOP ACTION COALITION 1116 EARNEST S BRAZILL ST TACOMA, WA 98405-4022	20-8160894	501(C)(3)	12,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HOPESPARKS 6424 N 9TH ST TACOMA, WA 98406-2091	91-0598103	501(C)(3)	43,300.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409-7602	91-0577128	501(C)(3)	16,245.	0.			OPERATING SUPPORT
IMMANUEL PRESBYTERIAN CHURCH 901 N J ST TACOMA, WA 98403-2193	91-6001673	CHURCH	29,700.	0.			PROGRAM SUPPORT
INSTITUTE FOR BLACK JUSTICE PO BOX 791 SPANAWAY, WA 98387-0791	85-2866010	501(C)(3)	42,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
JDRF INTERNATIONAL 200 VESEY ST FL 28 NEW YORK, NY 10281-5504	23-1907729	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
JEFFERSON COMMUNITY FOUNDATION PO BOX 1394 PORT HADLOCK, WA 98339-1394	84-1682682	501(C)(3)	345,581.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
KBTC ASSOCIATION 2320 S 19TH ST TACOMA, WA 98405-2946	56-2551392	501(C)(3)	32,250.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
KEY PENINSULA PARTNERSHIP FOR A HEALTHY COMMUNITY - PO BOX 395 - VAUGHN, WA 98394-0395	86-2537545	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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KOREAN WOMEN'S ASSOCIATION 123 E 96TH ST TACOMA, WA 98445-2001	91-1066806	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
KROWNLESS KINGS 1809 S HOSMER ST TACOMA, WA 98405-3220	82-2821008	501(C)(3)	6,800.	0.			PROGRAM SUPPORT
LAKEWOLD GARDENS PO BOX 39780 LAKEWOOD, WA 98496-3780	94-3041320	501(C)(3)	355,025.	0.			OPERATING SUPPORT
LAKEWOOD COMMUNITY PLAYERS DBA LAKEWOOD PLAYHOUSE - PO BOX 99041 - LAKEWOOD, WA 98496-0041	91-6058223	501(C)(3)	5,500.	0.			OPERATING SUPPORT
LEMAY - AMERICA'S CAR MUSEUM 2702 E D ST TACOMA, WA 98421-1200	91-1867848	501(C)(3)	51,115.	0.			CAPITAL SUPPORT, OPERATING SUPPORT
LIFE CHRISTIAN ACADEMY 1717 S UNION AVE TACOMA, WA 98405-1997	91-0579229	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
LINDQUIST DENTAL CLINIC FOR CHILDREN - 130 131ST ST S - TACOMA, WA 98444-4804	91-0615378	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
LUTHERAN COMMUNITY SERVICES NORTHWEST - 4040 S 188TH ST STE 300 - SEATAC, WA 98188-5070	93-0386860	501(C)(3)	21,100.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MARY BRIDGE BRIGADE PO BOX 5299 TACOMA, WA 98415-0299	91-6030192	501(C)(3)	34,041.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	94-3030039	501(C)(3)	61,767.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MEDICAL TEAMS INTERNATIONAL PO BOX 4288 PORTLAND, OR 97208-4288	93-0878944	501(C)(3)	10,000.	0.			OPERATING SUPPORT
MOUNTAINEERS TACOMA BRANCH 2302 N 30TH ST TACOMA, WA 98403-3323	27-3009280	501(C)(3)	30,000.	0.			OPERATING SUPPORT
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	91-1514257	501(C)(3)	192,730.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA, WA 98415-0299	91-1352172	501(C)(3)	73,662.	0.			OPERATING SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 S 19TH ST - TACOMA, WA 98405-2920	35-2266626	501(C)(3)	20,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402-3217	91-1669422	501(C)(3)	61,565.	0.			OPERATING SUPPORT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5362	53-0204616	501(C)(3)	6,380.	0.			OPERATING SUPPORT
NATURE CONSERVANCY OF WASHINGTON 74 WALL ST SEATTLE, WA 98121-1320	53-0242652	501(C)(3)	5,600.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT CHAPTER FOUNDATION PO BOX 8395 TACOMA, WA 98419-0395	83-1067193	501(C)(3)	15,000.	0.			CAPITAL SUPPORT
NORTH PIERCE COUNTY COMMUNITY COALITION - PO BOX 1474 - MILTON, WA 98354-1474	26-2914099	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTH STAR FUND 520 8TH AVE RM 1800 NEW YORK, NY 10018-4170	13-2950801	501(C)(3)	50,000.	0.			OPERATING SUPPORT
NORTHERN NEW JERSEY COMMUNITY FOUNDATION - 1 UNIVERSITY PLAZA DR STE 128 - HACKENSACK, NJ 07601-6229	22-3603171	501(C)(3)	8,552.	0.			PROGRAM SUPPORT
NORTHSTAR ADVOCATES PO BOX 22437 SEATTLE, WA 98122-0437	91-0564983	501(C)(3)	96,148.	0.			OPERATING SUPPORT
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE, WA 98104-2244	91-1393082	501(C)(3)	31,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NORTHWEST SINFONIETTA PO BOX 1154 TACOMA, WA 98401-1154	91-1590964	501(C)(3)	7,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE, WA 98328-9502	23-7438056	501(C)(3)	19,770.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391	501(C)(3)	26,355.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

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NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421-1111	22-3939593	501(C)(3)	65,000.	0.			OPERATING SUPPORT
ONEPIERCE COMMUNITY RESILIENCY FUND - 2201 S 19TH ST STE 101 - TACOMA, WA 98405-2961	84-3962271	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
OUR SISTERS' HOUSE 708 BROADWAY STE 310 TACOMA, WA 98402-3778	91-1650772	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
PACIFIC EDUCATION INSTITUTE 724 COLUMBIA ST NW STE 255 OLYMPIA, WA 98501-1201	75-3108166	501(C)(3)	5,072.	0.			PROGRAM SUPPORT
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 S 19TH ST - TACOMA, WA 98405-1164	91-0564954	501(C)(3)	11,688.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501(C)(3)	55,775.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PAVE PO BOX 65969 TACOMA, WA 98464-0060	91-1106684	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PCAF 3009 S 40TH ST TACOMA, WA 98409-5632	91-1385245	501(C)(3)	47,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVE TACOMA, WA 98405-3438	91-1746986	501(C)(3)	31,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERMISSION TO START DREAMING FOUNDATION - 3733 ROSEDALE ST STE 100 - GIG HARBOR, WA 98335-1821	27-5251886	501(C)(3)	6,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP, WA 98374-2210	91-1039199	501(C)(3)	21,365.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE CONSERVATION DISTRICT PO BOX 1057 PUYALLUP, WA 98371-0256	91-0894461	GOVERNMENT	41,899.	0.			PROGRAM SUPPORT
PIERCE COUNTY AGING AND DISABILITY RESOURCE CENTER - 1305 TACOMA AVE S STE 104 - TACOMA, WA 98402-1903		GOVERNMENT	20,000.	0.			PROGRAM SUPPORT
PIERCE COUNTY COALITION FOR DEVELOPMENTAL DISABILITIES - 3716 PACIFIC AVE STE A - TACOMA, WA 98418-7836	91-2153695	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PIERCE COUNTY HUMAN RESOURCES 4801 S PINE ST STE 200 TACOMA, WA 98409-6452		GOVERNMENT	20,000.	0.			ORG CAPACITY
PIERCE COUNTY HUMAN SERVICES 3602 PACIFIC AVE STE 200 TACOMA, WA 98418-7920		GOVERNMENT	15,000.	0.			PROGRAM SUPPORT
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446-2200	51-0180293	501(C)(3)	26,800.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COUNTY PROJECT ACCESS 4301 S PINE ST STE 455 TACOMA, WA 98409-7245	27-1185895	501(C)(3)	11,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

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PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST - SEATTLE, WA 98122-2959	91-0686012	501(C)(3)	19,065.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA, WA 98407-3224	91-6066667	501(C)(3)	54,498.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
POLITICS OF THE POSSIBLE IN ACTION 1510 N JAMES ST TACOMA, WA 98406-1426	82-4344410	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
PORT OF SUPPORT & PATHWAYZ TO SUCCESS - PO BOX 257 - OLYMPIA, WA 98507-0257	85-2042419	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 367 HALES CORNERS, WI 53130-0367	39-1243521	501(C)(3)	9,440.	0.			OPERATING SUPPORT
PUSH FOR DREAMS LEADERSHIP ACADEMY PO BOX 1663 TACOMA, WA 98401-1663	85-1137533	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
PUYALLUP VALLEY ST. FRANCIS HOUSE PO BOX 156 PUYALLUP, WA 98371-0016	91-1621772	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
PUYALLUP WATERSHED INITIATIVE 1208 S 10TH ST TACOMA, WA 98405-4043	82-1723455	501(C)(3)	310,410.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
Q CHRISTIAN FELLOWSHIP PO BOX 409357 CHICAGO, IL 60640-0032	20-0616399	501(C)(3)	10,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

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R. MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION - PO BOX 7119 - TACOMA, WA 98417-0119	91-1742581	501(C)(3)	96,450.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RAIN: READINESS ACCELERATION AND INNOVATION NETWORK - 2304 JEFFERSON AVE - TACOMA, WA 98402-1405	46-3319126	501(C)(3)	38,100.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402-3005	91-1859897	501(C)(3)	27,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RAISING GIRLS PO BOX 7851 TACOMA, WA 98417-0851	82-1306270	501(C)(3)	11,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RESCUE MISSION PO BOX 1912 TACOMA, WA 98401-1912	91-0565014	501(C)(3)	48,332.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
ROCK PAPER SCISSORS FOUNDATION PO BOX 44643 TACOMA, WA 98448-0643	80-0944341	501(C)(3)	6,800.	0.			PROGRAM SUPPORT
ROTARY CLUB OF LAKEWOOD CHARITABLE FOUNDATION - PO BOX 99786 - LAKEWOOD, WA 98496-0786	26-0427221	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ROTARY CLUB OF UPPER KITTITAS COUNTY FOUNDATION - PO BOX 1035 - CLE ELUM, WA 98922-2035	46-5013224	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SHARED HOUSING SERVICES 901 S 11TH ST TACOMA, WA 98405-4533	91-1557248	501(C)(3)	22,696.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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SIGNAL TECHNOLOGY FOUNDATION 650 CASTRO ST STE 120 PMB 223 MOUNTAIN VIEW, CA 94041-2093	82-4506840	501(C)(3)	16,000.	0.			OPERATING SUPPORT
SLOW FOOD USA 9322 3RD AVE # 402 BROOKLYN, NY 11209-6802	13-4100161	501(C)(3)	6,000.	0.			OPERATING SUPPORT
SOCIAL JUSTICE FUND NW 1904 3RD AVE STE 806 SEATTLE, WA 98101-1189	91-1036971	501(C)(3)	10,000.	0.			OPERATING SUPPORT
SOUND OUTREACH 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4152	91-1741624	501(C)(3)	21,727.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SOUTH PUGET SOUND SALMON ENHANCEMENT GROUP - 6700 MARTIN WAY E STE 112 - LACEY, WA 98516-5586	91-1519762	509(A)(1)	5,109.	0.			PROGRAM SUPPORT
SOUTH SOUND CARE FOUNDATION PO BOX 1314 TACOMA, WA 98401-1314	26-2611997	501(C)(3)	5,500.	0.			OPERATING SUPPORT
SOUTH SOUND PLANNED GIVING COUNCIL 6825 RAINIER AVE GIG HARBOR, WA 98335-1920	75-3205248	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SOUTHWESTERN WASHINGTON SYNOD ELCA 420 121ST ST S TACOMA, WA 98444-5218	36-3513680	501(C)(3)	5,464.	0.			PROGRAM SUPPORT
SPRINGBROOK CONNECTIONS 11205 HOLDEN RD SW LAKEWOOD, WA 98498-2804	82-1380353	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ST. JOHN BOSCO CATHOLIC CHURCH 315 N MAIN ST WOODSTOCK, VA 22664-1420	31-1525496	501(C)(3)	6,500.	0.			CAPITAL SUPPORT, OPERATING SUPPORT
ST. PATRICK CATHOLIC CHURCH 1001 N J ST TACOMA, WA 98403-2125	91-0565579	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ST. PATRICK CATHOLIC SCHOOL 1112 N G ST TACOMA, WA 98403-2518	91-1874577	501(C)(3)	14,000.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
STEP BY STEP FAMILY SUPPORT CENTER PO BOX 488 MILTON, WA 98354-0488	91-1871945	501(C)(3)	41,000.	0.			OPERATING SUPPORT
SUMNER BONNEY LAKE COMMUNITIES FOR FAMILIES COALITION - 1202 WOOD AVE - SUMNER, WA 98390-1926		SCHOOL	15,000.	0.			PROGRAM SUPPORT
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVE - SUMNER, WA 98390-1926	30-0128156	501(C)(3)	13,300.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SUSTAINABLE CONNECTIONS 1707 ELLIS ST STE 221 BELLINGHAM, WA 98225-8225	75-3041952	501(C)(3)	36,392.	0.			PROGRAM SUPPORT
SUSTAINABLE SEATTLE 7511 GREENWOOD AVE N SEATTLE, WA 98103-4627	31-1580932	501(C)(3)	13,585.	0.			PROGRAM SUPPORT
SYMPHONY TACOMA 901 BROADWAY STE 600 TACOMA, WA 98402-4432	91-6032976	501(C)(3)	8,900.	0.			OPERATING SUPPORT

Schedule I (Form 990)



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TACOMA AREA COALITION OF INDIVIDUALS WITH DISABILITIES (TACID) - 6315 S 19TH ST - TACOMA, WA 98466-6217	91-1125538	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402-3214	91-0697444	501(C)(3)	52,990.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ARTS LIVE 1001 YAKIMA AVE STE 1 TACOMA, WA 98405-4869	91-1106878	501(C)(3)	70,173.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ATHLETIC COMMISSION PO BOX 11304 TACOMA, WA 98411-0304	91-0515947	501(C)(3)	7,920.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY BOAT BUILDERS 1120 E D ST TACOMA, WA 98421-1706	46-1724422	501(C)(3)	40,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S 19TH ST BLDG 6 - TACOMA, WA 98466-6100	91-6073780	501(C)(3)	42,167.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA, WA 98405-3941	91-0570872	501(C)(3)	27,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA ELKS LODGE NO. 174 B.P.O.E. PO BOX 11008 TACOMA, WA 98411-0015	91-0142850	501(C)(8)	14,383.	0.			PROGRAM SUPPORT
TACOMA HOUSING AUTHORITY 902 S L ST TACOMA, WA 98405-4037	81-0557198	501(C)(3)	105,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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TACOMA MINISTERIAL ALLIANCE 1124 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4152	91-1237526	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TACOMA OPERA ASSOCIATION 47 ST HELENS AVE STE 201 TACOMA, WA 98402-2698	91-1237511	501(C)(3)	8,815.	0.			OPERATING SUPPORT
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 SOUTH TACOMA WAY - TACOMA, WA 98409-4447	58-1735531	501(C)(3)	158,250.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA PUBLIC SCHOOLS 601 S 8TH ST TACOMA, WA 98405-4614		GOVERNMENT	220,204.	0.			PROGRAM SUPPORT
TACOMA RECOVERY CENTER 813 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4147	84-2516031	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
TACOMA REFUGEE CHOIR PO BOX 2321 TACOMA, WA 98401-2321	82-2515143	501(C)(3)	12,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA TREE FOUNDATION PO BOX 7234 TACOMA, WA 98417-0234	83-2505388	501(C)(3)	9,405.	0.			PROGRAM SUPPORT
TACOMA URBAN LEAGUE 2550 YAKIMA AVE TACOMA, WA 98405-3800	91-0826302	501(C)(3)	38,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA-PIERCE COUNTY BAR FOUNDATION - 621 TACOMA AVE S STE 303 - TACOMA, WA 98402-2330	02-0596124	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S D ST STOP 1001 - TACOMA, WA 98418-6813	91-1488160	GOVERNMENT	81,500.	0.			PROGRAM SUPPORT
TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466-4619	23-7450873	501(C)(3)	29,700.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TEMPLE BETH EL 5975 S 12TH ST TACOMA, WA 98465-1998	91-6016911	501(C)(3)	16,155.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TEXAS OBSERVER PO BOX 6421 AUSTIN, TX 78762-6421	74-2619883	501(C)(3)	8,000.	0.			OPERATING SUPPORT
THE FIRST TEE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR W TACOMA, WA 98467-3231	45-1781054	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE FOOD BASKET 40 HOLOMUA ST HILO, HI 96720-5102	26-0349475	501(C)(3)	47,159.	0.			OPERATING SUPPORT
THE LIGHTHOUSE FOR THE BLIND, INC. 2501 S PLUM ST SEATTLE, WA 98144-4711	91-0295070	501(C)(3)	24,550.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE MUSEUM OF FLIGHT 9404 E MARGINAL WAY S TUKWILA, WA 98108-4097	91-0785826	501(C)(3)	20,050.	0.			PROGRAM SUPPORT
THE MUSTARD SEED PROJECT OF KEY PENINSULA - PO BOX 182 - VAUGHN, WA 98394-0182	61-1537566	501(C)(3)	233,500.	0.			CAPITAL SUPPORT, OPERATING SUPPORT

Schedule I (Form 990)

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THE REFORMATION PROJECT PO BOX 191013 DALLAS, TX 75219-8013	46-1012806	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE SALVATION ARMY 1110 S PUGET SOUND AVE TACOMA, WA 98405-2253	94-1156347	501(C)(3)	29,362.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE SEATTLE FOUNDATION 1601 5TH AVE STE 1900 SEATTLE, WA 98101-3615	91-6013536	501(C)(3)	8,600.	0.			PROGRAM SUPPORT
THE VEDANTA SOCIETY OF WESTERN WASHINGTON - 2716 BROADWAY E - SEATTLE, WA 98102-3909	81-6187530	501(C)(3)	20,050.	0.			PROGRAM SUPPORT
TOYS FOR KIDS 4008 243RD PL SE SAMMAMISH, WA 98029-7586	91-2099219	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TRINITY LUTHERAN CHURCH 12115 PARK AVE S TACOMA, WA 98444-3697	91-0622358	501(C)(3)	11,575.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TRUST FOR PUBLIC LAND 901 5TH AVE STE 1520 SEATTLE, WA 98164-2013	23-7222333	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	93,480.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF PUGET SOUND CORPORATE & FOUNDATION RELATIONS TACOMA, WA 98416-0001	91-0564961	501(C)(3)	68,279.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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UNIVERSITY OF WASHINGTON BOX 359505 SEATTLE, WA 98195-9505	94-3079432	501(C)(3)	45,653.	0.			PROGRAM SUPPORT
URBAN GRACE THE DOWNTOWN CHURCH 902 MARKET ST TACOMA, WA 98402-3609	91-0577139	501(C)(3)	20,500.	0.			CAPITAL SUPPORT, OPERATING SUPPORT
VALEO VOCATION PO BOX 5907 TACOMA, WA 98415-0907	82-4092268	501(C)(3)	13,000.	0.			CAPITAL SUPPORT, OPERATING SUPPORT
VASHON MAURY ISLAND LAND TRUST PO BOX 2031 VASHON, WA 98070-2031	94-3123021	501(C)(3)	15,000.	0.			OPERATING SUPPORT
WAKULIMA USA PO BOX 6253 KENT, WA 98064-6253	83-3464668	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
WASHINGTON FARMLAND TRUST PO BOX 2206 SEATTLE, WA 98111-2206	91-2021165	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WASHINGTON STATE HISTORICAL SOCIETY - 1911 PACIFIC AVE - TACOMA, WA 98402-3109	91-6000557	501(C)(3)	11,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164-1927	91-1075542	501(C)(3)	23,372.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE STE 300 SEATTLE, WA 98104-1723	91-0900134	501(C)(3)	7,500.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE OAK FARM AND EDUCATION CENTER - PO BOX 450 - WILLIAMS, OR 97544-0450	41-2078214	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WHITE RIVER FAMILIES FIRST COALITION - 20720 127TH ST E - BONNEY LAKE, WA 98391-7483	23-6393377	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WOMEN MAKE MOVIES 115 W 29TH ST RM 1200 NEW YORK, NY 10001-5059	13-2740460	501(C)(3)	25,000.	0.			OPERATING SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	84,440.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405-1167	91-0565562	501(C)(3)	156,292.	0.			CAPITAL SUPPORT, OPERATING SUPPORT, PROGRAM SUPPORT
YOUNG LIFE OF ANDERSON ISLAND (CHAPTER WA423) - 8922 VILLA BEACH RD - ANDERSON ISLAND, WA 98303-9785	84-0385934	501(C)(3)	10,000.	0.			OPERATING SUPPORT
YOUTH WITH A MISSION TYLER PO BOX 3000 GARDEN VALLEY, TX 75771-3000	23-7136015	501(C)(3)	25,000.	0.			OPERATING SUPPORT
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402-3904	91-0565026	501(C)(3)	75,680.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	78	44,000.	286,642.	BOOK VALUE	TUITION SCHOLARSHIPS
BASIC NEEDS	1	5,000.	0.		
RELIGION & FAITH BASED	1	300.	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 OF THE GRANT.

BY ACCEPTING THE FUNDS, THE GRANTEE HAS ALSO AGREED TO ACCEPTING THE TERMS

**Part IV Supplemental Information**

OF THE GRANT.

THE SELECTION CRITERIA USED TO AWARD GRANTS IS AS FOLLOWS:

- GRANTEE MUST BE A 501(C)(3) TAX-EXEMPT NONPROFIT, STATE REGISTERED NONPROFIT, GOVERNMENT/AGENCY, OR THE GRANT IS FOR CHARITABLE PURPOSE AND PUBLIC BENEFIT.

- 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.

- THE GRANTEE MUST NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEXUAL ORIENTATION, PHYSICAL OR MENTAL DISABILITIES, GENDER OR NATIONAL ORIGIN; BE INCLUSIVE WITH CLIENTS, VOLUNTEERS AND STAFF.

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHI LITTMANN CEO AND PRESIDENT	(i)	246,094.	20,075.	2,761.	39,434.	1,288.	309,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOHAMMAD MOUSA CFO	(i)	164,896.	9,075.	0.	17,808.	11,109.	202,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEGAN SUKYS C STRATEGY/COMMUNICATIONS OFFICER	(i)	116,712.	6,825.	0.	13,249.	20,834.	157,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SETH KIRBY CHIEF IMPACT OFFICER	(i)	114,774.	6,025.	260.	13,016.	20,097.	154,172.	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)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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

PART I, LINE 1B:

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

PART I, LINE 7:

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

PART I, LINE 8:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://www.irs.gov/Form990) for instructions and 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	24	4,053,328.	HIGH/LOW AVERAGE ON DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	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.		

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED IN SCHEDULE M, PART I, COLUMN (B) REPRESENT THE NUMBER OF SEPARATE GIFTS RECEIVED DURING THE YEAR.

SCHEDULE M, LINE 32B:

THIRD PARTY IS OUR SUPPORTING ORG ASSET STEWARDSHIP FOUNDATION. IF WE ARE GIVEN A NON-CASH CONTRIBUTION THAT IS NOT STOCK WE USE THIS ORG TO SELL IT.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

FORM 990, PART I, LINE 6:

VOLUNTEERS SERVE ON THE BOARD, A BOARD COMMITTEE OR A GRANT MAKING

COMMITTEE. DEPENDING ON THE COMMITTEE THEY SERVED BETWEEN 6 HOURS PER

YEAR TO 6 HOURS PER WEEK.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE THOROUGHLY REVIEWS THE FORM 990 AND RECOMMENDS IT TO

THE BOARD OF DIRECTORS FOR ACCEPTANCE. BEFORE VOTING TO ACCEPT THE FORM 990

AND FILING WITH THE IRS, ALL BOARD MEMBERS ARE PROVIDED WITH AN ELECTRONIC

COPY OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED IN WRITING TO ALL

STAFF AND VOLUNTEERS. THE POLICY STATES THE PURPOSE OF THE POLICY, WHO IS

COVERED, AND THE DUTIES OF A COVERED PERSON; EXPLAINS WHEN A CONFLICT OF

INTEREST DOES OR DOES NOT EXIST; DESCRIBES THE DISCLOSURE/EVALUATION

PROCESS AND PROCEDURES FOR ACTING ON CONFLICT OF INTEREST TRANSACTIONS.

EACH YEAR ALL STAFF MEMBERS AND VOLUNTEERS ARE REQUIRED TO FILL OUT AN

ACKNOWLEDGEMENT STATEMENT WHERE THEY DESCRIBE ANY AND ALL CONNECTIONS,

RELATIONSHIPS OR SITUATIONS WHICH MAY BE A CONFLICT OF INTEREST WITH THE

COMMUNITY FOUNDATION. BY SIGNING THE ACKNOWLEDGEMENT FORM, THEY INDICATE

THAT THEY HAVE CAREFULLY READ THE CONFLICT OF INTEREST POLICY AND THEIR

RESPONSES ARE COMPLETE, TRUE AND ACCURATE.

AT COMMITTEE AND BOARD MEETINGS THROUGHOUT THE YEAR, STAFF AND VOLUNTEERS

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

Schedule O (Form 990) 2021

Name of the organization GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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WHO HAVE A CONFLICT OF INTEREST WITH A MATTER THAT IS BEFORE THE COMMITTEE

OR BOARD VERBALLY DISCLOSE THE CONFLICT AND ABSTAIN FROM DISCUSSION AND

VOTING. THE ABSTENTION IS DOCUMENTED IN THE MEETING MINUTES.

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

DURING THE FIRST QUARTER OF THE YEAR, THE EXECUTIVE COMMITTEE REVIEWS THE

PRESIDENT/CEO GOALS FOR THE YEAR. IN THE FOURTH QUARTER OF THE YEAR, BOARD

MEMBERS COMPLETE AN EVALUATION OF THE PRESIDENT/CEO'S PERFORMANCE AND THE

PRESIDENT/CEO COMPLETES A SELF ASSESSMENT. THE EXECUTIVE COMMITTEE REVIEWS

THE RESULTS OF THE PERFORMANCE EVALUATION AND THE PRESIDENT/CEO'S SELF

ASSESSMENT. THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARY DATA AND

DETERMINES THE PRESIDENT/CEO'S SALARY AND BENEFITS FOR THE UPCOMING YEAR.

THE EXECUTIVE COMMITTEE VOTES ON THE RECOMMENDED ACTION AND DOCUMENTS THE

PROCESS, THE NAMES OF MEMBERS PRESENT, AS WELL AS ANY STATED CONFLICTS OF

INTEREST AND ABSTENTIONS IN ITS MEETING MINUTES. IN EXECUTIVE SESSION AT

THE DECEMBER BOARD MEETING, THE EXECUTIVE COMMITTEE REPORTS ON THE RESULTS

OF THE PERFORMANCE EVALUATION, THE PRESIDENT/CEO'S SELF-ASSESSMENT AND THE

PRESIDENT/CEO'S COMPENSATION FOR THE UPCOMING YEAR. COMPENSATION WAS LAST

REVIEWED IN MAY 2021.

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

GREATER TACOMA COMMUNITY FOUNDATION MAKES IT FINANCIAL STATEMENTS AVAILABLE

ON ITS WEBSITE AND ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST.

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

CHANGE IN SPLIT-INTEREST AGREEMENT

267,958.





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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASSET STEWARDSHIP FOUNDATION - 26-1088224 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	SUPPORT THE PURPOSES OF GTCF THROUGH RECEIPT AND HOLDING OF GIFTS.	WASHINGTON	501(C)(3)	12A - TYPE I SUPPORTING	GREATER TACOMA COMMUNITY FOUNDATION	X	
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - 61-1727426, PO BOX 6108, FEDERAL WAY, WA 98063	PRESERVE GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION.	WASHINGTON	501(C)(3)	12A - TYPE I SUPPORTING	GREATER TACOMA COMMUNITY FOUNDATION	X	
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)	LINE 7	GREATER TACOMA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2021



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	B	413,000.	CASH GRANTS
(2) THE FRIENDS OF LAKEWOLD	B	355,025.	CASH GRANTS
(3)			
(4)			
(5)			
(6)			



