

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: GREATER TACOMA COMMUNITY FOUNDATION
D Employer identification number: 91-1007459
E Telephone number: 253-383-5622
G Gross receipts \$: 20,622,072.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.GTCF.ORG
K Form of organization: Corporation
L Year of formation: 1977
M State of legal domicile: WA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer MOHAMMAD MOUSA, CFO
Date
Paid: Preparer's name MEGAN R. RYAN, Preparer's signature MEGAN R. RYAN, Date 10/25/24, PTIN P00737884
Preparer Use Only: 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 [X] 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 \$ 13,198,857. including grants of \$ 11,683,981.) (Revenue \$ 3,450.) GREATER TACOMA COMMUNITY FOUNDATION DELIVERED \$11.6 MILLION TO THE COMMUNITY THROUGH 1,042 GRANTS TO 483 GRANTEEES. ABOUT 89% OF THE FUNDING WAS DIRECTED BY FUND ADVISORS FOR BASIC NEEDS, NEIGHBORHOODS, COMMUNITIES, ENVIRONMENT, AND MORE. GTCF STAFF ALIGNED 11% OF GRANTS AND OTHER RESOURCES FOR PHILANTHROPIC INVESTMENTS SUPPORTING MOMENTUM BUILDING FOR EMERGING COMMUNITY MOVEMENTS, THRIVING YOUTH AND CHILDREN, CIVIC VOICE AND POWER, ACCESS TO CAPITAL, AND HOUSING. GTCF ORGANIZED A PHILANTHROPIC BRIDGE LOAN GUARANTEE POOL IN SUPPORT OF CRITICAL CAPITAL PROJECTS, DESIGNED PHILANTHROPIC STRATEGY AND TOOLS TO MEET RAPIDLY EVOLVING EDUCATION ACCESS NEEDS FOR POST-HIGH SCHOOL STUDENTS, AND SUPPORTED LEGACY AWARENESS AND ACTION TO RETAIN GENERATIONAL TRANSFER OF WEALTH IN PIERCE COUNTY.

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 13,198,857.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through I).

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed WA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 MOHAMMAD MOUSA - 253-383-5622
 950 PACIFIC AVENUE, SUITE 1100, TACOMA, WA 98402

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHI LITTMANN CEO	40.00 1.00			X			273,639.	0.	17,441.	
(2) MOHAMMAD MOUSA CFO	40.00 2.00			X			190,743.	0.	12,283.	
(3) MEGAN SUKYS CHIEF STRATEGY / COMM. OFFICER	40.00 0.00					X	149,592.	0.	14,135.	
(4) SETH KIRBY CHIEF IMPACT OFFICER	40.00 0.00					X	143,542.	0.	14,135.	
(5) STACEY GUADNOLA DIRECTOR OF PHILANTHROPIC ENGAGEMENT	40.00 0.00					X	129,345.	0.	8,491.	
(6) ART WANG DIRECTOR	1.75 0.25	X					0.	0.	0.	
(7) LORI FORTE HARNICK CHAIR	1.75 0.25	X		X			0.	0.	0.	
(8) WAYNE WILLIAMS VICE CHAIR	1.75 0.25	X		X			0.	0.	0.	
(9) PRISCILLA LISICICH SECRETARY	1.25 0.25	X		X			0.	0.	0.	
(10) BRIAN GREEN TREASURER	1.25 0.25	X		X			0.	0.	0.	
(11) BEVERLY COX DIRECTOR	1.50 0.00	X					0.	0.	0.	
(12) JACQUES COLON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) KIM FISHER DIRECTOR	0.50 0.00	X					0.	0.	0.	
(14) TORY GREEN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) IVAN HARRELL DIRECTOR	1.50 0.00	X					0.	0.	0.	
(16) RYAN MELLO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) NATHE LAWVER DIRECTOR	1.00 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) AHLMAHZ NEGASH DIRECTOR	2.25 0.25	X						0.	0.	0.
(19) LYLE QUASIM DIRECTOR	1.50 0.00	X						0.	0.	0.
(20) RICHARD WOO DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MICHAEL YODER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) KITTY- ANN VAN DOORNINCK DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								886,861.	0.	66,485.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								886,861.	0.	66,485.

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 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	492,386.					
	e Government grants (contributions)	1e	32,000.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,114,479.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,432,997.					
	h Total. Add lines 1a-1f		10,638,865.					
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,643,293.			4,643,293.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,336,464.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	5,138,534.			
			c Gain or (loss)	7c	197,930.			
	d Net gain or (loss)		197,930.			197,930.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a GRANT SERVICES	Business Code	900099	3,450.	3,450.			
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d		3,450.					
12 Total revenue. See instructions		15,483,538.	3,450.	0.	4,841,223.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,323,931.	11,323,931.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	180,150.	180,150.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	179,900.	179,900.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	478,764.	181,011.	204,760.	92,993.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,262,254.	498,793.	582,497.	180,964.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,467.	60,353.	70,357.	24,757.
9 Other employee benefits	160,381.	62,623.	72,521.	25,237.
10 Payroll taxes	141,263.	55,158.	63,877.	22,228.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,780.	12,280.	2,500.	
c Accounting	52,110.		52,110.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	184,444.		184,444.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	413,127.	315,209.	59,380.	38,538.
12 Advertising and promotion	88,809.	88,808.	1.	
13 Office expenses	45,629.	7,321.	26,943.	11,365.
14 Information technology	137,929.	26,382.	68,213.	43,334.
15 Royalties				
16 Occupancy	176,751.	30,474.	95,486.	50,791.
17 Travel	2,371.	71.	2,146.	154.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	108,411.	50,122.	37,499.	20,790.
20 Interest				
21 Payments to affiliates	22,576.	22,576.		
22 Depreciation, depletion, and amortization	11,852.	2,043.	6,403.	3,406.
23 Insurance	15,750.	6,150.	7,122.	2,478.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY EVENTS	69,137.	69,137.		
b DUES AND SUBSCRIPTIONS	49,296.	24,216.	12,796.	12,284.
c STAFF DEVELOPMENT	5,847.	2,149.	3,698.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,280,929.	13,198,857.	1,552,753.	529,319.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	295,387.	1	133,948.
	2 Savings and temporary cash investments	27,804,149.	2	15,524,107.
	3 Pledges and grants receivable, net	1,625,221.	3	598,500.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	235,634.	9	133,407.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 247,520.		
	b Less: accumulated depreciation	10b 225,894.		
	11 Investments - publicly traded securities	125,343,596.	11	153,913,946.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	846,782.	13	785,565.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,650,636.	15	6,507,027.
16 Total assets. Add lines 1 through 15 (must equal line 33)	162,818,219.	16	177,618,126.	
Liabilities	17 Accounts payable and accrued expenses	349,817.	17	210,961.
	18 Grants payable	175,250.	18	185,500.
	19 Deferred revenue	118,629.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,404,977.	25	2,235,098.
	26 Total liabilities. Add lines 17 through 25	3,048,673.	26	2,631,559.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	148,807,033.	27	164,229,241.
	28 Net assets with donor restrictions	10,962,513.	28	10,757,326.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	159,769,546.	32	174,986,567.
33 Total liabilities and net assets/fund balances	162,818,219.	33	177,618,126.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,483,538.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,280,929.
3	Revenue less expenses. Subtract line 2 from line 1	3	202,609.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	159,769,546.
5	Net unrealized gains (losses) on investments	5	14,586,678.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	427,734.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	174,986,567.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,375,991.	21,544,504.	11,367,213.	29,536,425.	10,638,865.	88,462,998.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,375,991.	21,544,504.	11,367,213.	29,536,425.	10,638,865.	88,462,998.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,776,647.
6 Public support. Subtract line 5 from line 4.						79,686,351.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	15,375,991.	21,544,504.	11,367,213.	29,536,425.	10,638,865.	88,462,998.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,434,654.	3,550,138.	5,426,291.	4,826,929.	4,643,293.	20,881,305.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108,728.	3,835.	100.			112,663.
11 Total support. Add lines 7 through 10						109,456,966.
12 Gross receipts from related activities, etc. (see instructions)					12	12,103.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	72.80 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	72.02 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

2019 AMOUNT: \$ 108,728.

OTHER INCOME

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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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/>	\$ 1,773,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 998,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 994,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 901,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 600,000.	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/>	\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 492,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 319,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<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/>	\$	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
---	--

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
1	MARKETABLE SECURITIES _____ _____ _____	\$ 1,773,950.	12/12/23
3	MARKETABLE SECURITIES _____ _____ _____	\$ 994,989.	09/15/23
10	MARKETABLE SECURITIES _____ _____ _____	\$ 319,290.	10/20/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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

2023

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. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for preservation types and a table for lines 2a-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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,700,434.	98,954,112.	87,854,273.	81,739,389.	69,740,985.
b Contributions	2,457,133.	1,485,614.	1,107,167.	713,251.	2,228,846.
c Net investment earnings, gains, and losses	11,733,802.	-14,218,725.	14,454,334.	9,798,205.	12,917,558.
d Grants or scholarships	3,423,143.	3,154,788.	3,184,529.	3,189,941.	1,948,595.
e Other expenditures for facilities and programs	73,820.	33,718.	569.	475.	14,152.
f Administrative expenses	1,252,016.	1,332,061.	1,276,564.	1,206,156.	1,185,253.
g End of year balance	91,142,390.	81,700,434.	98,954,112.	87,854,273.	81,739,389.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.5149 %
 - b Permanent endowment 2.4850 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		247,520.	225,894.	21,626.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				21,626.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE TRUST PAYABLE	269,574.
(3) SPLIT-INTEREST AGREEMENT PAYABLE	501,839.
(4) OPERATING LEASE LIABILITY	1,463,685.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,235,098.

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.

1	Total revenue, gains, and other support per audited financial statements		1	27,180,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 14,586,678.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 2,102,550.		
e	Add lines 2a through 2d		2e	16,689,228.
3	Subtract line 2e from line 1		3	10,491,121.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 160,041.		
b	Other (Describe in Part XIII.)	4b 4,832,376.		
c	Add lines 4a and 4b		4c	4,992,417.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,483,538.

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

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

1	Total expenses and losses per audited financial statements		1	14,915,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 1,641,750.		
e	Add lines 2a through 2d		2e	1,641,750.
3	Subtract line 2e from line 1		3	13,273,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 160,041.		
b	Other (Describe in Part XIII.)	4b 1,847,070.		
c	Add lines 4a and 4b		4c	2,007,111.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,280,929.

Part XIII Supplemental Information

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

PART V, LINE 4:

GREATER TACOMA COMMUNITY FOUNDATION FOLLOWS DONOR INTENT, AS STATED IN

FUND AGREEMENTS AND OTHER SOURCE DOCUMENTS, WITH ENDOWMENT FUNDS. MOST

ENDOWMENT FUNDS ARE USED TO DIRECTLY SUPPORT ORGANIZATIONS AND EFFORTS

THAT BENEFIT PIERCE COUNTY COMMUNITIES AND RESIDENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 427,734.

SUPPORTING ORG. REVENUE INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS 1,674,816.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,102,550.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE 4,980,989.

AGENCY FUND ADMIN FEES -148,613.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 4,832,376.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUPPORTING ORG. EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL

STATEMENTS 1,641,750.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES 1,847,070.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	N/A	150,000.
SOUTH ASIA	0	0	GRANTMAKING	N/A	16,900.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	N/A	5,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	N/A	5,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	N/A	3,000.
3 a Subtotal	0	0			179,900.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			179,900.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	CHECK	0.		
		SOUTH ASIA	PROGRAM SUPPORT	15,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	OPERATING SUPPORT	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	75,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 4

3 Enter total number of other organizations or entities 0

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN LEADERSHIP FORUM 11205 SE 208TH ST. KENT, WA 98031	87-3276268	501(C)(3)	85,000.	0.			PROGRAM SUPPORT
AHAT HOMECARE 301 N L ST TACOMA, WA 98403-1625	94-3102150	501(C)(3)	14,925.	0.			OPERATING SUPPORT
AMERICAN CANCER SOCIETY, GREAT WEST DIVISION, PIERCE COUNTY - 1313 BROADWAY STE 100 - TACOMA, WA 98402-3400	13-1788491	501(C)(3)	12,968.	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.			OPERATING SUPPORT
AMERICAN FRIENDS OF THE OCEAN CLEANUP, FOUNDATION - 228 EAST 45TH STREET, SUITE 9E - NEW YORK, NY 10017	81-5132355	501(C)(3)	10,000.	0.			OPERATING SUPPORT
AMERICAN HEART ASSOCIATION PUGET SOUND - 601 UNION ST STE 2420 - SEATTLE, WA 98101	13-5613797	501(C)(3)	10,000.	0.			OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **175.**

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

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

Schedule I (Form 990) 2023

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
AMHERST COLLEGE PO BOX 5000 AMHERST, MA 01002-5000	04-2103542	501(C)(3)	34,786.	0.			PROGRAM SUPPORT
ANNIE WRIGHT SCHOOLS 827 N TACOMA AVE TACOMA, WA 98403-2899	91-0567266	501(C)(3)	26,033.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
ASIA PACIFIC CULTURAL CENTER 4851 SOUTH TACOMA WAY TACOMA, WA 98409-4446	91-1854410	501(C)(3)	12,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
ASSET STEWARDSHIP FOUNDATION 950 PACIFIC AVE, SUITE 1100 TACOMA, WA 98402	26-1088224	501(C)(3)	0.	521,700.	BOOK	LAND	PROGRAM SUPPORT
B.E.S.T. DOLLARS FOR SCHOLARS 120 STATE AVE. OLYMPIA, WA 98501	37-1754165	501(C)(3)	54,600.	0.			PROGRAM SUPPORT
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 98022	47-1779138	501(C)(3)	10,000.	0.			OPERATING SUPPORT
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON ST TACOMA, WA 98405-1399	91-1109930	501(C)(3)	15,599.	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)	62,976.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
BYTM (BUILDING YOUTH THROUGH MUSIC) DBA WAYOUT KIDS - PO BOX 1722 - TACOMA, WA 98401-1722	41-2194382	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE ORCA PO BOX 18170 TACOMA, WA 98419-0964	91-0564955	501(C)(3)	120,000.	0.			OPERATING SUPPORT
CAROL MILGARD BREAST CENTER - PHILANTHROPY OFFICE - 4525 S 19TH ST - TACOMA, WA 98405-1106	26-2377858	501(C)(3)	10,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
CASCADE PBS 316 BROADWAY SEATTLE, WA 98122	91-1221895	501(C)(3)	5,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - PO BOX 1235 - TACOMA, WA 98401-1235	91-1585652	501(C)(3)	10,280.	0.			PROGRAM SUPPORT
CENTER FOR ACTION AND CONTEMPLATION - PO BOX 12464 - ALBUQUERQUE, NM 87195-0464	85-0354965	501(C)(3)	12,500.	0.			OPERATING SUPPORT
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383-3970	91-1702551	501(C)(3)	50,000.	0.			OPERATING SUPPORT
CHINESE RECONCILIATION PROJECT FOUNDATION - PO BOX 7024 - TACOMA, WA 98417-0024	91-1647325	501(C)(3)	13,100.	0.			OPERATING SUPPORT
CITY OF BUCKLEY PO BOX 1960 BUCKLEY, WA 98321-1960	91-6001406	GOVERNMENT	7,500.	0.			PROGRAM SUPPORT
CITY OF FIFE 5411 23RD ST E FIFE, WA 98424-2061	91-6012977	GOVERNMENT	45,520.	0.			CAPITAL SUPPORT

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CITY OF FIRCREST 115 RAMSDELL ST FIRCREST, WA 98466-6912		GOVERNMENT	506,300.	0.			PROGRAM SUPPORT
CITY OF TACOMA - TACOMA PUBLIC UTILITIES - PO BOX 11007 - TACOMA, WA 98411-0007	91-6001283	GOVERNMENT	9,200.	0.			PROGRAM SUPPORT
CLE ELUM-ROSLYN SCHOOL DISTRICT 4244 BULLFROG RD CLE ELUM, WA 98922		GOVERNMENT	10,000.	0.			CAPITAL SUPPORT
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL STE 200 BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	59,500.	0.			PROGRAM SUPPORT
COMMUNITY BUILDERS PO BOX 875 CLE ELUM, WA 98922-0875	77-0616768	501(C)(3)	16,500.	0.			PROGRAM SUPPORT
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402-3518	91-1349657	501(C)(3)	15,628.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
COMMUNITY PRESBYTERIAN CHURCH PO BOX 1930 BUCKLEY, WA 98321-1930	91-1251017	CHURCH	20,000.	0.			PROGRAM SUPPORT
COMPREHENSIVE LIFE RESOURCES 1305 TACOMA AVE S STE 305 TACOMA, WA 98402-1903	91-0854239	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
COVENANT YOUTH OF ALASKA PO BOX 203356 ANCHORAGE, AK 99520-3356	20-8363626	501(C)(3)	50,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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CRYSTAL JUDSON FAMILY JUSTICE CENTER - 718 COURT E - TACOMA, WA 98402-2200	91-6001359	GOVERNMENT	50,000.	0.			CAPITAL SUPPORT
DANNY AND RONS RESCUE PO BOX 604 CAMDEN, SC 29021	77-0720063	501(C)(3)	10,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
DIABETES ASSOCIATION OF PIERCE COUNTY - PO BOX 110427 - TACOMA, WA 98411-0427	91-1192064	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DONALD LOOMIS MEMORIAL CLOTHING BANK - PO BOX 2288 - BUCKLEY, WA 98321-2288	61-1608061	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499-9328	94-3131776	501(C)(3)	251,450.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
EMMANUEL LUTHERAN CHURCH 1315 N STEVENS ST TACOMA, WA 98406-3799	91-0692625	501(C)(3)	10,771.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
EMPOWERING PEOPLE IN COMMUNITIES 726 S STEVENS ST TACOMA, WA 98405-1248	20-5511001	501(C)(3)	30,000.	0.			OPERATING SUPPORT
EQUESTRIAN AID FOUNDATION INC 11924 W. FOREST HILL BLVD., SUITE 1 WELLINGTON, FL 33414	65-0546516	501(C)(3)	15,000.	0.			OPERATING SUPPORT
FAMILIES UNLIMITED NETWORK PO BOX 65672 UNIVERSITY PLACE, WA 98464-1672	20-0435496	501(C)(3)	10,000.	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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FAMILY FIRST COMMUNITY CENTER FOUNDATION - 16200 116TH AVE SE - RENTON, WA 98058	83-1031937	501(C)(3)	15,000.	0.			CAPITAL SUPPORT
FIRST PRESBYTERIAN CHURCH 20 TACOMA AVE S TACOMA, WA 98402-2697	91-0575942	501(C)(3)	8,084.	0.			OPERATING SUPPORT
FORT NISQUALLY FOUNDATION 5400 N PEARL ST STE 11 TACOMA, WA 98407-3224	91-1493318	501(C)(3)	24,500.	0.			OPERATING SUPPORT
FOSS HOME AND VILLAGE 13023 GREENWOOD AVE N SEATTLE, WA 98133-7308	91-0573114	501(C)(3)	22,025.	0.			PROGRAM SUPPORT
FRANCISCAN FOUNDATION WASHINGTON 1149 MARKET ST STOP 10-02 TACOMA, WA 98402-3515	91-1145592	501(C)(3)	14,643.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
FREEDOM PROJECT PO BOX 57 RENTON, WA 98057-0057	91-2129474	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF THE CHILDREN TACOMA 7302 S PARK AVE TACOMA, WA 98408	84-3340283	501(C)(3)	250,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GEORGE FOX UNIVERSITY ADVANCEMENT 414 N MERIDIAN ST # 6256 NEWBERG, OR 97132-2697	93-0386839	501(C)(3)	55,000.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION - PO BOX 6108 - FEDERAL WAY, WA 98063-6108	61-1727426	501(C)(3)	385,600.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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

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GIG HARBOR FILM FESTIVAL PO BOX 127 GIG HARBOR, WA 98335-0127	32-0200264	501(C)(3)	10,000.	0.			OPERATING SUPPORT
GIG HARBOR PENINSULA FISH FOOD BANK AND COMMUNITY SERVICES - PO BOX 154 - GIG HARBOR, WA 98335-0154	91-1307991	501(C)(3)	13,900.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GIG HARBOR YOUNG LIFE 3118 JUDSON ST GIG HARBOR, WA 98335	84-0385934	501(C)(3)	9,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GIRL SCOUTS OF WESTERN WASHINGTON 5601 6TH AVE S STE 150 SEATTLE, WA 98108-2556	91-6060940	501(C)(3)	8,400.	0.			PROGRAM SUPPORT
GOODWILL OF THE OLYMPICS AND RAINIER REGION - 714 S 27TH ST - TACOMA, WA 98409-8130	91-0573106	501(C)(3)	101,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE STE 300 BREMERTON, WA 98337-1940	91-1110978	501(C)(3)	80,240.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
GREATER LAKES MENTAL HEALTH FOUNDATION - 9330 59TH AVE SW - LAKEWOOD, WA 98499-6600	91-6064184	501(C)(3)	15,338.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
GREENTRIKE 1501 PACIFIC AVE STE 202 TACOMA, WA 98402-3317	94-3036465	501(C)(3)	139,157.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HARBOR HOPE CENTER PO BOX 2291 GIG HARBOR, WA 98335-4291	82-4495774	501(C)(3)	7,500.	0.			OPERATING SUPPORT

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

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HARMONY HILL OF UNION 7362 E STATE ROUTE 106 UNION, WA 98592-9781	94-3050703	501(C)(3)	5,600.	0.			OPERATING SUPPORT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	19,250.	0.			PROGRAM SUPPORT
HOPE INTERNATIONAL 227 GRANITE RUN DR STE 250 LANCASTER, PA 17601-6826	23-2836648	501(C)(3)	7,500.	0.			OPERATING SUPPORT
HOPESPARKS 6424 N 9TH ST TACOMA, WA 98406-2091	91-0598103	501(C)(3)	24,600.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
HUMANE SOCIETY FOR TACOMA-PIERCE COUNTY - 2608 CENTER ST - TACOMA, WA 98409-7602	91-0577128	501(C)(3)	17,385.	0.			OPERATING SUPPORT
IMMANUEL PRESBYTERIAN CHURCH 901 N J ST TACOMA, WA 98403-2193	91-6001673	CHURCH	30,200.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
INSTITUTE FOR BLACK JUSTICE PO BOX 791 SPANAWAY, WA 98387-0791	85-2866010	501(C)(3)	25,000.	0.			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)	206,212.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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

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LAKEWOLD GARDENS PO BOX 39780 LAKEWOOD, WA 98496-3780	94-3041320	501(C)(3)	152,635.	0.			OPERATING SUPPORT
L'ARCHE TAHOMA HOPE COMMUNITY 12302 VICKERY AVE E TACOMA, WA 98446-3232	91-1206208	501(C)(3)	16,200.	0.			OPERATING SUPPORT
LEMAY - AMERICA'S CAR MUSEUM 2702 E D ST TACOMA, WA 98421-1200	91-1867848	501(C)(3)	16,571.	0.			OPERATING SUPPORT
LIGHTHOUSE CHRISTIAN SCHOOL 3008 36TH ST NW GIG HARBOR, WA 98335-8256	91-1637244	501(C)(3)	150,000.	0.			CAPITAL SUPPORT
LITTLE CHURCH ON THE PRAIRIE 6310 MOTOR AVE SW LAKEWOOD, WA 98499	91-0645178	501(C)(3)	14,000.	0.			OPERATING SUPPORT
MALAMA O NA KEIKI PO BOX 37182 HONOLULU, HI 96837	81-3745026	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
MALARIA PARTNERS INTERNATIONAL 300 LENORA ST # 269 SEATTLE, WA 98121-2411	46-1380419	501(C)(3)	15,000.	0.			OPERATING SUPPORT
MARY BRIDGE BRIGADE PO BOX 5299 TACOMA, WA 98415-0299	91-6030192	501(C)(3)	29,175.	0.			PROGRAM SUPPORT
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	94-3030039	501(C)(3)	100,869.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111-1711	27-2087950	501(C)(3)	10,000.	0.			OPERATING SUPPORT
MEDICAL TEAMS INTERNATIONAL PO BOX 4288 PORTLAND, OR 97208-4288	93-0878944	501(C)(3)	10,000.	0.			OPERATING SUPPORT
METRO PARKS TACOMA 4702 S 19TH ST TACOMA, WA 98405-1175	91-6000988	GOVERNMENT	1,358,262.	0.			CAPITAL SUPPORT, PROGRAM SUPPORT
METROPOLITAN DEVELOPMENT COUNCIL 945 FAWCETT AVE TACOMA, WA 98402-5612	91-0780533	501(C)(3)	23,277.	0.			PROGRAM SUPPORT
MULTICARE HEALTH FOUNDATION PO BOX 5296 TACOMA, WA 98415-0296	91-1514257	501(C)(3)	58,610.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA, WA 98415-0299	91-1352172	501(C)(3)	54,562.	0.			OPERATING SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 S 19TH ST - TACOMA, WA 98405-2920	35-2266626	501(C)(3)	83,000.	0.			OPERATING SUPPORT
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402-3217	91-1669422	501(C)(3)	41,421.	0.			OPERATING SUPPORT
NATURE CONSERVANCY OF WASHINGTON 74 WALL ST SEATTLE, WA 98121-1320	53-0242652	501(C)(3)	5,500.	0.			OPERATING SUPPORT

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NEHEMIAH INITIATIVE SEATTLE 126 15TH AVE SEATTLE, WA 98122	86-1348581	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
NEIGHBORHOOD CLINIC 1323 YAKIMA AVE TACOMA, WA 98405-4457	91-1318144	501(C)(3)	16,000.	0.			OPERATING SUPPORT
NORTHSTAR ADVOCATES PO BOX 22437 SEATTLE, WA 98122-0437	87-1428320	501(C)(3)	10,000.	0.			OPERATING SUPPORT
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE STE 400 SEATTLE, WA 98104-2244	91-1393082	501(C)(3)	30,500.	0.			OPERATING SUPPORT
NORTHWEST SINFONIETTA PO BOX 1154 TACOMA, WA 98401-1154	91-1590964	501(C)(3)	9,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NORTHWEST TREK FOUNDATION 11610 TREK DR E EATONVILLE, WA 98328-9502	23-7438056	501(C)(3)	14,840.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
NOURISH PIERCE COUNTY 1702 S 72ND ST STE E TACOMA, WA 98408-1238	91-1198391	501(C)(3)	21,664.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421-1111	22-3939593	501(C)(3)	170,000.	0.			OPERATING SUPPORT
OASIS YOUTH CENTER 2215 PACIFIC AVENUE TACOMA, WA 98402	45-5381980	501(C)(3)	79,500.	0.			OPERATING SUPPORT

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ONEPIERCE COMMUNITY RESILIENCY FUND - 2201 S 19TH ST STE 101 - TACOMA, WA 98405-2961	81-5020706	501(C)(3)	50,000.	0.			OPERATING SUPPORT
OUR SISTERS' HOUSE 708 BROADWAY STE 310 TACOMA, WA 98402-3778	91-1650772	501(C)(3)	16,000.	0.			OPERATING SUPPORT
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA - 4802 S 19TH ST - TACOMA, WA 98405-1164	91-0564954	501(C)(3)	10,050.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVE S TACOMA, WA 98447-0001	91-0565571	501(C)(3)	64,870.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PACIFIC PUG RESCUE 2850 SW CEDAR HILLS BLVD BEAVERTON, OR 97005	20-8373601	501(C)(3)	10,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COLLEGE FOUNDATION 1601 39TH AVE SE PUYALLUP, WA 98374-2210	91-1039199	501(C)(3)	21,165.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PIERCE COUNTY COMMUNITY LAND TRUST 6646 S WAPATO ST TACOMA, WA 98409	92-2539300	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446-2200	51-0180293	501(C)(3)	21,600.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS - 2001 E MADISON ST - SEATTLE, WA 98122-2959	91-0686012	501(C)(3)	18,768.	0.			OPERATING SUPPORT

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PLATEAU OUTREACH MINISTRIES PO BOX 391 ENUMCLAW, WA 98022-0391	91-1965830	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
POINT DEFIANCE ZOOLOGICAL SOCIETY 5400 N PEARL ST TACOMA, WA 98407-3224	91-6066667	501(C)(3)	49,386.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
PRIESTS OF THE SACRED HEART PO BOX 900 HALES CORNERS, WI 53130	39-1243521	501(C)(3)	10,280.	0.			OPERATING SUPPORT
PRINCE WILLIAM SOUND SCIENCE & TECHNOLOGY INSTITUTE - PO BOX 705 - CORDOVA, AK 99574	92-0129853	501(C)(3)	75,000.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
Q CHRISTIAN FELLOWSHIP PO BOX 409357 CHICAGO, IL 60640-0032	20-0616399	501(C)(3)	10,000.	0.			OPERATING SUPPORT
R. MERLE PALMER MINORITY SCHOLARSHIP FOUNDATION - PO BOX 7119 - TACOMA, WA 98417-0119	91-1742581	501(C)(3)	101,600.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402-3005	91-1859897	501(C)(3)	13,500.	0.			OPERATING SUPPORT
RAINIER FOOTHILLS WELLNESS FOUNDATION - PO BOX 905 - ENUMCLAW, WA 98022-0905	91-1192604	501(C)(3)	14,080.	0.			PROGRAM SUPPORT
RESCUE MISSION PO BOX 1912 TACOMA, WA 98401-1912	91-0565014	501(C)(3)	60,896.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

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RITE OF PASSAGE JOURNEYS PO BOX 1067 BOTHHELL, WA 98041	35-2283871	501(C)(3)	95,000.	0.			OPERATING SUPPORT
ROSLYN, RONALD, CLE ELUM HERITAGE CLUB - PO BOX 916 - CLE ELUM, WA 98922-0916	91-1694087	501(C)(3)	10,000.	0.			OPERATING SUPPORT
ROTARY CLUB OF UPPER KITTITAS COUNTY FOUNDATION - PO BOX 1035 - CLE ELUM, WA 98922-2035	46-5013224	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SCHOOL'S OUT WASHINGTON 801 23RD AVE S STE A SEATTLE, WA 98144-3039	46-0809713	501(C)(3)	7,500.	0.			CAPITAL SUPPORT
SEATTLE FOUNDATION 1601 5TH AVE STE 1900 SEATTLE, WA 98101-3615	91-6013536	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SEATTLE UNION GOSPEL MISSION PO BOX 202 SEATTLE, WA 98111-0202	91-0595029	501(C)(3)	5,261.	0.			OPERATING SUPPORT
SEATTLE YOUTH SYMPHONY ORCHESTRA 11065 5TH AVE NE STE A SEATTLE, WA 98125-6100	91-0493840	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
SOUND OUTREACH 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4152	91-1741624	501(C)(3)	6,861.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SOUTH PUGET SOUND SALMON ENHANCEMENT GROUP - 6700 MARTIN WAY E STE 112 - LACEY, WA 98516-5586	91-1519762	501(C)(3)	466,674.	0.			CAPITAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SOUND PLANNED GIVING COUNCIL 6825 RAINIER AVE GIG HARBOR, WA 98335-1920	75-3205248	501(C)(3)	25,000.	0.			OPERATING SUPPORT
ST. JOHN BOSCO CATHOLIC CHURCH 315 N MAIN ST WOODSTOCK, VA 22664-1420	31-1525496	501(C)(3)	12,000.	0.			CAPITAL SUPPORT
ST. PATRICK CATHOLIC SCHOOL 1112 N G ST TACOMA, WA 98403-2518	91-1874577	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
STEP BY STEP FAMILY SUPPORT CENTER PO BOX 488 MILTON, WA 98354-0488	91-1871945	501(C)(3)	51,500.	0.			OPERATING SUPPORT
SUMNER-BONNEY LAKE EDUCATIONAL FOUNDATION - 1202 WOOD AVE - SUMNER, WA 98390-1926	30-0128156	501(C)(3)	11,700.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
SYMPHONY TACOMA 901 BROADWAY STE 600 TACOMA, WA 98402-4432	91-6032976	501(C)(3)	89,000.	0.			OPERATING SUPPORT
TACOMA AREA COALITION OF INDIVIDUALS WITH DISABILITIES - 6315 S 19TH ST - TACOMA, WA 98466-6217	91-1125538	501(C)(3)	15,000.	0.			OPERATING SUPPORT
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402-3214	91-0697444	501(C)(3)	38,059.	0.			OPERATING SUPPORT
TACOMA ARTS LIVE 1001 YAKIMA AVE STE 1 TACOMA, WA 98405-4869	91-1106878	501(C)(3)	81,636.	0.			OPERATING SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ATHLETIC COMMISSION PO BOX 11304 TACOMA, WA 98411-0304	91-0515947	501(C)(3)	6,320.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA COMMUNITY COLLEGE FOUNDATION - 6501 S 19TH ST BLDG 6 - TACOMA, WA 98466-6100	91-6073780	501(C)(3)	6,267.	0.			PROGRAM SUPPORT
TACOMA COMMUNITY HOUSE 1314 S L ST TACOMA, WA 98405-3941	91-0570872	501(C)(3)	9,000.	0.			OPERATING SUPPORT
TACOMA ELK'S LODGE NO. 174 B.P.O.E. - PO BOX 11008 - TACOMA, WA 98411-0015	91-0142850	501(C)(8)	12,293.	0.			PROGRAM SUPPORT
TACOMA HEALING AWARENESS COMMUNITY 1721 S G ST TACOMA, WA 98405-4444	84-4621393	501(C)(3)	7,500.	0.			OPERATING SUPPORT
TACOMA HOUSING AUTHORITY 902 S L ST TACOMA, WA 98405-4037	81-0557198	501(C)(3)	6,465.	0.			PROGRAM SUPPORT
TACOMA MINISTERIAL ALLIANCE 1124 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4152	91-1237526	501(C)(3)	16,000.	0.			OPERATING SUPPORT
TACOMA PARKS FUND 4702 S 19TH ST TACOMA, WA 98405-1175	91-1482669	501(C)(3)	162,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 SOUTH TACOMA WAY - TACOMA, WA 98409-4447	58-1735531	501(C)(3)	74,500.	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
TACOMA PUBLIC LIBRARY FOUNDATION 1102 TACOMA AVE S TACOMA, WA 98402-2098	91-1739198	501(C)(3)	10,000.	0.			OPERATING SUPPORT
TACOMA PUBLIC SCHOOLS PO BOX 1357 TACOMA, WA 98401-1357		GOVERNMENT	16,191.	0.			PROGRAM SUPPORT
TACOMA REFUGEE CHOIR PO BOX 2321 TACOMA, WA 98401-2321	82-2515143	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
TACOMA TREE FOUNDATION PO BOX 7234 TACOMA, WA 98417-0234	83-2505388	501(C)(3)	15,000.	0.			OPERATING SUPPORT
TACOMA URBAN LEAGUE 2550 YAKIMA AVE TACOMA, WA 98405-3800	91-0826302	501(C)(3)	173,297.	0.			OPERATING SUPPORT
TACOMA YOUTH SYMPHONY ASSOCIATION 901 BROADWAY STE 500 TACOMA, WA 98402-4415	23-7005522	501(C)(3)	9,985.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S D ST STOP 1001 - TACOMA, WA 98418-6813	91-1488160	GOVERNMENT	14,000.	0.			PROGRAM SUPPORT
TAHOMA BIRD ALLIANCE 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466-4619	23-7450873	501(C)(3)	23,400.	0.			OPERATING SUPPORT
THE FIRST TEE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR W TACOMA, WA 98467-3231	45-1781054	501(C)(3)	10,500.	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
THE GRAND CINEMA 606 FAWCETT AVE TACOMA, WA 98402-2321	91-1774658	501(C)(3)	5,500.	0.			OPERATING SUPPORT, CAPITAL SUPPORT
THE LIGHTHOUSE FOR THE BLIND, INC. 2501 S PLUM ST SEATTLE, WA 98144-4711	91-0295070	501(C)(3)	25,325.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE MUSEUM OF FLIGHT 9404 E MARGINAL WAY S TUKWILA, WA 98108-4097	91-0785826	501(C)(3)	22,025.	0.			PROGRAM SUPPORT
THE MUSTARD SEED PROJECT OF KEY PENINSULA - PO BOX 182 - VAUGHN, WA 98394-0182	61-1537566	501(C)(3)	1,026,651.	0.			OPERATING SUPPORT, CAPITAL SUPPORT, PROGRAM SUPPORT
THE REFORMATION PROJECT PO BOX 191013 DALLAS, TX 75219-8013	46-1012806	501(C)(3)	10,000.	0.			OPERATING SUPPORT
THE SALVATION ARMY 1110 S PUGET SOUND AVE TACOMA, WA 98405-2253	94-1156347	501(C)(3)	33,018.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
THE VEDANTA SOCIETY OF WESTERN WASHINGTON - 2716 BROADWAY E - SEATTLE, WA 98102-3909	81-6187530	501(C)(3)	22,025.	0.			PROGRAM SUPPORT
TOY RESCUE MISSION 607 S WINNIFRED ST TACOMA, WA 98465-2538	91-1629854	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
TOYS FOR KIDS PO BOX 2104 ISSAQUAH, WA 98027	91-2099219	501(C)(3)	15,000.	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.)

(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
TRA MEDICAL IMAGING FOUNDATION PO BOX 1535 TACOMA, WA 98401	45-4589339	501(C)(3)	13,500.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNITED WAY OF PIERCE COUNTY PO BOX 2215 TACOMA, WA 98401-2215	91-0650669	501(C)(3)	407,192.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF PUGET SOUND - CORPORATE & FOUNDATION RELATIONS - 1500 N WARNER ST #1080 - TACOMA, WA 98416-0001	91-0564961	501(C)(3)	59,642.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON - SCHOOL OF MEDICINE - C-314 SCIENCES CTR UW BOX 356350 - SEATTLE, WA 98195-6350	94-3079432	501(C)(3)	49,076.	0.			PROGRAM SUPPORT
URBAN GRACE THE DOWNTOWN CHURCH 902 MARKET ST TACOMA, WA 98402-3609	91-0577139	501(C)(3)	20,500.	0.			OPERATING SUPPORT
VASHON MAURY ISLAND LAND TRUST PO BOX 2031 VASHON, WA 98070-2031	94-3123021	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WASHINGTON FARMLAND TRUST PO BOX 2206 SEATTLE, WA 98111-2206	91-2021165	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164-1927	91-1075542	501(C)(3)	98,384.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE STE 300 SEATTLE, WA 98104-1723	91-0900134	501(C)(3)	6,000.	0.			OPERATING SUPPORT, 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
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 COMMUNITY OUTREACH PO BOX 7053 BONNEY LAKE, WA 98391-0705	27-0270499	501(C)(3)	24,220.	0.			PROGRAM SUPPORT
WHITWORTH UNIVERSITY- FINANCIAL AID OFFICE - 300 WEST HAWTHORNE RD - SPOKANE, WA 99251-0105	91-0473310	501(C)(3)	25,000.	0.			OPERATING SUPPORT
WOMEN MAKE MOVIES 115 W 29TH ST RM 1200 NEW YORK, NY 10001-5059	13-2740460	501(C)(3)	10,600.	0.			PROGRAM SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063-9716	95-1922279	501(C)(3)	10,280.	0.			OPERATING SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405-1167	91-0565562	501(C)(3)	100,530.	0.			OPERATING SUPPORT, PROGRAM SUPPORT
YOUTH FOR CHRIST USA, INC. AKA TACOMA AREA YOUTH FOR CHRIST - PO BOX 834 - TACOMA, WA 98401-0834	91-0584100	501(C)(3)	20,000.	0.			OPERATING SUPPORT
YOUTH MARINE FOUNDATION 820 E D ST TACOMA, WA 98421-1814	91-1536334	501(C)(3)	15,000.	0.			OPERATING SUPPORT
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402-3904	91-0565026	501(C)(3)	39,350.	0.			OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	96	30,000.	150,150.	BOOK VALUE	TUITION SCHOLARSHIPS

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

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
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9		X

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHI LITTMANN CEO	(i)	248,495.	14,457.	10,687.	17,366.	75.	291,080.	14,382.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOHAMMAD MOUSA CFO	(i)	190,668.	75.	0.	7,787.	4,496.	203,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEGAN SUKYS CHIEF STRATEGY / COMM. OFFICER	(i)	142,280.	7,312.	0.	0.	14,135.	163,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SETH KIRBY CHIEF IMPACT OFFICER	(i)	137,480.	6,062.	0.	0.	14,135.	157,677.	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

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization GREATER TACOMA COMMUNITY FOUNDATION	Employer identification number 91-1007459
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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	21	3,432,997.	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
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	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

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

Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

GREATER TACOMA COMMUNITY FOUNDATION UTILIZED ITS SUPPORTING ORGANIZATION, ASSET STEWARDSHIP FOUNDATION TO ACCEPT NONCASH GIFTS OTHER THAN PUBLICLY TRADED SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

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

Schedule O (Form 990) 2023

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 AND EMPLOYEES COMPLETE AN EVALUATION OF THE PRESIDENT/CEO'S

PERFORMANCE AND THE PRESIDENT/CEO COMPLETES A SELF ASSESSMENT. THE

EXECUTIVE COMMITTEE REVIEWS THE RESULTS OF THE PERFORMANCE EVALUATION AND

THE PRESIDENT/CEO'S SELF ASSESSMENT. THE EXECUTIVE COMMITTEE REVIEWS

COMPARABLE SALARY DATA AND DETERMINES THE PRESIDENT/CEO'S SALARY AND

BENEFITS FOR THE UPCOMING YEAR.

THE EXECUTIVE COMMITTEE VOTES ON THE RECOMMENDED ACTION AND DOCUMENTS THE

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

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

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

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

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

REVIEWED IN MARCH 2023.

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:

Name of the organization

GREATER TACOMA COMMUNITY FOUNDATION

Employer identification number

91-1007459

CHANGE IN SPLIT-INTEREST AGREEMENT

427,734.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">GREATER TACOMA COMMUNITY FOUNDATION</p>	Employer identification number <p align="center">91-1007459</p>
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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) 2023

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (4) 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	MANAGE INVESTMENTS	WA	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE LEAD TRUST (1) 950 PACIFIC AVENUE, SUITE 1100 TACOMA, WA 98402	MANAGE INVESTMENTS	WA	N/A	TRUST	N/A	N/A	N/A		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGE WEYERHAEUSER PACIFIC RIM BONSAI COLLECTION	B	385,600.	CASH GRANTS
(2) THE FRIENDS OF LAKEWOLD	B	152,635.	CASH GRANTS
(3) ASSET STEWARDSHIP FOUNDATION	B	521,700.	BOOK VALUE
(4) ASSET STEWARDSHIP FOUNDATION	C	492,386.	CASH GRANTS
(5)			
(6)			

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

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

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

