

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>223 LAKE AVENUE, SUITE B</b> City or town, state or province, country, and ZIP or foreign postal code <b>TRAVERSE CITY, MI 49684</b> <b>F Name and address of principal officer: BETH DUNCKEL</b> <b>223 LAKE AVENUE, SUITE B, TRAVERSE CITY, MI</b>	<b>D Employer identification number</b>  <b>38-3056434</b> <b>E Telephone number</b> <b>231-935-4066</b> <b>G Gross receipts \$</b> <b>9,218,187.</b> <b>H(a) Is this a group return for subordinates? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number ▶</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.GTRCF.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1992</b>		<b>M State of legal domicile:</b> <b>MI</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CHARITABLE ASSISTANCE TO THE FIVE-COUNTY GRAND TRAVERSE AREA.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>31</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>31</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	<b>9</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>400</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	<b>-66.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>2,691,252.</b>	<b>4,502,690.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>1,672,942.</b>	<b>2,211,767.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>13,400.</b>	<b>15,471.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>4,377,594.</b>	<b>6,729,928.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>2,530,496.</b>	<b>2,713,559.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>526,363.</b>	<b>661,672.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>290,333.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>295,846.</b>	<b>367,180.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>3,352,705.</b>	<b>3,742,411.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>1,024,889.</b>	<b>2,987,517.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>61,091,836.</b>	<b>57,929,076.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>80,134.</b>	<b>101,654.</b>
		<b>61,011,702.</b>	<b>57,827,422.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BETH DUNCKEL, TREASURER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HEIDI WENDEL, CPA</b>	Preparer's signature  	Date  	Check if self-employed <input type="checkbox"/>	PTIN <b>P00721554</b>
Firm's name ▶ <b>DGN, LLC</b>			Firm's EIN ▶ <b>20-2349670</b>		
Firm's address ▶ <b>P.O. BOX 947</b> <b>TRAVERSE CITY, MI 49685-0947</b>			Phone no. <b>231-946-1722</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITIES, NOW AND FOREVER, BY  
SERVING AS A LEADER OF LOCAL PHILANTHROPY.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 3,047,619. including grants of \$ 2,713,559.) (Revenue \$ \_\_\_\_\_)  
**GRANTS PROVIDED TO OTHER CHARITABLE ORGANIZATIONS AND/OR INDIVIDUALS IN  
CONNECTION WITH THE MISSION OF THE FOUNDATION TO PROVIDE CHARITABLE  
ASSISTANCE TO THE GRAND TRAVERSE AREA INCLUDING ANTRIM, BENZIE, GRAND  
TRAVERSE, KALKASKA AND LEELANAU COUNTIES.**

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

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

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

**4e** Total program service expenses **▶ 3,047,619.**

**GRAND TRAVERSE REGIONAL COMMUNITY  
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**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		9
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	31		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	31		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**PAUL KESTER - 231-935-4066**  
**223 LAKE AVENUE, SUITE B, TRAVERSE CITY, MI 49684**

**GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(2) ROGER PERRY CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) CAROL MARSH DIRECTOR	1.00	X					0.	0.	0.	
(4) AMY SCHINDLER VICE-CHAIRMAN	2.00	X		X			0.	0.	0.	
(5) AMY BURK DIRECTOR	1.00	X					0.	0.	0.	
(6) LINDA MOOREY KEHR DIRECTOR	1.00	X					0.	0.	0.	
(7) ANN NEUENSCHWANDER DIRECTOR	1.00	X					0.	0.	0.	
(8) JANET SIETING DIRECTOR	1.00	X					0.	0.	0.	
(9) MARINA ASCIONE DIRECTOR	1.00	X					0.	0.	0.	
(10) TERRY BEAMSLEY DIRECTOR	1.00	X					0.	0.	0.	
(11) RACHAEL BIRGY DIRECTOR	1.00	X					0.	0.	0.	
(12) ANNIE DEVRIES DIRECTOR	1.00	X					0.	0.	0.	
(13) CASH COOK DIRECTOR	1.00	X					0.	0.	0.	
(14) JON HAWLEY DIRECTOR	1.00	X					0.	0.	0.	
(15) REX O'CONNOR DIRECTOR	1.00	X					0.	0.	0.	
(16) ED ARBUT DIRECTOR	1.00	X					0.	0.	0.	
(17) JULIE FALCONER DIRECTOR	1.00	X					0.	0.	0.	

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**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAMIAN LOCKHART DIRECTOR	1.00	X					0.	0.	0.	
(19) ROYCE RAGLAND DIRECTOR	1.00	X					0.	0.	0.	
(20) DR. TROY STOBERT DIRECTOR	1.00	X					0.	0.	0.	
(21) TROY TERWILLIGER DIRECTOR	1.00	X					0.	0.	0.	
(22) MATT DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(23) ANDI WAGENSCHUTZ DIRECTOR	1.00	X					0.	0.	0.	
(24) THOMAS WILTSE DIRECTOR	1.00	X					0.	0.	0.	
(25) RICHARD HANNAN DIRECTOR	1.00	X					0.	0.	0.	
(26) SARA BRUBAKER DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	124,500.	9,800.	
<b>d Total (add lines 1b and 1c)</b>							0.	124,500.	9,800.	

**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 0

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

**Section B. Independent Contractors**

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

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

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	4,502,690.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,995,185.				
	<b>h Total.</b> Add lines 1a-1f .....		4,502,690.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,549,682.			1,549,682.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....		662,085.	662,085.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	541519	15,471.			15,471.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		15,471.					
<b>12 Total revenue.</b> See instructions .....		6,729,928.	662,085.	0.	1,565,153.		

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,438,326.	2,438,326.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	275,233.	275,233.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	124,500.	24,900.	56,025.	43,575.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	419,251.	157,364.	146,326.	115,561.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,333.	12,865.	16,517.	12,951.
<b>9</b> Other employee benefits	35,119.	6,898.	27,331.	890.
<b>10</b> Payroll taxes	40,469.	13,565.	15,060.	11,844.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	14,256.	14,256.		
<b>b</b> Legal	2,673.		2,673.	
<b>c</b> Accounting	19,298.		19,298.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	63,686.		63,686.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	63,171.			63,171.
<b>13</b> Office expenses	25,164.	6,018.	10,473.	8,673.
<b>14</b> Information technology	43,100.	14,524.	14,886.	13,690.
<b>15</b> Royalties				
<b>16</b> Occupancy	34,731.	11,642.	12,925.	10,164.
<b>17</b> Travel	5,802.	3,405.	869.	1,528.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	16,386.	6,787.	3,063.	6,536.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	2,759.		2,759.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMPONENT FUND COSTS	59,111.	57,436.		1,675.
<b>b</b> MEMBERSHIPS	12,643.		12,568.	75.
<b>c</b> CHARITABLE GIFT ANNUITY	4,400.	4,400.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,742,411.	3,047,619.	404,459.	290,333.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	256,442.	<b>1</b>	143,929.	
	<b>2</b> Savings and temporary cash investments .....	471,294.	<b>2</b>	1,048,361.	
	<b>3</b> Pledges and grants receivable, net .....	14,866.	<b>3</b>	12,267.	
	<b>4</b> Accounts receivable, net .....	2,948.	<b>4</b>	2,948.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	16,732.	<b>9</b>		0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	59,661,554.	<b>11</b>		56,166,571.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	668,000.	<b>15</b>		555,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	61,091,836.	<b>16</b>		57,929,076.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,489.	<b>17</b>	21,058.	
	<b>18</b> Grants payable .....	66,645.	<b>18</b>	80,596.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....			<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	80,134.	<b>26</b>		101,654.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	412,771.	<b>27</b>	403,425.	
	<b>28</b> Temporarily restricted net assets .....	9,451,717.	<b>28</b>	2,989,471.	
	<b>29</b> Permanently restricted net assets .....	51,147,214.	<b>29</b>	54,434,526.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	61,011,702.	<b>33</b>		57,827,422.	
<b>34</b> Total liabilities and net assets/fund balances .....	61,091,836.	<b>34</b>		57,929,076.	

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**GRAND TRAVERSE REGIONAL COMMUNITY  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	6,729,928.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	3,742,411.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	2,987,517.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	61,011,702.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-6,058,797.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-113,000.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	57,827,422.

**Part XII Financial Statements and Reporting**

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

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



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,585,101.	1,642,415.	3,590,332.	2,691,252.	4,502,690.	17,011,790.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	4,585,101.	1,642,415.	3,590,332.	2,691,252.	4,502,690.	17,011,790.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,510,186.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,501,604.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	4,585,101.	1,642,415.	3,590,332.	2,691,252.	4,502,690.	17,011,790.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,228,838.	1,282,156.	1,265,405.	1,349,170.	1,549,682.	6,675,251.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						23,687,041.

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

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

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	48.56 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	48.89 %

**16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

GRAND TRAVERSE REGIONAL COMMUNITY

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

GRAND TRAVERSE REGIONAL COMMUNITY

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION

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**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.)

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION **Employer identification number** 38-3056434

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	52	
2 Aggregate value of contributions to (during year) .....	1,501,800.	
3 Aggregate value of grants from (during year) .....	844,490.	
4 Aggregate value at end of year .....	16,274,057.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018



**GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION**

**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		<b>1</b>	494,445.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-6,058,797.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	-113,000.	
e Add lines 2a through 2d	2e		-6,171,797.
3 Subtract line 2e from line 1		<b>3</b>	6,666,242.
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	63,686.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		63,686.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,729,928.

**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		<b>1</b>	3,678,725.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1		<b>3</b>	3,678,725.
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	63,686.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		63,686.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,742,411.

**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:**

TO FACILITATE, PROMOTE AND SERVE THE FIVE-COUNTY REGION BY PROVIDING, TO QUALIFIED ENTITIES, GRANTS THAT BENEFIT COMMUNITY ENRICHMENT, CULTURAL ARTS, ENVIRONMENTAL, YOUTH, AND EDUCATIONAL PROGRAMS.

**PART X, LINE 2:**

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALSO, THE FOUNDATION HAS BEEN CERTIFIED AS A COMMUNITY FOUNDATION BY THE STATE OF MICHIGAN AND HAS RECEIVED DETERMINATION AS AN "OTHER THAN PRIVATE FOUNDATION" UNDER SECTION 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE

**Part XIII** Supplemental Information (continued)

ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION FILES INFORMATION  
RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE  
FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX  
AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST -113,000.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION** Employer identification number **38-3056434**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BAY COMMUNITY THEATRE PO BOX 847 SUTTONS BAY, MI 49682	83-2865086	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
BIG BROTHERS & BIG SISTERS OF NORTHWESTERN MICHIGAN - 900 E. FRONT ST., SUITE 125 - TRAVERSE CITY, MI 49686	237043163	501(C)(3)	24,200.	0.			DONOR ADVISED GRANT FOR GENERAL SUPPORT
BIG BROTHERS & BIG SISTERS OF NORTHWESTERN MICHIGAN - 900 E. FRONT ST., SUITE 125 - TRAVERSE CITY, MI 49686	237043163	501(C)(3)	5,000.	0.			MENTORING SPECIALIST
BOY SCOUTS OF AMERICA PRESIDENT FORD SERVICE COUNCIL - 1499 BUSINESS PARK DR - TRAVERSE CITY, MI 49686-8741	38-1359240	501(C)(3)	12,000.	0.			DONOR-ADVISED GRANT FOR LOCAL SCOUTING
BOY SCOUTS OF AMERICA PRESIDENT FORD SERVICE COUNCIL - 1499 BUSINESS PARK DR - TRAVERSE CITY, MI 49686-8741	38-1359240	501(C)(3)	5,000.	0.			SUPPORT FOR JOINT BSA/NMC LAUNCH DAY
BRICKWAYS FOUNDATION 935 BARLOW AVENUE TRAVERSE CITY, MI 49686	38-2443341	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 76.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2018)

**GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	67,784.	0.			FOR TROJANCARE & PRESCHOOL SUPPORT SVCS.
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	34,500.	0.			SUPPORT FOR SUMMER CAMP PROGRAM
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	29,258.	0.			SUPPORT AFTER SCHOOL AND FRIDAY CARE
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	13,419.	0.			SUPPORT PRESCHOOL SUPPORT SERVICES
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	6,339.	0.			SUPPORT PREK-K ALIGNMENT & STAFF SUPPORT
CHARLEVOIX EMMET INTERMEDIATE SCHOOL DISTRICT - 08568 MERCER BLVD - CHARLEVOIX, MI 49720		GOVT	30,000.	0.			SUPPORT GREAT START COLLABORATIVE IN CENTRAL LAKE
CHERRYLAND HUMANE SOCIETY 1750 AHLBERG RD TRAVERSE CITY, MI 49696	38-1603061	501(C)(3)	20,000.	0.			DONOR-ADVISED GRANT FOR MORTGAGE REDUCTION FUND
CHERRYLAND HUMANE SOCIETY 1750 AHLBERG RD TRAVERSE CITY, MI 49696	38-1603061	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NW MICHIGAN - 3785 VETERANS DRIVE - TRAVERSE CITY, MI 49684	38-2534222	501(C)(3)	7,958.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD & FAMILY SERVICES OF NW MICHIGAN - 3785 VETERANS DRIVE - TRAVERSE CITY, MI 49684	38-2534222	501(C)(3)	5,000.	0.			10-WEEK YOUTH AMERICORPS
COUNCIL OF MICHIGAN FOUNDATIONS 1 SOUTH HARBOR AVE., SUITE 8 GRAND HAVEN, MI 49417-1385		GOVT	5,000.	0.			SUPPORT FOR ROB COLLIER FUND
DOCTORS WITHOUT BORDERS (USA) 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
EL GRUPO NORTE YOUTH CYCLING PO BOX 781 TRAVERSE CITY, MI 49685	46-4861142	501(C)(3)	50,000.	0.			SUPPORT FOR CAPACITY BUILDING AND GROWTH
FATHER FRED FOUNDATION P.O. BOX 2260 TRAVERSE CITY, MI 49685-2260	38-2908199	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
FATHER FRED FOUNDATION P.O. BOX 2260 TRAVERSE CITY, MI 49685-2260	38-2908199	501(C)(3)	5,000.	0.			BLESSINGS IN A BACKPACK
FRANKFORT-ELBERTA AREA SCHOOLS ED. FOUNDATION - P.O. BOX 1775 - FRANKFORT, MI 49635-1775	38-3006011	501(C)(3)	12,035.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
FRIENDS OF BENZIE SHORES DISTRICT LIBRARY - P.O. BOX 631 - FRANKFORT, MI 49635-0631	382976760	501(C)(3)	20,000.	0.			GRANT FOR GENERAL SUPPORT
FRIENDS OF POINT BETSIE LIGHTHOUSE P.O. BOX 601 FRANKFORT, MI 49635	37-1451508	501(C)(3)	15,053.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN LAKE ASSOCIATION P.O. BOX 551 GLEN ARBOR, MI 49636-0551	38-1658580	501(C)(3)	9,690.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
GLEN LAKE ASSOCIATION P.O. BOX 551 GLEN ARBOR, MI 49636-0551	38-1658580	501(C)(3)	7,000.	0.			WATERSHED PROTECTION
GOODWILL INN AND HOMELESS SERVICES OF N MI - 2279 S AIRPORT RD. W. - TRAVERSE CITY, MI 49684-4713	61-1455416	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
GRAND TRAVERSE AREA CATHOLIC SCHOOLS - 123 EAST ELEVENTH STREET - TRAVERSE CITY, MI 49684	38-1896822	501(C)(3)	5,000.	0.			ROBOTICS
GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD. TRAVERSE CITY, MI 49684	381709640	501(C)(3)	40,000.	0.			DONOR-ADVISED SUPPORT - SPLASH SWIM PROGRAM FALL 2018
GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD. TRAVERSE CITY, MI 49684	381709640	501(C)(3)	40,000.	0.			DONOR-ADVISED SUPPORT FOR SPLASH SWIM PROGRAM 2018
GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD. TRAVERSE CITY, MI 49684	381709640	501(C)(3)	5,000.	0.			WATER SAFETY TRAINING
GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD. TRAVERSE CITY, MI 49684	381709640	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
GRAND TRAVERSE CONSERVATION DISTRICT - 1450 CASS RD. - TRAVERSE CITY, MI 49685-9143		GOVT	13,818.	0.			SUPPORT FOR BOARDMAN RIVER STEWARDSHIP

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND TRAVERSE COUNTY 400 BOARDMAN AVE TRAVERSE CITY, MI 49684		GOVT	10,000.	0.			DONOR-ADVISED GRANT FOR EASLING POOL RENOVATION
GRAND TRAVERSE COUNTY 400 BOARDMAN AVE TRAVERSE CITY, MI 49684		GOVT	5,000.	0.			DONOR-ADVISED SUPPORT FOR EASLING POOL FUND
GRAND TRAVERSE PAVILIONS FOUNDATION - 1000 PAVILIONS CIRCLE - TRAVERSE CITY, MI 49684	38-3359796	501(C)(3)	17,738.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
GRAND TRAVERSE PAVILIONS FOUNDATION - 1000 PAVILIONS CIRCLE - TRAVERSE CITY, MI 49684	38-3359796	501(C)(3)	14,551.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	29,800.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	25,000.	0.			DONOR-ADVISED SUPPORT FOR ARCADIA MARSH TRAIL
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	10,000.	0.			DONOR-ADVISED SUPPORT FOR BVT-RRPP TRAIL CONNECTOR
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	7,500.	0.			MAPLEHURST NATURAL AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD, STE. D - TRAVERSE CITY, MI 49684-9601	38-2994229	501(C)(3)	6,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
GRAND VALLEY STATE UNIVERSITY - TC 2200 DENDRINOS DR., SUITE 101 TRAVERSE CITY, MI 49684		GOVT	8,310.	0.			HANDS-ON EDUCATIONAL EQUIPMENT
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES - 148 E. FRONT ST., STE 301 - TRAVERSE CITY, MI 49684-5725	38-2314954	501(C)(3)	10,000.	0.			SUPPORT FOR CLEAN ENERGY PROGRAM
GT COMMISSION ON AGING 520 W. FRONT ST., SUITE B TRAVERSE CITY, MI 49684		GOVT	6,844.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
HABITAT FOR HUMANITY OF BENZIE COUNTY - PO BOX 53 - FRANKFORT, MI 49635	26-2928981	501(C)(3)	6,500.	0.			DONOR-ADVISED SUPPORT FOR TOOL TRAILER PURCHASE
HEALTH DEPARTMENT OF NORTHWEST MICHIGAN - 220 W. GARFIELD - CHARLEVOIX, MI 49720		GOVT	5,000.	0.			SCHOOL-BASED HEALTH SERVICES SURVEY
INLAND SEAS EDUCATION ASSOCIATION PO BOX 218 SUTTONS BAY, MI 49682-0218	38-2866234	501(C)(3)	28,000.	0.			SUPPORT FOR BOAT BUILDING PROGRAM AT DISCOVERY CENTER
INLAND SEAS EDUCATION ASSOCIATION PO BOX 218 SUTTONS BAY, MI 49682-0218	38-2866234	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
INTERLOCHEN CENTER FOR THE ARTS P. O. BOX 199 INTERLOCHEN, MI 49643-0199	38-1689022	501(C)(3)	25,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERLOCHEN CENTER FOR THE ARTS P. O. BOX 199 INTERLOCHEN, MI 49643-0199	38-1689022	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
INTERLOCHEN PUBLIC RADIO P O BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LEELANAU CHILDREN'S CENTER, INC. P.O. BOX 317 LELAND, MI 49654	38-2167550	501(C)(3)	15,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LEELANAU CHRISTIAN NEIGHBORS P.O. BOX 196 LAKE LEELANAU, MI 49653	38-3345824	501(C)(3)	25,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LEELANAU COMMUNITY CULTURAL CENTER 111 S MAIN ST, PO BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	10,770.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
LEELANAU COMMUNITY CULTURAL CENTER 111 S MAIN ST, PO BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	6,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LEELANAU CONSERVANCY P.O. BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	24,017.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LEELANAU CONSERVANCY P.O. BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	5,000.	0.			SUPPORT FOR HELEN AND DAN PALMER FERN GARDEN
LEELANAU COUNTY FAMILY COORDINATING COUNCIL - 7401 E. DUCK LAKE ROAD #300 - LAKE LEELANAU, MI 49653		GOVT	5,000.	0.			DONOR-ADVISED GRANT FOR LAUNDRY PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEELANAU HISTORICAL SOCIETY, INC. PO BOX 246 LELAND, MI 49654	23-7063440	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LELAND EDUCATION FOUNDATION P.O. BOX 1166 LELAND, MI 49654	38-3300430	501(C)(3)	15,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
LELAND PUBLIC SCHOOL P O BOX 498 LELAND, MI 49654-0498		GOVT	7,500.	0.			DONOR-ADVISED SUPPORT FOR HS STUDENT SCHOLARSHIPS
LELAND PUBLIC SCHOOL P O BOX 498 LELAND, MI 49654-0498		GOVT	5,000.	0.			DONOR-ADVISED GRANT FOR SCHOLARSHIP FUND
LELAND TOWNSHIP PUBLIC LIBRARY PO BOX 736 LELAND, MI 49654		GOVT	14,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVE. - PETOSKEY, MI 49770	38-2445611	501(C)(3)	5,000.	0.			TRAUMA CARE AFTER RESUSCITATION TRAINING
MICHIGAN ENVIRONMENTAL COUNCIL 602 W IONIA ST LANSING, MI 48933	38-2517980	501(C)(3)	5,000.	0.			SUPPORT FOR CLEAN ENERGY PROGRAM
MICHIGAN STATE UNIVERSITY 556 E. CIRCLE DRIVE, ROOM 252 EAST LANSING, MI 48824-1113	38-6005984	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR ENGINEERING DEPARTMENT
MILLS COMMUNITY HOUSE ASSOCIATION 891 MICHIGAN AVE BENZONIA, MI 49616	75-2977687	501(C)(3)	13,542.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSU EXTENSION SERVICE - GT CO. 520 W. FRONT STREET, SUITE A TRAVERSE CITY, MI 49684	38-2178343	501(C)(3)	5,000.	0.			MASTER GARDEN TRAINING
MUNSON HEALTHCARE REGIONAL FOUNDATION - 1150 MEDICAL CAMPUS DR. - TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	20,000.	0.			DONOR-ADVISED SUPPORT FOR SURGICAL UPGRADE PROJECT
MUNSON HEALTHCARE REGIONAL FOUNDATION - 1150 MEDICAL CAMPUS DR. - TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT SUPPORT FOR NICU
MUNSON HEALTHCARE REGIONAL FOUNDATION - 1150 MEDICAL CAMPUS DR. - TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
NATIONAL BOY SCOUTS OF AMERICA FOUNDATION - 1325 W WALNUT LN - IRVING, TX 75015-2079	75-2675978	501(C)(3)	20,000.	0.			DONOR-ADVISED SUPPORT FOR RONALD&MARTHA YOCUM FUND
NATIONAL BOY SCOUTS OF AMERICA FOUNDATION - 1325 W WALNUT LN - IRVING, TX 75015-2079	75-2675978	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT TO ENDOWMENT
NETWORKS NORTHWEST AKA NW MI WORKS! - P O BOX 506 - TRAVERSE CITY, MI 49685-0506	38-2159771	501(C)(3)	15,000.	0.			GRANT SUPPORT FOR NEWTON'S ROAD PROGRAM
NORTHERN MI BLUE TO GOLD STAR MOTHERS - P.O. BOX 7346 - TRAVERSE CITY, MI 49696	81-2409538	501(C)(3)	11,331.	0.			SUPPORT FOR FAMILIES, EDUCATIONAL ACTIVITIES AND PUBLIC AWARENESS
NORTHERN MICHIGAN CATHOLIC FOUNDATION - 311 W FRONT ST - TRAVERSE CITY, MI 49684	30-0210866	501(C)(3)	25,000.	0.			DONOR-ADVISED SUPPORT FOR NEEDY FAMILIES

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NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE RD N - TRAVERSE CITY, MI 49686-9164	38-2027389	501(C)(3)	90,000.	0.			SUPPORT FOR PRESCHOOL PROGRAM IN CENTRAL LAKE
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE RD N - TRAVERSE CITY, MI 49686-9164	38-2027389	501(C)(3)	88,000.	0.			SUPPORT FOR PRESCHOOL PROGRAM IN CENTRAL LAKE
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 THREE MILE RD N - TRAVERSE CITY, MI 49686-9164	38-2027389	501(C)(3)	65,372.	0.			SUPPORT CENTRAL LAKE EARLY CHILDHOOD COORDINATOR
NORTHWESTERN MICHIGAN COLLEGE FOUNDATION - 1701 E FRONT ST - TRAVERSE CITY, MI 49686	38-2376475	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
NORTHWESTERN MICHIGAN COLLEGE FOUNDATION - 1701 E FRONT ST - TRAVERSE CITY, MI 49686	38-2376475	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
OLD TOWN PLAYHOUSE PO BOX 262 TRAVERSE CITY, MI 49685-0262	38-2095449	501(C)(3)	17,610.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE FRANKFORT, MI 49635-1188	38-1415623	501(C)(3)	55,000.	0.			SUPPORT FOR MODERNIZING SURGICAL EQUIPMENT
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE FRANKFORT, MI 49635-1188	38-1415623	501(C)(3)	35,000.	0.			SUPPORT FOR ATHLETIC TRAINER FOR SCHOOL PROGRAMS
PLANNED PARENTHOOD OF MICHIGAN P.O. BOX 3673 ANN ARBOR, MI 48106	23-7094387	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAILROAD POINT NATURAL AREA 448 COURT PLACE BEULAH, MI 49617		GOVT	5,100.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
RESURRECTION LUTHERAN CHURCH 11575 N FIRST AVE ORO VALLEY, AZ 85737	86-0559725	501(C)(3)	5,500.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
SALVATION ARMY - TRAVERSE CITY PO BOX 5228 TRAVERSE CITY, MI 49696-5228	13-3485289	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
SHARECARE OF LEELANAU 7401 E. DUCK LAKE RD., #600 LAKE LEELANAU, MI 49653-8701	38-3094734	501(C)(3)	7,211.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
TCAPS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	50,000.	0.			SUPPORT FOR TEEN PARENT PROGRAM
TCAPS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	50,000.	0.			SUPPORT FOR TEEN PARENT PROGRAM
TCAPS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	25,000.	0.			MOVEMENT LAB AT CENTRAL GRADE & CHERRY KNOLL
TCAPS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	10,000.	0.			COMMUNICATIONS & VOLUNTEER MATERIALS FOR TPP
TCAPS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	5,090.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LONG LAKE FOUNDATION, INC. 1730 BIRCH LANE TRAVERSE CITY, MI 49685	38-2175327	501(C)(3)	6,000.	0.			GRANT FOR GENERAL SUPPORT
THE LONG LAKE FOUNDATION, INC. 1730 BIRCH LANE TRAVERSE CITY, MI 49685	38-2175327	501(C)(3)	5,500.	0.			GRANT FOR GENERAL SUPPORT
THE MAPLES / BENZIE CNTY. MEDICAL CARE FACILITY - 210 MAPLE AVENUE - FRANKFORT, MI 49635		GOVT	13,520.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
TORCH LAKE PROTECTION ALLIANCE P.O. BOX 706 BELLAIRE, MI 49615	38-3383379	501(C)(3)	15,886.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
TRAVERSE BAY CHILDREN'S ADVOCACY CENTER - 2000 CHARTWELL DR - SUITE 3 - TRAVERSE CITY, MI 49686	38-3090530	501(C)(3)	45,000.	0.			SUPPORT FOR TEAM ZERO AND PREVENTION INITIATIVE
TRAVERSE CITY HIGH SCHOOL 3962 THREE MILE RD. TRAVERSE CITY, MI 49686		GOVT	7,506.	0.			SUPPORT FOR CLC SUMMER WORK STUDY PROGRAM
TRAVERSE HEALTH CLINIC AND COALITION - 1719 S. GARFIELD AVE. - TRAVERSE CITY, MI 49686-4337	30-0224028	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
TRAVERSE SYMPHONY ORCHESTRA 300 E. FRONT ST., SUITE 230 TRAVERSE CITY, MI 49684	382680276	501(C)(3)	7,235.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	15,122.	0.			GRANT TO FULFILL PURPOSE OF DESIGNATED ENDOWMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
UTOPIA FOUNDATION 111 CASS ST. TRAVERSE CITY, MI 49684	52-2392335	501(C)(3)	5,000.	0.			YOUNG PEACEBUILDERS WAGING PEACE IN NM
WOMEN'S RESOURCE CENTER 720 ELMWOOD ST, STE. 2 TRAVERSE CITY, MI 49684	382164580	501(C)(3)	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF NM 423 PORTER ST PETOSKEY, MI 49770	38-2302164	501(C)(3)	24,121.	0.			SUPPORT FOR PLAY GROUP FACILITATOR IN CENTRAL LAKE
WOMEN'S RESOURCE CENTER OF NM 423 PORTER ST PETOSKEY, MI 49770	38-2302164	501(C)(3)	21,000.	0.			SUPPORT FOR FAMILY COMMUNITY NAVIGATOR FOR EARLY CHILDHOOD EDUCATION
YOUNG AMERICAS FOUNDATION 11480 COMMERCE PARK DR, STE 600 RESTON, VA 20191	23-7042029	501(C)(3)	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT

Schedule I (Form 990)





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION** Employer identification number **38-3056434**

**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	88	1,995,185.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

**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, LINE 32B:

MARKETABLE SECURITIES ARE SOLD THROUGH BROKERS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization	GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION	Employer identification number	38-3056434
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FORM 990, PART VI, SECTION A, LINE 4:

THE FOUNDATION UPDATED ITS VISION AND MISSION STATEMENTS TO THE FOLLOWING:

VISION STATEMENT: WE ENVISION HEALTHY, RESILIENT, THRIVING COMMUNITIES  
SUPPORTED BY A CULTURE OF GENEROSITY.

MISSION STATEMENT: TO ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITIES, NOW  
AND FOREVER, BY SERVING AS A LEADER OF LOCAL PHILANTHROPY.

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

MEMBERS OF THE BOARD'S FINANCE COMMITTEE ARE PRESENTED WITH THE ANNUAL  
AUDITED FINANCIAL STATEMENTS AND IRS 990 TAX FILING EACH YEAR AS PART OF  
THEIR REGULAR MEETING AGENDA.

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

THE ORGANIZATION ADMINISTERS SIGNED CONFLICT OF INTEREST SURVEYS WHICH ARE  
REQUIRED EACH YEAR FROM THEIR BOARD MEMBERS.

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

THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEE COMPENSATION IS  
REVIEWED AND APPROVED BY THE ADMINISTRATIVE REVIEW COMMITTEE OF THE BOARD  
BASED ON AN ANNUAL APPROVED WORK PLAN.

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

DOCUMENTATION IS PROVIDED ON THE ORGANIZATIONS WEBSITE AND UPON REQUEST AT  
OUR OFFICE.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>223 LAKE AVENUE, SUITE B</b> City or town, state or province, country, and ZIP or foreign postal code <b>TRAVERSE CITY, MI 49684</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>38-3056434</b>  <b>E</b> Unrelated business activity code (See instructions.) <b>541200</b>
---	---------------	--	--

<b>C</b> Book value of all assets at end of year <b>57,827,422.</b>	<b>F</b> Group exemption number (See instructions.) ▶ _____ <b>G</b> Check organization type ▶ <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **PAUL KESTER** Telephone number ▶ **231-935-4066**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>13,800.</u>			
b	Less returns and allowances _____			
		c Balance ▶		
		1c	13,800.	
2	Cost of goods sold (Schedule A, line 7) _____	2		
3	Gross profit. Subtract line 2 from line 1c _____	3	13,800.	13,800.
4 a	Capital gain net income (attach Schedule D) _____	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____	4b		
c	Capital loss deduction for trusts _____	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) _____	5		
6	Rent income (Schedule C) _____	6		
7	Unrelated debt-financed income (Schedule E) _____	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) _____	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) _____	9		
10	Exploited exempt activity income (Schedule I) _____	10		
11	Advertising income (Schedule J) _____	11		
12	Other income (See instructions; attach schedule) _____	12		
13	Total. Combine lines 3 through 12 _____	13	13,800.	13,800.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K) _____				
15	Salaries and wages _____				11,240.
16	Repairs and maintenance _____				
17	Bad debts _____				
18	Interest (attach schedule) (see instructions) _____				
19	Taxes and licenses _____				
20	Charitable contributions (See instructions for limitation rules) _____				
21	Depreciation (attach Form 4562) _____	21			
22	Less depreciation claimed on Schedule A and elsewhere on return _____	22a		22b	
23	Depletion _____				
24	Contributions to deferred compensation plans _____				
25	Employee benefit programs _____				3,855.
26	Excess exempt expenses (Schedule I) _____				
27	Excess readership costs (Schedule J) _____				
28	Other deductions (attach schedule) _____		SEE STATEMENT 2		517.
29	Total deductions. Add lines 14 through 28 _____				15,612.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____				-1,812.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) _____				
32	Unrelated business taxable income. Subtract line 31 from line 30 _____				-1,812.

**GRAND TRAVERSE REGIONAL COMMUNITY  
FOUNDATION**

Form 990-T (2018)

38-3056434

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<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-1,812.
34	Amounts paid for disallowed fringes	34	1,746.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b>	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-66.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-66.

<b>Part IV Tax Computation</b>			
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	0.
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	55	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	TREASURER	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name <b>HEIDI WENDEL, CPA</b>		Preparer's signature	Date	
<b>Paid Preparer Use Only</b>	Firm's name <b>DGN, LLC</b>		Firm's EIN <b>20-2349670</b>		
	Firm's address <b>P.O. BOX 947 TRVERSE CITY, MI 49685-0947</b>		Phone no. <b>231-946-1722</b>		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					<b>X</b>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 .....		0.		0.
				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.



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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

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