

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

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 223 LAKE AVENUE, SUITE B City or town, state or province, country, and ZIP or foreign postal code TRAVERSE CITY, MI 49684 F Name and address of principal officer: BETH DUNCKEL 223 LAKE AVENUE, SUITE B, TRAVERSE CITY, MI	D Employer identification number 38-3056434 E Telephone number 231-935-4066 G Gross receipts \$ 20,269,204. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GTRCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1992		M State of legal domicile: MI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE CHARITABLE ASSISTANCE TO THE FIVE-COUNTY GRAND TRAVERSE AREA.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,476,837.	15,682,924.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,451,422.	2,243,359.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	206.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,928,465.	17,926,283.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,297,351.	3,805,787.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	726,154.	706,858.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 521,114.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	607,133.	617,169.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,630,638.	5,129,814.
19	Revenue less expenses. Subtract line 18 from line 12	297,827.	12,796,469.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	68,084,092.	90,284,879.
22	Net assets or fund balances. Subtract line 21 from line 20	116,591.	153,483.
		67,967,501.	90,131,396.

Part II Signature Block

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

Sign Here	Signature of officer BETH DUNCKEL, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name HEIDI WENDEL, CPA	Preparer's signature
	Firm's name ▶ DGN, LLC Firm's address ▶ P.O. BOX 947 TRAVERSE CITY, MI 49685-0947	Date 04/28/21 Check if self-employed <input type="checkbox"/> PTIN P00721554 Firm's EIN ▶ 20-2349670 Phone no. 231-946-1722

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

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

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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 \$ 3,050,044. including grants of \$ 2,801,427.) (Revenue \$)
THE FOUNDATION PROVIDES COMMUNITY SERVICE AND SUPPORT BY PROVIDING GRANTS TO 501(C)(3) NONPROFIT ORGANIZATIONS, MUNICIPALITIES, AND EDUCATIONAL INSTITUTIONS. IN 2020, THE FOUNDATION MADE 765 GRANTS AWARDS TO SUPPORT 338 NONPROFIT PARTNERS AND ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITIES, NOW AND FOREVER. THE FOUNDATION SERVES ANTRIM, BENZIE, GRAND TRAVERSE, KALKASKA, AND LEELANAU COUNTIES BY MAKING A LOCAL IMPACT IN COMMUNITIES THROUGHOUT THE FIVE-COUNTY REGION.

4b (Code:) (Expenses \$ 374,690. including grants of \$ 298,429.) (Revenue \$)
THROUGHOUT 2020, THE FOUNDATION PROVIDED 229 SCHOLARSHIP AWARDS TO 193 STUDENTS IN ALL FIVE COUNTIES TO HELP THEM PURSUE CONTINUING EDUCATION OPPORTUNITIES IN EITHER A TRADITIONAL COLLEGE ENVIRONMENT OR AT A TECHNICAL OR TRADE SCHOOL. SCHOLARSHIPS HELP PROMOTE THE FOUNDATION'S FOCUS AREAS OF EDUCATION AND YOUTH WHILE IMPROVING THE QUALITY OF LIFE IN OUR REGION AND EASING THE FINANCIAL BURDEN OF SECONDARY EDUCATION FOR AREA RESIDENTS.

4c (Code:) (Expenses \$ 810,635. including grants of \$ 705,931.) (Revenue \$)
IN RECENT YEARS, THE FOUNDATION HAS INCREASINGLY PLAYED A COLLABORATIVE LEADERSHIP ROLE IN THE REGION. IN 2020, THIS INCLUDED CONVENING CROSS-SECTOR LEADERS TO DEVELOP AND IMPLEMENT A COMMUNITY DEVELOPMENT STRATEGY. THE FOUNDATION ALSO COLLABORATED WITH OTHER PHILANTHROPIC, DONOR, AND NONPROFIT PARTNERS TO LEVERAGE AN URGENT NEEDS FUND IN RESPONSE TO THE CORONAVIRUS PANDEMIC, INCLUDING AWARDING 85 GRANTS TO 62 NONPROFIT PARTNERS. WITH PARTNERS ACROSS THE REGION, THE FOUNDATION IS WORKING TO MOVE THE NEEDLE IN AREAS OF GREATEST NEED BY WORKING TOGETHER.

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

4e Total program service expenses **4,235,369.**

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**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

**GRAND TRAVERSE REGIONAL COMMUNITY
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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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	30		
b Enter the number of voting members included on line 1a, above, who are independent	1b	30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) DAVE MENGBIER PRESIDENT AND CHIEF EXECUTIVE OFFICE	40.00					X		126,900.	0.	9,952.
(2) AMY SCHINDLER CHAIR	2.00			X				0.	0.	0.
(3) ANDI HALPIN DIRECTOR	1.00	X						0.	0.	0.
(4) ANN NEUENSCHWANDER DIRECTOR	1.00	X						0.	0.	0.
(5) ANNIE DEVRIES DIRECTOR	1.00	X						0.	0.	0.
(6) BETH DUNCKEL TREASURER	2.00			X				0.	0.	0.
(7) BILL SMITH DIRECTOR	1.00	X						0.	0.	0.
(8) CAROL MARSH DIRECTOR	1.00	X						0.	0.	0.
(9) CASH COOK DIRECTOR	1.00	X						0.	0.	0.
(10) DAMIAN LOCKHART DIRECTOR	1.00	X						0.	0.	0.
(11) JANET SIETING DIRECTOR	1.00	X						0.	0.	0.
(12) JOANNE COOK DIRECTOR	1.00	X						0.	0.	0.
(13) JOE SHORT DIRECTOR	1.00	X						0.	0.	0.
(14) JON HAWLEY DIRECTOR	1.00	X						0.	0.	0.
(15) LAURA ASIALA DIRECTOR	1.00	X						0.	0.	0.
(16) LINDA KEHR SECRETARY	2.00			X				0.	0.	0.
(17) MARINA ASCIONE DIRECTOR	1.00	X						0.	0.	0.

**GRAND TRAVERSE REGIONAL COMMUNITY
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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) MARTY COLBURN DIRECTOR	1.00	X						0.	0.	0.
(19) MARY PETERSON DIRECTOR	1.00	X						0.	0.	0.
(20) MATT DAVIS DIRECTOR	1.00	X						0.	0.	0.
(21) PETER FINCH DIRECTOR	1.00	X						0.	0.	0.
(22) RACHAEL BIRGY DIRECTOR	1.00	X						0.	0.	0.
(23) RANVE MARTINSON DIRECTOR	1.00	X						0.	0.	0.
(24) REX O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
(25) RICH HANNAN DIRECTOR	1.00	X						0.	0.	0.
(26) ROGER PERRY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								126,900.	0.	9,952.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								126,900.	0.	9,952.

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 1

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

Form **990** (2020)

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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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROYCE RAGLAND DIRECTOR	1.00	X					0.	0.	0.	
(28) SARA BRUBAKER DIRECTOR	1.00	X					0.	0.	0.	
(29) TERRY BEAMSLEY VICE CHAIR	2.00			X			0.	0.	0.	
(30) TROY STOBERT DIRECTOR	1.00	X					0.	0.	0.	
(31) TROY TERWILLIGER DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,682,924.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 439,281.				
	h Total. Add lines 1a-1f			15,682,924.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,883,880.			1,883,880.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,702,400.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,342,921.				
c Gain or (loss)	7c	359,479.					
d Net gain or (loss)			359,479.	359,479.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			17,926,283.	359,479.	0.	1,883,880.	

**GRAND TRAVERSE REGIONAL COMMUNITY
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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>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,507,358.	3,507,358.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	298,429.	298,429.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,900.	42,258.	42,384.	42,258.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	438,636.	134,405.	124,657.	179,574.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,029.	13,208.	13,209.	17,612.
9 Other employee benefits	55,743.	16,142.	22,538.	17,063.
10 Payroll taxes	41,550.	12,465.	12,465.	16,620.
11 Fees for services (nonemployees):				
a Management	151,403.	85,600.	803.	65,000.
b Legal	653.		653.	
c Accounting	17,592.		17,592.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,184.		68,184.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	85,502.			85,502.
13 Office expenses	27,756.	5,247.	9,647.	12,862.
14 Information technology	100,616.	30,185.	30,185.	40,246.
15 Royalties				
16 Occupancy	62,398.	18,720.	18,719.	24,959.
17 Travel	3,123.	937.	937.	1,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,891.	5,668.	5,667.	7,556.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,095.	1,528.	1,529.	2,038.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMPONENT FUND COSTS	57,684.	54,658.		3,026.
b MEMBERSHIPS	13,872.	4,161.	4,162.	5,549.
c CHARITABLE GIFT ANNUITY	4,400.	4,400.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,129,814.	4,235,369.	373,331.	521,114.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**GRAND TRAVERSE REGIONAL COMMUNITY
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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
Assets	1 Cash - non-interest-bearing	196,655.	1	485,961.
	2 Savings and temporary cash investments	757,315.	2	207,526.
	3 Pledges and grants receivable, net	9,400.	3	0.
	4 Accounts receivable, net	3,800.	4	3,800.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	66,382,922.	11	89,587,592.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	734,000.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,084,092.	16	90,284,879.	
Liabilities	17 Accounts payable and accrued expenses	29,987.	17	34,004.
	18 Grants payable	86,604.	18	119,479.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	116,591.	26	153,483.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	375,577.	27	499,833.
	28 Net assets with donor restrictions	67,591,924.	28	89,631,563.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	67,967,501.	32	90,131,396.
33 Total liabilities and net assets/fund balances	68,084,092.	33	90,284,879.	

Form 990 (2020)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,926,283.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,129,814.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,796,469.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,967,501.
5	Net unrealized gains (losses) on investments	5	9,367,426.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,131,396.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to 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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,590,332.	2,691,252.	4,502,690.	3,476,837.	15,682,924.	29,944,035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,590,332.	2,691,252.	4,502,690.	3,476,837.	15,682,924.	29,944,035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,691,141.
6 Public support. Subtract line 5 from line 4.						15,252,894.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,590,332.	2,691,252.	4,502,690.	3,476,837.	15,682,924.	29,944,035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,265,405.	1,349,170.	1,549,682.	1,683,881.	1,883,880.	7,732,018.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						37,676,053.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	40.48 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	51.39 %

16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2020 **FOUNDATION**

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

GRAND TRAVERSE REGIONAL COMMUNITY

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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	55	
2 Aggregate value of contributions to (during year)	12,829,107.	
3 Aggregate value of grants from (during year)	1,101,461.	
4 Aggregate value at end of year	35,581,060.	
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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2020

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,291,070.	54,077,539.	57,455,984.	50,740,030.	46,714,583.
b Contributions	13,666,701.	2,351,234.	3,406,869.	1,487,974.	2,350,015.
c Net investment earnings, gains, and losses	11,496,216.	10,958,885.	-3,955,071.	7,854,617.	4,015,519.
d Grants or scholarships	2,028,802.	2,193,711.	2,034,519.	1,827,246.	1,604,949.
e Other expenditures for facilities and programs	284,049.	52,490.	14,012.	32,091.	107,579.
f Administrative expenses	943,280.	850,387.	781,712.	767,300.	627,559.
g End of year balance	86,765,954.	64,291,070.	54,077,539.	57,455,984.	50,740,030.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .0000 %
 - b** Permanent endowment ▶ 82.3000 %
 - c** Term endowment ▶ 17.7000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**GRAND TRAVERSE REGIONAL COMMUNITY
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

GRAND TRAVERSE REGIONAL COMMUNITY
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	27,225,525.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,367,426.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,367,426.	
3	Subtract line 2e from line 1	3	17,858,099.	
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	68,184.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	68,184.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,926,283.	

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

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

1	Total expenses and losses per audited financial statements		1	5,061,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	5,061,630.	
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	68,184.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	68,184.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,129,814.	

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, 2017.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACME CHRISTIAN THRIFT STORE & FOOD PANTRY - 996 GARFIELD WOODS DR. - TRAVERSE CITY, MI 49686	30-0080188	501(C)(3)	12,692.	0.			HUMAN SERVICES
ACME TOWNSHIP 6042 ACME RD. WILLIAMSBURG, MI 49690		GOVT	10,140.	0.			ENVIRONMENT
ADDICTION TREATMENT SERVICES, INC. 1010 S GARFIELD AVE TRAVERSE CITY, MI 49686	38-2032908	501(C)(3)	13,250.	0.			HUMAN SERVICES
AMERICAN RED CROSS NORTHERN MI CHAPTER - 735 S GARFIELD, SUITE B100 - TRAVERSE CITY, MI 49686	53-0196605	501(C)(3)	25,000.	0.			HUMAN SERVICES
ANGEL CARE CHILD CARE INC. 834 HASTINGS TRAVERSE CITY, MI 49686	26-3478643	501(C)(3)	27,890.	0.			HUMAN SERVICES
ANTRIM COUNTY P O BOX 187 BELLAIRE, MI 49615		GOVT	7,270.	0.			ENVIRONMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 111.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

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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
BAY COMMUNITY THEATRE ORGANIZATION PO BOX 847 SUTTONS BAY, MI 49682	83-2865086	501(C)(3)	15,000.	0.			COMMUNITY ENRICHMENT
BENZIE AREA CHRISTIAN NEIGHBORS P.O. BOX 93 BENZONIA, MI 49616	38-2792605	501(C)(3)	12,288.	0.			HUMAN SERVICES
BENZIE-LEELANAU DISTRICT HEALTH DEPARTMENT - 6051 FRANKFORT HIGHWAY, #100 - BENZONIA, MI 49616		GOVT	10,000.	0.			HUMAN SERVICES
BENZIE SENIOR RESOURCES 10542 MAIN ST. HONOR, MI 49640	06-1673002	501(C)(3)	5,191.	0.			HUMAN SERVICES
BETHANY CHRISTIAN SERVICES 1055 CARRIAGE HILL DR., STE 2 TRAVERSE CITY, MI 49686	38-1405282	501(C)(3)	10,500.	0.			HUMAN SERVICES
BETSIE VALLEY COMMUNITY CENTER 17936 CADILLAC HWY THOMPSONVILLE, MI 49683-9237	83-1862386	501(C)(3)	45,000.	0.			COMMUNITY ENRICHMENT
BIG BROTHERS & BIG SISTERS OF NORTHWESTERN MICHIGAN - 900 E. FRONT ST., SUITE 125 - TRAVERSE CITY, MI 49686	237043163	501(C)(3)	11,950.	0.			YOUTH
BOY SCOUTS OF AMERICA, MICHIGAN CROSSROADS COUNCIL - 507 W ATHERTON RD - FLINT, MI 48507-2404	45-4003240	501(C)(3)	10,000.	0.			YOUTH
BRICKWAYS FOUNDATION 935 BARLOW AVENUE TRAVERSE CITY, MI 49686	38-2443341	501(C)(3)	14,580.	0.			HUMAN SERVICES

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CATHOLIC HUMAN SERVICES, INC. 1000 HASTINGS ST TRAVERSE CITY, MI 49686	38-3198322	501(C)(3)	15,000.	0.			HUMAN SERVICES
CENTRAL LAKE DISTRICT LIBRARY P O BOX 397 CENTRAL LAKE, MI 49622		GOVT	6,260.	0.			COMMUNITY ENRICHMENT
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	212,713.	0.			EDUCATION
CENTRAL UNITED METHODIST 222 CASS STREET TRAVERSE CITY, MI 49684		501(C)(3)	52,230.	0.			COMMUNITY ENRICHMENT
CHARLEVOIX EMMET INTERMEDIATE SCHOOL DISTRICT - 08568 MERCER BLVD - CHARLEVOIX, MI 49720		GOVT	30,000.	0.			EDUCATION
CHERRYLAND HUMANE SOCIETY 1750 AHLBERG RD TRAVERSE CITY, MI 49696	38-1603061	501(C)(3)	31,305.	0.			ANIMAL WELFARE
CHILD & FAMILY SERVICES OF NW MICHIGAN - 3785 VETERANS DRIVE - TRAVERSE CITY, MI 49684	38-2534222	501(C)(3)	83,784.	0.			HUMAN SERVICES
COGNITION PO BOX 349 BEULAH, MI 49617	81-0906870	501(C)(3)	7,750.	0.			HUMAN SERVICES
COMMUNITIES IN SCHOOLS OF NW MICHIGAN - 205 GROVE ST. - MANCELONA, MI 49659	27-0726563	501(C)(3)	103,151.	0.			YOUTH

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DISCOVERY CENTER GREAT LAKES 13170 S WEST BAY SHORE DRIVE TRAVERSE CITY, MI 49684	77-0660051	501(C)(3)	15,450.	0.			YOUTH
DOCTORS WITHOUT BORDERS (USA) 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	5,200.	0.			HUMAN SERVICES
ELK RAPIDS COMMUNITY CUPBOARD P.O. BOX 572 ELK RAPIDS, MI 49629	20-0956271	501(C)(3)	5,750.	0.			COMMUNITY ENRICHMENT
FATHER FRED FOUNDATION P.O. BOX 2260 TRAVERSE CITY, MI 49685-2260	38-2908199	501(C)(3)	19,625.	0.			COMMUNITY ENRICHMENT
FRANKFORT-ELBERTA AREA SCHOOLS ED. FOUNDATION - P.O. BOX 1044 - FRANKFORT, MI 49635-1044	38-3006011	501(C)(3)	12,440.	0.			EDUCATION
FRIENDSHIP COMMUNITY CENTER SUTTONS BAY - 201 BROADWAYPO BOX 51 - SUTTONS BAY, MI 49682	38-2787513	501(C)(3)	8,075.	0.			COMMUNITY ENRICHMENT
FRIENDS OF HERMAN PARK, INC. 1276 N. WEST BAY SHORE DR. SUTTONS BAY, MI 49682	45-1597489	501(C)(3)	16,750.	0.			COMMUNITY ENRICHMENT
FRIENDS OF POINT BETSIE LIGHTHOUSE P.O. BOX 601 FRANKFORT, MI 49635	37-1451508	501(C)(3)	19,810.	0.			COMMUNITY ENRICHMENT
FRIENDS OF THE BETSIE VALLEY TRAIL P.O. BOX 474 BEULAH, MI 49617-0474	38-3092450	501(C)(3)	8,660.	0.			COMMUNITY ENRICHMENT

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GENERATIONS AHEAD 3962 THREE MILE ROAD TRAVERSE CITY, MI 49686	84-4266286	501(C)(3)	194,308.	0.			YOUTH
GLEN ARBOR ARTS CENTER PO BOX 305 GLEN ARBOR, MI 49636	38-2886660	501(C)(3)	8,090.	0.			COMMUNITY ENRICHMENT
GLEN LAKE ASSOCIATION P.O. BOX 551 GLEN ARBOR, MI 49636-0551	38-1658580	501(C)(3)	10,740.	0.			COMMUNITY ENRICHMENT
GOOD SAMARITAN FAMILY SERVICES P.O. BOX 206 ELLSWORTH, MI 49729	38-3469219	501(C)(3)	10,300.	0.			HUMAN SERVICES
GOODWILL INDUSTRIES OF NORTHERN MICHIGAN - 2279 S. AIRPORT ROAD WEST - TRAVERSE CITY, MI 49684-4713	38-1976268	501(C)(3)	46,890.	0.			HUMAN SERVICES
GOODWILL INN AND HOMELESS SERVICES OF N MI - 2279 S AIRPORT RD. W. - TRAVERSE CITY, MI 49684-4713	61-1455416	501(C)(3)	15,135.	0.			HUMAN SERVICES
GRAND TRAVERSE AREA CATHOLIC SCHOOLS - 123 EAST ELEVENTH STREET - TRAVERSE CITY, MI 49684	38-1896822	501(C)(3)	13,400.	0.			EDUCATION
GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD. TRAVERSE CITY, MI 49684	381709640	501(C)(3)	40,000.	0.			YOUTH
GRAND TRAVERSE COMMISSION ON AGING 520 W. FRONT ST., SUITE B TRAVERSE CITY, MI 49684		GOVT	7,160.	0.			HUMAN SERVICES

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GRAND TRAVERSE CONSERVATION DISTRICT - 1450 CASS RD. - TRAVERSE CITY, MI 49685-9143		GOVT	14,610.	0.			ENVIRONMENT
GRAND TRAVERSE COUNTY SHERIFFS OFFICE - 851 WOODMERE AVE - TRAVERSE CITY, MI 49686		GOVT	11,000.	0.			COMMUNITY ENRICHMENT
GRAND TRAVERSE DYSLEXIA ASSOCIATION, INC. - 735 S. GARFIELD AVE - TRAVERSE CITY, MI 49686	38-2890455	501(C)(3)	8,000.	0.			HUMAN SERVICES
GRAND TRAVERSE INDUSTRIES 2883 AERO PARK DRIVE TRAVERSE CITY, MI 49686	38-2090521	501(C)(3)	12,000.	0.			HUMAN SERVICES
GRAND TRAVERSE PAVILIONS FOUNDATION - 1000 PAVILIONS CIRCLE - TRAVERSE CITY, MI 49684	38-3359796	501(C)(3)	48,970.	0.			HUMAN SERVICES
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N LONG LAKE RD STE D - TRAVERSE CITY, MI 49684-7204	38-2994229	501(C)(3)	71,265.	0.			ENVIRONMENT
GRASS RIVER NATURAL AREA, INC. P.O. BOX 231 BELLAIRE, MI 49615-0231	38-2279204	501(C)(3)	8,760.	0.			ENVIRONMENT
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES - 148 E. FRONT ST., STE 301 - TRAVERSE CITY, MI 49684-5725	38-2314954	501(C)(3)	18,215.	0.			COMMUNITY ENRICHMENT
HABITAT FOR HUMANITY GRAND TRAVERSE REGION - 1129 WOODMERE AVE, SUITE F - TRAVERSE CITY, MI 49696	38-2753833	501(C)(3)	20,150.	0.			COMMUNITY ENRICHMENT

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HOSPICE OF MICHIGAN 10850 E. TRAVERSE HWY, SUITE 1155 TRAVERSE CITY, MI 49684	38-2255529	501(C)(3)	12,500.	0.			HUMAN SERVICES
INLAND SEAS EDUCATION ASSOCIATION PO BOX 218 SUTTONS BAY, MI 49682-0218	38-2866234	501(C)(3)	41,526.	0.			COMMUNITY ENRICHMENT
INTERLOCHEN CENTER FOR THE ARTS P. O. BOX 199 INTERLOCHEN, MI 49643-0199	38-1689022	501(C)(3)	83,675.	0.			COMMUNITY ENRICHMENT
INTERLOCHEN PUBLIC RADIO P O BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	30,000.	0.			COMMUNITY ENRICHMENT
JUNIOR ACHIEVEMENT MGL - NORTHWEST SERVICE OFFICE - P.O. BOX 1928 - TRAVERSE CITY, MI 49685-1928	84-1267604	501(C)(3)	10,500.	0.			YOUTH
JUSTICE FOR OUR NEIGHBORS 222 CASS ST TRAVERSE CITY, MI 49684	82-2680614	501(C)(3)	15,210.	0.			COMMUNITY ENRICHMENT
KALKASKA AREA INTERFAITH RESOURCES PO BOX 766 KALKASKA, MI 49646-0766	38-3240697	501(C)(3)	28,330.	0.			COMMUNITY ENRICHMENT
KIDS ON THE GO - TRAVERSE CITY 7780 TRUESDALE LANE TRAVERSE CITY, MI 49686	45-5450033	501(C)(3)	5,500.	0.			YOUTH
LEELANAU CHILDREN'S CENTER, INC. P.O. BOX 317 LELAND, MI 49654	38-2167550	501(C)(3)	20,000.	0.			YOUTH

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LEELANAU CHRISTIAN NEIGHBORS P.O. BOX 196 LAKE LEELANAU, MI 49653	38-3345824	501(C)(3)	36,575.	0.			COMMUNITY ENRICHMENT
LEELANAU COMMUNITY CULTURAL CENTER 111 S MAIN ST, PO BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	22,880.	0.			COMMUNITY ENRICHMENT
LELAND PUBLIC SCHOOL P O BOX 498 LELAND, MI 49654-0498		GOVT	11,000.	0.			EDUCATION
LOVE THY NEIGHBOR GRAND TRAVERSE REGION - PO BOX 5114 - TRAVERSE CITY, MI 49684	382744610	501(C)(3)	8,000.	0.			HUMAN SERVICES
MARITIME HERITAGE ALLIANCE 13268 S WEST BAYSHORE DR TRAVERSE CITY, MI 49684	38-2528874	501(C)(3)	9,700.	0.			COMMUNITY ENRICHMENT
MICHAEL'S PLACE 1212 VETERANS DRIVE TRAVERSE CITY, MI 49684	38-3574270	501(C)(3)	31,070.	0.			HUMAN SERVICES
MILLS COMMUNITY HOUSE ASSOCIATION P.O. BOX 421 BENZONIA, MI 49616	75-2977687	501(C)(3)	14,310.	0.			COMMUNITY ENRICHMENT
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DR. TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	154,020.	0.			HUMAN SERVICES
NETWORKS NORTHWEST AKA NW MI COG P O BOX 506 TRAVERSE CITY, MI 49685-0506	38-2159771	501(C)(3)	5,760.	0.			COMMUNITY ENRICHMENT

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NEWTON'S ROAD NORTHWEST 236 1/2 E. FRONT ST. TRAVERSE CITY, MI 49684	84-3024496	501(C)(3)	10,000.	0.			EDUCATION
NORTHWESTERN MICHIGAN COLLEGE FOUNDATION - 1701 E FRONT ST - TRAVERSE CITY, MI 49686	38-2376475	501(C)(3)	72,250.	0.			EDUCATION
NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY - 3963 3 MILE RD N - TRAVERSE CITY, MI 49686-9164	38-2027389	501(C)(3)	238,560.	0.			HUMAN SERVICES
NORTHWEST MICHIGAN HEALTH SERVICES INC - 10767 EAST TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-6219	38-1958790	501(C)(3)	15,000.	0.			HUMAN SERVICES
NORTHWEST MICHIGAN SUPPORTIVE HOUSING - 3588 VETERANS DR STE 1 - TRAVERSE CITY, MI 49684-4569	38-2807457	501(C)(3)	19,950.	0.			HUMAN SERVICES
OLD MISSION PENINSULA EDUCATION FOUNDATION - 2699 ISLAND VIEW RD. - TRAVERSE CITY, MI 49686	81-3945685	501(C)(3)	7,023.	0.			EDUCATION
OLD TOWN PLAYHOUSE PO BOX 262 TRAVERSE CITY, MI 49685-0262	38-2095449	501(C)(3)	18,511.	0.			COMMUNITY ENRICHMENT
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE P.O. BOX 1188 FRANKFORT, MI 49635-1188	38-1415623	501(C)(3)	95,863.	0.			HUMAN SERVICES
PEACE RANCH/ PARAKLESIS, INC. 2570 HOOSIER VALLEY RD TRAVERSE CITY, MI 49685-7102	38-2950162	501(C)(3)	10,150.	0.			HUMAN SERVICES

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PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	131644147	501(C)(3)	5,404.	0.			HUMAN SERVICES
PLANNED PARENTHOOD OF MICHIGAN P.O. BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	14,130.	0.			HUMAN SERVICES
POWER BOOK BAGS PO BOX 533 SUTTONS BAY, MI 49682	81-2406342	501(C)(3)	20,664.	0.			HUMAN SERVICES
RAILROAD POINT NATURAL AREA IN CARE OF BENZIE CO. - 448 COURT PLACE - BEULAH, MI 49617		GOVT	5,430.	0.			ENVIRONMENT
RONALD MCDONALD HOUSE OF WESTERN MICHIGAN - 1323 CEDAR ST NE - GRAND RAPIDS, MI 49503-1326	382781170	501(C)(3)	5,010.	0.			HUMAN SERVICES
ROTARY CAMPS & SERVICES 202 E GRAND VIEW PKWY, STE. 200 TRAVERSE CITY, MI 49684	38-2009127	501(C)(3)	7,755.	0.			HUMAN SERVICES
SAFE HARBOR OF GRAND TRAVERSE INC. P.O. BOX 403 TRAVERSE CITY, MI 49685	46-4989411	501(C)(3)	50,225.	0.			HUMAN SERVICES
SALVATION ARMY - PETOSKEY CORPS 712 PLEASANT ST.. PETOSKEY, MI 49770	13-3485289	501(C)(3)	5,250.	0.			HUMAN SERVICES
SALVATION ARMY - TRAVERSE CITY PO BOX 52281239 BARLOW ST TRAVERSE CITY, MI 49696-5228	13-3485289	501(C)(3)	72,575.	0.			HUMAN SERVICES

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SEEDS P.O. BOX 2454 TRAVERSE CITY, MI 49685	38-3482266	501(C)(3)	17,200.	0.			HUMAN SERVICES
SHARECARE OF LEELANAU 7401 E. DUCK LAKE RD., #600 LAKE LEELANAU, MI 49653-8701	38-3094734	501(C)(3)	15,130.	0.			HUMAN SERVICES
SINGLE MOMM / SINGLE MOM MINISTRY PO BOX 2442 TRAVERSE CITY, MI 49685	26-3544089	501(C)(3)	10,500.	0.			HUMAN SERVICES
STEP UP NORTHERN MICHIGAN 3159 OGIDAKI TRAIL TRAVERSE CITY, MI 49686	811640656	501(C)(3)	17,700.	0.			COMMUNITY ENRICHMENT
SUPERIOR WATERSHED PARTNERSHIP 2 PETER WHITE DR.PRESQUE ISLE PARK MARQUETTE, MI 49855	38-3492677	501(C)(3)	15,000.	0.			ENVIRONMENT
SUTTONS BAY PUBLIC SCHOOLS P.O. BOX 367 SUTTONS BAY, MI 49682		GOVT	11,979.	0.			EDUCATION
TART TRAILS P.O. BOX 252 TRAVERSE CITY, MI 49685	38-2847396	501(C)(3)	19,639.	0.			ENVIRONMENT
THE LONG LAKE FOUNDATION, INC. P.O. BOX 31 INTERLOCHEN, MI 49643	38-2175327	501(C)(3)	26,168.	0.			ENVIRONMENT
THE MAPLES / BENZIE CNTY. MEDICAL CARE FACILITY - 210 MAPLE AVENUE - FRANKFORT, MI 49635		GOVT	16,260.	0.			HUMAN SERVICES

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUNCHKINS MISSION PO BOX 764 SUTTONS BAY, MI 49682	475467386	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE ROCK OF KINGSLEY YOUTH CENTER 115 E BLAIR STPO BOX 207 KINGSLEY, MI 49649	26-1548274	501(C)(3)	23,500.	0.			YOUTH
TITLE TRACK 6332 M-72 NW WILLIAMSBURG, MI 49690	382742032	501(C)(3)	5,080.	0.			COMMUNITY ENRICHMENT
TORCH LAKE PROTECTION ALLIANCE P.O. BOX 706 BELLAIRE, MI 49615	38-3383379	501(C)(3)	10,023.	0.			ENVIRONMENT
TRAVERSE AREA COMMUNITY SAILING 13272 S. WEST BAY SHORE DR., STE B TRAVERSE CITY, MI 49684	38-3176833	501(C)(3)	6,780.	0.			YOUTH
TRAVERSE BAY CHILDREN'S ADVOCACY CENTER - 2000 CHARTWELL DR - SUITE 3 - TRAVERSE CITY, MI 49686	38-3090530	501(C)(3)	61,020.	0.			YOUTH
TRAVERSE BAY SUNRISE ROTARY FOUNDATION - PO BOX 21 - TRAVERSE CITY, MI 49685	02-0636483	501(C)(3)	5,525.	0.			COMMUNITY ENRICHMENT
TRAVERSE CITY AREA PUBLIC SCHOOLS 412 WEBSTER ST. TRAVERSE CITY, MI 49686-2650		GOVT	110,222.	0.			EDUCATION
TRAVERSE CITY MUSIC BOOSTERS TCAPS412 WEBSTER TRAVERSE CITY, MI 49686-2650	23-7368529	501(C)(3)	6,654.	0.			YOUTH

Schedule I (Form 990)

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

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TRAVERSE HEALTH CLINIC AND COALITION - 1719 S. GARFIELD AVE. - TRAVERSE CITY, MI 49686-4337	30-0224028	501(C)(3)	18,440.	0.			HUMAN SERVICES
TRAVERSE SYMPHONY ORCHESTRA 300 E. FRONT ST., SUITE 230 TRAVERSE CITY, MI 49684	382680276	501(C)(3)	62,630.	0.			COMMUNITY ENRICHMENT
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	43,260.	0.			COMMUNITY ENRICHMENT
VENTURE NORTH FUNDING & DEVELOPMENT - 202 E GRANDVIEW PKWY. - TRAVERSE CITY, MI 49684	38-2857500	501(C)(3)	17,815.	0.			COMMUNITY ENRICHMENT
WOMEN'S RESOURCE CENTER 720 ELMWOOD ST, STE. 2 TRAVERSE CITY, MI 49684	382164580	501(C)(3)	55,990.	0.			HUMAN SERVICES
WOMEN'S RESOURCE CENTER OF NM 423 PORTER ST PETOSKEY, MI 49770	38-2302164	501(C)(3)	32,288.	0.			HUMAN SERVICES

Schedule I (Form 990)

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	193	298,429.	0.		

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for 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	33	439,281.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 V, 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) 2020

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

Employer identification number
38-3056434

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.

PART XII LINE 2C

NO CHANGES FROM PRIOR YEAR.

