

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2025

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2025** 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		D Employer identification number 38-3056434
	Doing business as		E Telephone number 231-935-4066
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,744,403.
	800 COTTAGEVIEW DRIVE, SUITE 1040		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TRAVERSE CITY, MI 49684		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOHN BERCINI SAME AS C ABOVE			If "No," attach a list. See instructions
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPARK CHANGE BY INSPIRING GENEROSITY, CARING FOR RESOURCES, & SUPPORTING OUR COMMUNITIES.		
	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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,678,180.	Current Year 4,490,127.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,187,127.	5,352,148.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,865,307.	9,842,275.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,766,943.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,131,140.	1,252,170.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		615,813.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		543,614.	534,575.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,441,697.	5,795,369.
19 Revenue less expenses. Subtract line 18 from line 12	4,423,610.	4,046,906.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 105,417,500.	End of Year 120,893,107.
	21 Total liabilities (Part X, line 26)	93,076.	89,182.
	22 Net assets or fund balances. Subtract line 21 from line 20	105,324,424.	120,803,925.

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		Date		
	JOHN BERCINI, TREASURER Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HEIDI WENDEL, CPA		04/22/26		P00721554
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DGN, LLC P.O. BOX 947 TRAVERSE CITY, MI 49685-0947	20-2349670		(231) 946-1722	

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

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

Form 990 (2025)

38-3056434 Page 2

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:
WE SPARK POSITIVE CHANGE BY INSPIRING GENEROSITY, CARING FOR RESOURCES, AND SUPPORTING OUR COMMUNITIES, NOW AND FOREVER.

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 \$ 3,872,874. including grants of \$ 3,489,541.) (Revenue \$)
THE FOUNDATION PROVIDES COMMUNITY SERVICE AND SUPPORT BY PROVIDING GRANTS TO 501(C)(3) NONPROFIT, MUNICIPAL, TRIBAL AND EDUCATIONAL PARTNERS WITH A FOCUS ON LOCAL IMPACT IN THE COMMUNITIES THROUGHOUT ITS REGION. THE FOUNDATION SERVES ANTRIM, BENZIE, GRAND TRAVERSE, KALKASKA, AND LEELANAU COUNTIES, AS WELL AS THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS, A FEDERALLY RECOGNIZED TRIBE.

4b (Code:) (Expenses \$ 653,422. including grants of \$ 483,083.) (Revenue \$)
THE FOUNDATION PROVIDES SCHOLARSHIP AWARDS TO STUDENTS 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. IN 2025, THERE WERE 196 SCHOLARSHIP RECIPIENTS.

4c (Code:) (Expenses \$ 93,916. including grants of \$ 36,000.) (Revenue \$)
THE FOUNDATION PLAYS A COLLABORATIVE LEADERSHIP ROLE IN THE REGION. IN 2025, THIS WORK INCLUDED CONTINUING TO CONVENE CROSS-SECTOR LEADERS TO DEVELOP AND IMPLEMENT A COMMUNITY DEVELOPMENT COALITION TO MOVE THE NEEDLE IN AREAS OF GREATEST NEED BY WORKING TOGETHER, HOSTING A SPEAKER SERIES AROUND LOCAL ISSUE AREAS, AND ENGAGING IN COLLABORATIVE PUBLIC POLICY ADVOCACY. IN ADDITION, THE FOUNDATION IS THE HOST FOR PRESS FORWARD NORTHERN MICHIGAN, A LOCAL CHAPTER OF A NATIONAL COALITION WORKING TO SUPPORT AND STRENGTHEN ACCESS TO RELIABLE LOCAL NEWS AND INFORMATION. SUPPORT IN 2025 INCLUDED FUNDING FOR A LOCAL NEWS COLLABORATION PROJECT.

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

4e Total program service expenses 4,620,212.

Form 990 (2025)

**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> ? See instructions	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 Rev. Proc. 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> See instructions		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	

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Form 990 (2025)

38-3056434 Page 4

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a	13
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

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		
	2a		12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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?	12a	
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.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
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 the instructions and file Form 4720, Schedule N.	15	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.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

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	24		
b Enter the number of voting members included on line 1a, above, who are independent	1b	24		
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 on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on 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 on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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
800 COTTAGEVIEW DR STE 1040, 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVE MENGBIER PRESIDENT AND CHIEF EXECUT	40.00			X			167,207.	0.	13,377.	
(2) ALISON METIVA CHIEF OPERATING OFFICER	40.00				X		128,803.	0.	10,304.	
(3) STEVEN WADE VICE PRESIDENT COMMUNITY I	40.00				X		114,849.	0.	9,188.	
(4) PAUL KESTER VICE PRESIDENT FINANCE AND ADMINISTR	40.00				X		109,548.	0.	9,331.	
(5) JERRY RING CHAIR	2.00	X		X			0.	0.	0.	
(6) LAURA ASIALA VICE CHAIR	2.00	X		X			0.	0.	0.	
(7) JOHN BERCINI TREASURER	2.00	X		X			0.	0.	0.	
(8) TERRY BEAMSLEY IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(9) JURGEN GRISWOLD DIRECTOR	1.00	X					0.	0.	0.	
(10) BARBARA MATTHEWS DIRECTOR	1.00	X					0.	0.	0.	
(11) ROYCE RAGLAND DIRECTOR	1.00	X					0.	0.	0.	
(12) LARIS GALEJS DIRECTOR	1.00	X					0.	0.	0.	
(13) PHYLLIS KLADDER DIRECTOR	1.00	X					0.	0.	0.	
(14) CHRIS MACINNES DIRECTOR	1.00	X					0.	0.	0.	
(15) ANN STREHLE DIRECTOR	1.00	X					0.	0.	0.	
(16) ANNIE DEVRIES DIRECTOR	1.00	X					0.	0.	0.	
(17) BETH DUNCKEL DIRECTOR	1.00	X					0.	0.	0.	

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Form 990 (2025)

38-3056434 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELISE LOUD DIRECTOR	1.00	X					0.	0.	0.	
(19) MARK WILSON DIRECTOR	1.00	X					0.	0.	0.	
(20) RACHAEL BIRGY DIRECTOR	1.00	X					0.	0.	0.	
(21) LAUREN CLARK DIRECTOR	1.00	X					0.	0.	0.	
(22) CASH COOK DIRECTOR	1.00	X					0.	0.	0.	
(23) RICK HEITMEYER DIRECTOR	1.00	X					0.	0.	0.	
(24) CARI JO ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
(25) ANDI HALPIN DIRECTOR	1.00	X					0.	0.	0.	
(26) EDWARD LANPHIER DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							520,407.	0.	42,200.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							520,407.	0.	42,200.	

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 4

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2025)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Form 990 (2025)

38-3056434 Page **9**

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	4,490,127.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 444,836.					
	h Total. Add lines 1a-1f		4,490,127.					
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)		3,309,669.			3309669.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,944,607.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	3,902,128.			
			c Gain or (loss)	7c	2,042,479.			
	d Net gain or (loss)			2,042,479.	2,042,479.			
	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			9,842,275.	2,042,479.	0.	3309669.		

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Form 990 (2025)

38-3056434 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,525,541.	3,525,541.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	483,083.	483,083.		
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	167,207.	55,680.	55,847.	55,680.
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	827,829.	316,517.	222,822.	288,490.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,276.	29,653.	22,202.	27,421.
9 Other employee benefits	103,220.	41,991.	19,973.	41,256.
10 Payroll taxes	74,638.	27,919.	20,903.	25,816.
11 Fees for services (nonemployees):				
a Management	74,762.	44,668.	30,094.	
b Legal	80.		80.	
c Accounting	24,909.		24,909.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,827.		92,827.	
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	91,083.			91,083.
13 Office expenses	27,702.	10,361.	7,759.	9,582.
14 Information technology	65,717.	24,581.	18,405.	22,731.
15 Royalties				
16 Occupancy	23,432.	8,765.	6,562.	8,105.
17 Travel	20,379.	7,623.	5,707.	7,049.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,312.	18,820.	14,090.	17,402.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,204.	3,068.	2,298.	2,838.
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 DEPRECIATION	33,212.	12,424.	9,301.	11,487.
b MEMBERSHIPS	19,872.	7,434.	5,565.	6,873.
c COMPONENT FUND COSTS	2,084.	2,084.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,795,369.	4,620,212.	559,344.	615,813.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Form 990 (2025)

38-3056434 Page **11**

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	289,162.	1	1,108,299.	
	2 Savings and temporary cash investments	331,348.	2	459,975.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	11,102.	9	11,259.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 846,137.			
	b Less: accumulated depreciation	10b 89,400.	789,949.	10c	756,737.
	11 Investments - publicly traded securities	101,995,939.	11	116,556,837.	
	12 Investments - other securities. See Part IV, line 11	2,000,000.	12	2,000,000.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	105,417,500.	16	120,893,107.		
Liabilities	17 Accounts payable and accrued expenses	57,701.	17	32,699.	
	18 Grants payable	35,375.	18	56,483.	
	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	93,076.	26	89,182.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,683,866.	27	1,732,339.	
	28 Net assets with donor restrictions	103,640,558.	28	119,071,586.	
	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	105,324,424.	32	120,803,925.	
	33 Total liabilities and net assets/fund balances	105,417,500.	33	120,893,107.	

Form **990** (2025)

**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	9,842,275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,795,369.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,046,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,324,424.
5	Net unrealized gains (losses) on investments	5	11,432,595.
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	120,803,925.

Part XII Financial Statements and Reporting

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

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

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5754828.	1603495.	1260688.	2678180.	4490127.	15787318.
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	5754828.	1603495.	1260688.	2678180.	4490127.	15787318.
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)						2892020.
6 Public support. Subtract line 5 from line 4.						12895298.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5754828.	1603495.	1260688.	2678180.	4490127.	15787318.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2837578.	2348196.	2513451.	3011808.	3309669.	14020702.
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						29808020.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	43.26	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	33.99	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. 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

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

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

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

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

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

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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
FOUNDATION

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 Total annual distributions. Add lines 1 through 5.	6
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8 Distributable amount for 2025 from Section C, line 6	8
9 Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. 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 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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	54	
2 Aggregate value of contributions to (during year)	720,483.	
3 Aggregate value of grants from (during year)	1,302,887.	
4 Aggregate value at end of year	46,384,302.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

GRAND TRAVERSE REGIONAL COMMUNITY

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,838,323.	92,770,817.	82,996,538.	100,667,068.	86,765,954.
b Contributions	3,421,961.	1,993,859.	713,669.	1,075,912.	4,563,737.
c Net investment earnings, gains, and losses	16,579,184.	11,851,164.	13,580,757.	-14,603,482.	12,848,978.
d Grants or scholarships	-3,089,250.	-2,945,238.	-2,891,046.	-2,762,705.	-2,329,855.
e Other expenditures for facilities and programs	-249,517.	-409,424.	-289,088.	-10,462.	-9,115.
f Administrative expenses	-1,493,118.	-1,422,855.	-1,340,015.	-1,369,793.	-1,172,631.
g End of year balance	117,007,584.	101,838,323.	92,770,817.	82,996,538.	100,667,068.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 71.0000 %
 - c Term endowment 29.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		630,000.	47,115.	582,885.
c Leasehold improvements				
d Equipment		79,461.	19,505.	59,956.
e Other		136,676.	22,780.	113,896.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				756,737.

GRAND TRAVERSE REGIONAL COMMUNITY

Schedule D (Form 990) (Rev. 12-2024) **FOUNDATION**

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 21,182,044, adjusted to 9,842,275.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,702,542, adjusted to 5,795,369.

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 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, 2022.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
22 2 NONE 5210 E BOARDMAN RD SOUTH BOARDMAN, MI 49659	81-3011491	501(C)(3)	5,550.	0.			YOUTH DEVELOPMENT
5LOAVES2FISH NMI PO BOX 516 LELAND, MI 49654	86-1289956	501(C)(3)	76,770.	0.			HUMAN SERVICES
ACME CHRISTIAN THRIFT STORE AND FOOD PANTRY (ACTS) - 996 GARFIELD WOODS DR., STE A - TRAVERSE CITY, MI 49686	30-0080188	501(C)(3)	27,970.	0.			HUMAN SERVICES
ACME TOWNSHIP 6042 ACME RD. WILLIAMSBURG, MI 49690		GOVT	11,060.	0.			ENVIRONMENTAL
AMERICAN RED CROSS NORTHERN MI CHAPTER - 2240 S AIRPORT RD, SUITE D - TRAVERSE CITY, MI 49684	53-0196605	501(C)(3)	10,250.	0.			HUMAN SERVICES
ANTRIM COUNTY PO BOX 187 BELLAIRE, MI 49615		GOVT	8,160.	0.			ENVIRONMENTAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **116.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENZIE AREA CHRISTIAN NEIGHBORS P.O. BOX 93 BENZONIA, MI 49616	38-2792605	501(C)(3)	7,054.	0.			HUMAN SERVICES
BENZIE AREA SYMPHONY ORCHESTRA PO BOX 1701 FRANKFORT, MI 49635	38-3638071	501(C)(3)	6,605.	0.			ARTS, CULTURE
BENZIE CENTRAL SCHOOLS 9222 HOMESTEAD RD BENZONIA, MI 49616		GOVT	13,420.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF NORTHWESTERN MICHIGAN - 900 E. FRONT ST., STE. 125 - TRAVERSE CITY, MI 49686	23-7043163	501(C)(3)	20,500.	0.			YOUTH DEVELOPMENT
BRICKWAYS FOUNDATION 935 BARLOW AVENUE TRAVERSE CITY, MI 49686	38-2443341	501(C)(3)	15,500.	0.			HUMAN SERVICES
BUCKLEY COMMUNITY SCHOOLS 305 SOUTH FIRST ST. BUCKLEY, MI 49620-9764		GOVT	11,960.	0.			EDUCATION
CENTRAL LAKE DISTRICT LIBRARY P.O. BOX 397 CENTRAL LAKE, MI 49622		GOVT	7,360.	0.			ARTS, CULTURE
CENTRAL LAKE PUBLIC SCHOOLS P.O. BOX 128 CENTRAL LAKE, MI 49622-0128		GOVT	342,944.	0.			EARLY CHILDHOOD EDUCATION
CHARLEVOIX EMMET INTERMEDIATE SCHOOL DISTRICT - 08568 MERCER BLVD - CHARLEVOIX, MI 49720		GOVT	60,000.	0.			EDUCATION

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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CHERRYLAND HUMANE SOCIETY 1750 AHLBERG RD TRAVERSE CITY, MI 49696	38-1603061	501(C)(3)	38,620.	0.			ANIMAL WELFARE
CHILD CARE NETWORK 3941 RESEARCH PARK DR, STE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	7,500.	0.			EARLY CHILDHOOD EDUCATION
CHILD AND FAMILY SERVICES OF NORTHWESTERN MICHIGAN - 3785 VETERANS DRIVE - TRAVERSE CITY, MI 49684	38-2534222	501(C)(3)	82,490.	0.			HUMAN SERVICES
COMMUNITIES IN SCHOOLS OF NW MICHIGAN - 205 GROVE ST. - MANCERLONA, MI 49659	27-0726563	501(C)(3)	125,749.	0.			EARLY CHILDHOOD EDUCATION
COUNCIL OF MICHIGAN FOUNDATIONS 3101 EAST GRAND BLVD, SUITE 300 DETROIT, MI 48202	38-6263347	501(C)(3)	10,000.	0.			COMMUNITY ENRICHMENT
ELIZABETH OLIVER CENTER FOR THE ARTS - P.O. BOX 1513 - FRANKFORT, MI 49635	38-2420743	501(C)(3)	18,570.	0.			ARTS, CULTURE
ELK RAPIDS DISTRICT LIBRARY PO BOX 337 ELK RAPIDS, MI 49629		GOVT	12,500.	0.			ARTS, CULTURE
ELK RAPIDS SENIOR HIGH SCHOOL 308 MEGUZEE PT. RD. ELK RAPIDS, MI 49629	38-6000406	GOVT	13,000.	0.			EDUCATION
ELK-SKEGEMOG LAKES ASSOCIATION 8991 SKEGEMOG POINT RD. WILLIAMSBURG, MI 49690-9719	23-7353971	501(C)(3)	6,180.	0.			ENVIRONMENTAL

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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FATHER FRED FOUNDATION P.O. BOX 2260 TRAVERSE CITY, MI 49685-2260	38-2908199	501(C)(3)	32,500.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES, NORTHWEST MICHIGAN - 4545 E M 113 - KINGSLEY, MI 49649	44-0610626	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
FIRST CONGREGATIONAL CHURCH OF CENTRAL LAKE - P.O. BOX 326 - CENTRAL LAKE, MI 49622		501(C)(3)	6,780.	0.			RELIGIOUS & SPIRITUAL DEVELOPMENT
FISHTOWN PRESERVATION SOCIETY, INC. - P.O. BOX 721 - LELAND, MI 49654	38-3621736	501(C)(3)	25,000.	0.			ARTS, CULTURE
FOREST AREA COMMUNITY SCHOOLS 7741 SHIPPY ROAD S.W. FIFE LAKE, MI 49633		GOVT	10,000.	0.			EDUCATION
FRANKFORT ELBERTA AREA SCHOOLS 534 11TH STREET FRANKFORT, MI 49635		GOVT	10,400.	0.			EDUCATION
FRANKFORT-ELBERTA EDUCATION FOUNDATION - PO BOX 1044 - FRANKFORT, MI 49635	38-3006011	501(C)(3)	13,810.	0.			EDUCATION
FRIENDS OF POINT BETSIE LIGHTHOUSE P.O. BOX 601 FRANKFORT, MI 49635	37-1451508	501(C)(3)	23,440.	0.			ARTS, CULTURE
FRIENDS OF THE BETSIE VALLEY TRAIL P.O. BOX 474 BEULAH, MI 49617-0474	38-3092450	501(C)(3)	12,790.	0.			RECREATION & SPORTS

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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GENERATIONS AHEAD 3962 THREE MILE ROAD N TRAVERSE CITY, MI 49686-9164	84-4266286	501(C)(3)	21,651.	0.			HUMAN SERVICES
GLEN ARBOR ARTS CENTER PO BOX 305 GLEN ARBOR, MI 49636	38-2886660	501(C)(3)	11,850.	0.			ARTS, CULTURE
GLEN LAKE ASSOCIATION P.O. BOX 551 GLEN ARBOR, MI 49636-0551	38-1658580	501(C)(3)	11,960.	0.			ENVIRONMENTAL
GOODWILL INDUSTRIES OF NORTHERN MICHIGAN - 2279 SOUTH AIRPORT RD W - TRAVERSE CITY, MI 49684	38-1976268	501(C)(3)	47,528.	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)	15,340.	0.			HUMAN SERVICES
GRACE EPISCOPAL CHURCH 341 WASHINGTON TRAVERSE CITY, MI 49684	38-1854119	501(C)(3)	8,500.	0.			HUMAN SERVICES
GRAND TRAVERSE AREA CATHOLIC SCHOOLS - 123 EAST ELEVENTH STREET - TRAVERSE CITY, MI 49684	38-1896822	501(C)(3)	15,610.	0.			YOUTH DEVELOPMENT
GRAND TRAVERSE COMMISSION ON AGING 1615 PARK DR. TRAVERSE CITY, MI 49686		GOVT	8,020.	0.			HEALTH RELATED
GRAND TRAVERSE CONSERVATION DISTRICT - 1450 CASS RD. - TRAVERSE CITY, MI 49685-9143	38-2060131	501(C)(3)	18,835.	0.			ENVIRONMENTAL

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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GRAND TRAVERSE COUNTY GOVERNMENTAL CENTER, 400 BOARDMAN AVE, SUITE 305 - TRAVERSE CITY, MI 49684		GOVT	21,540.	0.			ENVIRONMENTAL
GRAND TRAVERSE DYSLEXIA ASSOCIATION - 735 S. GARFIELD AVE - TRAVERSE CITY, MI 49686	38-2890455	501(C)(3)	7,275.	0.			YOUTH DEVELOPMENT
GRAND TRAVERSE INDUSTRIES 2170 TRAVERSEFIELD DRIVE TRAVERSE CITY, MI 49686	38-2090521	501(C)(3)	5,200.	0.			ARTS, CULTURE
GRAND TRAVERSE PAVILIONS FOUNDATION - 1000 PAVILIONS CIRCLE - TRAVERSE CITY, MI 49684	38-3359796	501(C)(3)	38,730.	0.			HEALTH RELATED
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 2846 N THREE MILE RD - TRAVERSE CITY, MI 49686	38-2994229	501(C)(3)	72,560.	0.			ENVIRONMENTAL
GRASS RIVER NATURAL AREA, INC. P.O. BOX 231 BELLAIRE, MI 49615-0231	38-2279204	501(C)(3)	32,758.	0.			ENVIRONMENTAL
GREAT LAKES CHILDREN'S MUSEUM 3200 W. SOUTH AIRPORT RD., SUITE 42 TRAVERSE CITY, MI 49684	38-3430004	501(C)(3)	25,880.	0.			ARTS, CULTURE
HABITAT FOR HUMANITY - GRAND TRAVERSE REGION - P.O. BOX 5412 - TRAVERSE CITY, MI 49696	38-2753833	501(C)(3)	42,280.	0.			HUMAN SERVICES
HISTORIC ELK RAPIDS TOWN HALL ASSOCIATION - PO BOX 386 - ELK RAPIDS, MI 49629-0386	80-0561939	501(C)(3)	8,500.	0.			ARTS, CULTURE

Schedule I (Form 990)

GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION

Schedule I (Form 990)

38-3056434

Page 1

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

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HOME SWEET HOME P.O. BOX 33 CEDAR, MI 49621	92-1845257	501(C)(3)	6,500.	0.			HUMAN SERVICES
HOUSING TRUST OF BENZIE PO BOX 254 FRANKFORT, MI 49635	87-4567668	501(C)(3)	15,150.	0.			HUMAN SERVICES
INLAND SEAS EDUCATION ASSOCIATION PO BOX 218 SUTTONS BAY, MI 49682-0218	38-2866234	501(C)(3)	58,035.	0.			EDUCATION
INTERLOCHEN PUBLIC RADIO PO BOX 199 INTERLOCHEN, MI 49643	38-1689022	501(C)(3)	46,500.	0.			ARTS, CULTURE
JUNIOR ACHIEVEMENT OF NORTHERN MICHIGAN - PO BOX 66 - TRAVERSE CITY, MI 49685	38-1557861	501(C)(3)	5,420.	0.			YOUTH DEVELOPMENT
KALKASKA HIGH SCHOOL 109 N. BIRCH ST KALKASKA, MI 49646		GOVT	11,000.	0.			EDUCATION
KIDS ON THE GO - TRAVERSE CITY 326 GODSWAY TRAVERSE CITY, MI 49696	45-5450033	501(C)(3)	7,273.	0.			HEALTH RELATED
KINGSLEY AREA SCHOOLS 402 FENTON ST. KINGSLEY, MI 49649	38-6001326	GOVT	11,500.	0.			EDUCATION
KINGSLEY FRIENDS OF THE LIBRARY P.O. BOX 427 KINGSLEY, MI 49649	77-0614843	501(C)(3)	7,330.	0.			ARTS, CULTURE

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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LAUNCH TO LEADERSHIP OF NORTHERN MICHIGAN - PO BOX 342 - ELK RAPIDS, MI 49629	92-3294287	501(C)(3)	5,150.	0.			YOUTH DEVELOPMENT
LEELANAU CHILDREN'S CENTER PO BOX 317 LELAND, MI 49654	38-2167550	501(C)(3)	51,300.	0.			EARLY CHILDHOOD EDUCATION
LEELANAU CHRISTIAN NEIGHBORS P.O. BOX 196 LAKE LEELANAU, MI 49653	38-3345824	501(C)(3)	55,450.	0.			HUMAN SERVICES
LEELANAU COMMUNITY CULTURAL CENTER 111 S MAIN ST, PO BOX 883 LELAND, MI 49654	38-3052356	501(C)(3)	113,360.	0.			ARTS, CULTURE
LEELANAU CONSERVANCY PO BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	30,925.	0.			ENVIRONMENTAL
LELAND PUBLIC SCHOOL PO BOX 498 LELAND, MI 49654-0498		GOVT	68,500.	0.			YOUTH DEVELOPMENT
MANCELONA PUBLIC SCHOOLS 112 ST. JOHNS AVE. MANCELONA, MI 49659	36-6000409	GOVT	12,850.	0.			EDUCATION
MAPLES / BENZIE CNTY. MEDICAL CARE FACILITY - 210 MAPLE AVENUE - FRANKFORT, MI 49635		GOVT	19,050.	0.			HEALTH RELATED
MARITIME HERITAGE ALLIANCE PO BOX 6747 TRAVERSE CITY, MI 49696	38-2528874	501(C)(3)	5,250.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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MICHAEL'S PLACE 1212 VETERANS DRIVE TRAVERSE CITY, MI 49684	38-3574270	501(C)(3)	33,125.	0.			YOUTH DEVELOPMENT
MILLS COMMUNITY HOUSE ASSOCIATION P.O. BOX 421 BENZONIA, MI 49616	75-2977687	501(C)(3)	17,110.	0.			ARTS, CULTURE
MISSION HILL CHURCH 6105 CENTER ROAD TRAVERSE CITY, MI 49686		501(C)(3)	10,200.	0.			RELIGIOUS & SPIRITUAL DEVELOPMENT
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DR. TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	42,620.	0.			HEALTH RELATED
NEW DAY FOUNDATION FOR FAMILIES 245 BARCLAY CIRCLE, SUITE 300 ROCHESTER HILLS, MI 48307	26-0609040	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT
NORTE YOUTH CYCLING PO BOX 781 TRAVERSE CITY, MI 49685	46-4861142	501(C)(3)	12,048.	0.			YOUTH DEVELOPMENT
NORTH ED FOUNDATION 880 PARSONS ROAD TRAVERSE CITY, MI 49686	36-5071707	501(C)(3)	20,550.	0.			EDUCATION
NORTHERN MICHIGAN CATHOLIC FOUNDATION - PO BOX 4121 - TRAVERSE CITY, MI 49685	30-0210866	501(C)(3)	5,120.	0.			RELIGIOUS & SPIRITUAL DEVELOPMENT
NORTHERN MICHIGAN MUSIC SCHOLARSHIPS - 3003 N GARFIELD ROAD , SUITE D - TRAVERSE CITY, MI 49686	33-2777603	501(C)(3)	8,340.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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NORTH MANITOU LIGHT KEEPERS, INC. 5853 HARTFORD WAY BRIGHTON, MI 48116	81-3573084	501(C)(3)	50,000.	0.			ARTS, CULTURE
NORTHWEST EDUCATION SERVICES 1101 RED DR. TRAVERSE CITY, MI 49684	38-1723020	GOVT	6,967.	0.			EDUCATION
NORTHWESTERN MICHIGAN COLLEGE FOUNDATION - 1701 E FRONT ST - TRAVERSE CITY, MI 49686	38-2376475	501(C)(3)	91,295.	0.			EDUCATION
NORTHWEST MICHIGAN COMMUNITY ACTION - 3963 3 MILE RD N - TRAVERSE CITY, MI 49686-9164	38-2027389	501(C)(3)	39,347.	0.			EARLY CHILDHOOD EDUCATION
NORTHWEST MICHIGAN SUPPORTIVE HOUSING - 3588 VETERANS DR STE 1 - TRAVERSE CITY, MI 49684-4569	38-2807457	501(C)(3)	41,950.	0.			HUMAN SERVICES
OLD TOWN PLAYHOUSE PO BOX 262 TRAVERSE CITY, MI 49685-0262	38-2095449	501(C)(3)	21,150.	0.			ARTS, CULTURE
PADDLE ANTRIM PO BOX 323 ELK RAPIDS, MI 49629	47-1402648	501(C)(3)	12,000.	0.			RECREATION & SPORTS
PAUL OLIVER MEMORIAL HOSPITAL 224 PARK AVENUE FRANKFORT, MI 49635-1188	38-1415623	501(C)(3)	109,000.	0.			HEALTH RELATED
PLANNED PARENTHOOD OF MICHIGAN P.O. BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	13,420.	0.			HEALTH RELATED

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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POWER! BOOK BAGS PO BOX 533 SUTTONS BAY, MI 49682	81-2406342	501(C)(3)	16,598.	0.			YOUTH DEVELOPMENT
PROJECT FEED THE KIDS 1083 W SOUTH AIRPORT ROAD TRAVERSE CITY, MI 49686-4737	86-2332012	501(C)(3)	6,595.	0.			HUMAN SERVICES
RAILROAD POINT NATURAL AREA 448 COURT PLACE BEULAH, MI 49617		GOVT	6,320.	0.			ENVIRONMENTAL
ROCK OF KINGSLEY YOUTH CENTER 115 E BLAIR ST KINGSLEY, MI 49649	26-1548274	501(C)(3)	39,550.	0.			YOUTH DEVELOPMENT
ROTARY CHARITIES OF TRAVERSE CITY 800 COTTAGEVIEW DR. SUITE 1090 TRAVERSE CITY, MI 49684	38-2170564	501(C)(3)	13,500.	0.			COMMUNITY ENRICHMENT
SAFE HARBOR OF GRAND TRAVERSE INC. P.O. BOX 403 TRAVERSE CITY, MI 49685	46-4989411	501(C)(3)	45,500.	0.			HUMAN SERVICES
SALVATION ARMY - TRAVERSE CITY 1239 BARLOW ST. TRAVERSE CITY, MI 49686	13-3485289	501(C)(3)	28,275.	0.			HUMAN SERVICES
SEEDS ECOLOGY AND EDUCATION CENTERS - PO BOX 2454 - TRAVERSE CITY, MI 49685	38-3482266	501(C)(3)	14,650.	0.			YOUTH DEVELOPMENT
SHARECARE OF LEELANAU PO BOX 157 SUTTONS BAY, MI 49682	38-3094734	501(C)(3)	9,520.	0.			HEALTH RELATED

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

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SUTTONS BAY PUBLIC SCHOOLS 500 S. ELM STREET SUTTONS BAY, MI 49682	38-6002263	GOVT	22,475.	0.			EDUCATION
THE FRIENDSHIP COMMUNITY CENTER 201 BROADWAY ST. SUTTONS BAY, MI 49682	38-2787513	501(C)(3)	10,300.	0.			YOUTH DEVELOPMENT
TORCH LAKE PROTECTION ALLIANCE P.O. BOX 706 BELLAIRE, MI 49615	38-3383379	501(C)(3)	8,940.	0.			ENVIRONMENTAL
TRAVERSE AREA COMMUNITY SAILING 13170 S. WEST BAY SHORE DR., STE 10 TRAVERSE CITY, MI 49684-5435	38-3176833	501(C)(3)	6,990.	0.			RECREATION & SPORTS
TRAVERSE AREA RECREATION AND TRANSPORTATION TRAILS, INC. - P.O. BOX 252 - TRAVERSE CITY, MI 49685	38-2847396	501(C)(3)	42,936.	0.			RECREATION & SPORTS
TRAVERSE BAY CHILDREN'S ADVOCACY CENTER - 2000 CHARTWELL DR, SUITE 3 - TRAVERSE CITY, MI 49686	38-3090530	501(C)(3)	72,668.	0.			YOUTH DEVELOPMENT
TRAVERSE BAY SUNRISE ROTARY FOUNDATION - PO BOX 21 - TRAVERSE CITY, MI 49685	02-0636483	501(C)(3)	6,925.	0.			EARLY CHILDHOOD EDUCATION
TRAVERSE CITY AREA PUBLIC SCHOOLS PO BOX 232 TRAVERSE CITY, MI 49685-0232		GOVT	10,930.	0.			EDUCATION
TRAVERSE CITY MUSIC BOOSTERS TCAPS, PO BOX 232 TRAVERSE CITY, MI 49685-0232	23-7368529	501(C)(3)	7,830.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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 CITY PHILHARMONIC 1724 S GARFIELD AVE TRAVERSE CITY, MI 49686	38-2680276	501(C)(3)	20,950.	0.			ARTS, CULTURE
TRAVERSE HEALTH CLINIC AND COALITION - 1719 S. GARFIELD AVE. - TRAVERSE CITY, MI 49686-4337	30-0224028	501(C)(3)	14,627.	0.			HEALTH RELATED
TRINITY LUTHERAN CHURCH 1003 S MAPLE ST TRAVERSE CITY, MI 49684	38-1551343	501(C)(3)	8,800.	0.			YOUTH DEVELOPMENT
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	15,000.	0.			HUMAN SERVICES
UNITED WAY OF NORTHWEST MICHIGAN 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	26,960.	0.			HUMAN SERVICES
UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BUILDING, 515 E JEFFERSON - ANN ARBOR, MI 48109-1316	38-6006309	501(C)(3)	10,000.	0.			HEALTH RELATED
WARM HEARTS FOUNDATION PO BOX 888634 GRAND RAPIDS, MI 49588	13-4218409	501(C)(3)	6,100.	0.			EDUCATION
WILLOUGHBY ROTARY FOUNDATION P.O. BOX 701 FRANKFORT, MI 49635	38-2684710	501(C)(3)	7,450.	0.			EDUCATION
WOMEN'S RESOURCE CENTER FOR THE GRAND TRAVERSE AREA - 720 ELMWOOD ST, STE. 2 - TRAVERSE CITY, MI 49684	38-2164580	501(C)(3)	87,005.	0.			HUMAN SERVICES

Schedule I (Form 990)

**GRAND TRAVERSE REGIONAL COMMUNITY
FOUNDATION**

Schedule I (Form 990)

38-3056434

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MARINES OF TRAVERSE CITY 114 N. BRAND ST. ELK RAPIDS, MI 49629	38-2346425	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ZONTA CLUB OF TRAVERSE CITY SERVICE FUND - P.O. BOX 1412 - TRAVERSE CITY, MI 49685-1412	38-2878511	501(C)(3)	5,690.	0.			HUMAN SERVICES

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) (Rev. 12-2024)

GRAND TRAVERSE REGIONAL COMMUNITY

Schedule J (Form 990) (Rev. 12-2024) FOUNDATION

38-3056434

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVE MENGEBIER PRESIDENT AND CHIEF EXECUT	(i)	167,207.	0.	0.	13,377.	0.	180,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **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	5	444,836.	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 Acknowledgment **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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2025 Created 12/29/25

GRAND TRAVERSE REGIONAL COMMUNITY

Schedule M (Form 990) 2025

FOUNDATION

38-3056434

Page 2

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

SCHEDULE M, PART I, LINE 32B:

MARKETABLE SECURITIES ARE SOLD THROUGH BROKERS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION	Employer identification number	38-3056434
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FORM 990, PART VI, SECTION B, LINE 11B:
**MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED COPIES FOR THEIR REVIEW VIA
EMAIL. THESE DOCUMENTS ARE ALSO PRESENTED FOR REVIEW BY THE FINANCE
COMMITTEE AND FOR DISCUSSION AND ACCEPTANCE BY THE EXECUTIVE COMMITTEE
PRIOR TO FILING.**

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 COMPENSATION IS REVIEWED AND APPROVED
BY THE ADMINISTRATIVE REVIEW COMMITTEE OF THE BOARD. THE PRESIDENT/CHIEF
EXECUTIVE OFFICER REVIEWS AND APPROVES ALL OTHER STAFF COMPENSATION.**

FORM 990, PART VI, SECTION C, LINE 19:
**DOCUMENTATION IS PROVIDED ON THE ORGANIZATIONS WEBSITE AND UPON REQUEST AT
OUR OFFICE.**

FORM 990, PART XII, LINE 2C:
**MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED COPIES FOR THEIR REVIEW
VIA EMAIL. THESE DOCUMENTS ARE ALSO PRESENTED FOR REVIEW BY THE FINANCE
COMMITTEE AND FOR DISCUSSION AND ACCEPTANCE BY THE EXECUTIVE COMMITTEE
PRIOR TO FILING.**

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2015	19.									
B	2016	625.									
C	2017	794.									
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Form **8822-B**
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Change of Address or Responsible Party - Business

▶ Please type or print.
▶ See instructions. ▶ Do not attach this form to your return.
▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects.

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION	4b Employer identification number 38-3056434
--	--

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

800 COTTAGEVIEW DRIVE, SUITE 1040
TRAVERSE CITY 49684

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

8 New responsible party's name

JOHN BERCINI

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here

▶ _____ Signature of owner, officer, or representative	_____ Date
---	---------------

▶ **TREASURER**
Title

Electronic Filing PDF Attachment

Form **8822-B**
 (Rev. December 2019)
 Department of the Treasury
 Internal Revenue Service

Change of Address or Responsible Party - Business

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 ▶ See instructions. ▶ Do not attach this form to your return.
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OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

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Check all boxes this change affects.

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION	4b Employer identification number 38-3056434
---	--

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

800 COTTAGEVIEW DRIVE, SUITE 1040
 TRAVERSE CITY 49684

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

8 New responsible party's name

JOHN BERCINI

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

370 50 8937

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here

▶ John Bercini
 Signature of owner, officer, or representative

02/26/2026
 Date

▶ **TREASURER**
 Title