Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For t	he 2016 calen	dar year, or tax year begin	ning 10/01	, 20 ⁻	6, and endin	ig 9/:	30	,	2017				
В	Check	if applicable:	C					D Employe	r identifi	cation number				
	Па	ddress change	Great Lakes Aqua	tic Habita	t Network a	nd		20-5	6935	0.3				
		ame change	Fund, Inc.	aro nasroa	.c noonorn a			E Telephon						
	-	nitial return	P.O. Box 2479					221	240	0200				
	\vdash		Petoskey, MI 497	70				231-	340-	0200				
	\vdash	nal return/terminated	<u>-</u> ·					222 256						
	-	mended return			··		G Gross receipts \$ 930,05							
	∐^	pplication pending		officer: Jill	Ryan		H(a) Is this a group return for subordinates?							
			Same As C Above				If 'No,'	subordinates i attach a list. (nciuaea <i>r</i> see instri	uctions) Yes No				
<u></u>		-exempt status	X 501(c)(3) 501(c) () ◀ (insert	no.) 4947(a)(1)	or 527								
J	We	bsite: 🛌 ww	w.freshwaterfutur	e.org			H(c) Group	exemption nun	nber ➤					
K	K Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: MI													
Pa	Part Summary													
	1	Briefly descri	be the organization's missi-	on or most sign	ificant activities:()	ur missi	on is	to prom	ote	the				
a		protection and enhancement of water quality and water resources in the Great												
ĕ		Lakes. F	akes. Freshwater Future builds effective community-based initiatives to protect											
Ë		and rest	ore the water qua	lity of t	he Great Lal	es basir	ī.							
8	2	Check this bo	ox 🕨 if the organization	n discontinued i	ts operations or di	sposed of mo	ore than 2	5% of its n	et asse	ets.				
Ğ	3		oting members of the gover						3	8				
Activities & Governance	4		dependent voting members						4	8				
語	5		of individuals employed in						5	8				
≩	6		of volunteers (estimate if						6	50				
ď			ed business revenue from F						7a	<u>0.</u>				
	b	Net unrelated	d business taxable income t	rom Form 990-	1, line 34				7b	0.				
	١.		1 . 45 . 1411 . 1	413				rior Year	_	Current Year				
<u>a</u>	8		and grants (Part VIII, line		678,83		917,800.							
Revenue	9		rice revenue (Part VIII, line					7,09		7,489.				
ě	10		ncome (Part VIII, column (A					9:	16.	4,767.				
Œ	11		e (Part VIII, column (A), lir		·									
	12		e – add lines 8 through 11					686,84		930,056.				
	13		imilar amounts paid (Part I						12.	558,314.				
	14		to or for members (Part IX											
Ø	15	Salaries, other	er compensation, employee	benefits (Part	IX, column (A), lir	es 5-10)	358,063.		53.	336,793.				
Ş	16 a	Professional	fundraising fees (Part IX, o	olumn (A), line	11e)									
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25	5) >	34,095.								
ŭ	17		ses (Part IX, column (A), lir					316,49	ลก 📗	326,110.				
	18		es. Add lines 13-17 (must e					810,29		1,221,217.				
	19	•	expenses. Subtract line 1	•				-123,4		-291,161.				
გ გ		Trevellue 1625	expenses, ountract line to	J 11 OH 11111 12.	• • • • • • • • • • • • • • • • • • • •			ng of Current		End of Year				
i ta	20	Total accete	(Part X, line 16)					873,30		429,477.				
Bala	21		es (Part X, line 26)					392,7		240,050.				
Net Assets o Fund Balance	2		,											
			fund balances. Subtract li	ne 21 from line	20		•	480,58	38.	189,427.				
,.,	irt II	Signatur												
Unde	er pena plete. Ĉ	ilties of perjury, I de Declaration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accomp all information of whi	panying schedules and st ch preparer has any kno	atements, and to wledge.	the best of m	ny knowledge a	ind belief	f, it is true, correct, and				
							Т							
C:.		Signatu	ire of officer				l	ate						
Sig	gn													
He	re		1 Ryan				Exec	<u>utive D</u>	ır.					
				Proposed afanction		Date		T	l la	TIM				
			oreparer's name	Preparer's signatur	•	Jaic		Check	J."	TIN				
Pa		Velda			self-employed	1 <u> </u>	01056809							
	epar	-1		RMANN & RO	HRBACK, P.C			1						
US	e Or	11y Firm's addre						Firm's EIN ►	38-	<u>2763936</u>				
	CHARLEVOIX, MI 49720							Phone no.	(231					
Mar	v the	IRS discuse th	is return with the preparer.	chown shove?	(egg instructions)					X Yes No				

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	_8_		Х
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? If 'Yes,' complete Schedule D, Part IV.	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	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? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
	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? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
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? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		x

Tell Blocker	2500-75081000			,
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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? If 'Yes,' complete Schedule I, Parts I and III	22		х
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? If 'Yes,' complete Schedule J	23		X
24	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	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? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	s 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? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
4	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	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? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ا	f '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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2016) Great Lakes Aquatic Habitat Network and

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....

Check it Schedule O contains a response of note to any line in this Part V			للن
	wassawa.com	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
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 8			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	CUMP-8 200603
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1	X
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
4 a 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)?	4 a	Х	
b If 'Yes,' enter the name of the foreign country: ► Canada			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	0.5		
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?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	159.65		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
0 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	The state of the s	STATE OF THE PARTY
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	SOLO PERSONA	\$25,000,000
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
4a 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? If 'No,' provide an explanation in Schedule O	14 b	<u> </u>	

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

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

Section A. Governing Body and Management					<u></u>
				Yes	No
1 a Enter the number of voting members of the governing body at the end of the	tax year	1a 8	3		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule					
b Enter the number of voting members included in line 1a, above, who are inde		1 6			
2 Did any officer, director, trustee, or key employee have a family relationship or a bu	-		4		
officer, director, trustee, or key employee have a family relationship or a but		nip with any other	2		X
3 Did the organization delegate control over management duties customarily performe		ne direct supervision			
of officers, directors, or trustees, or key employees to a management compar	ny or other pers	son?	3		Х
4 Did the organization make any significant changes to its governing documents	is				
since the prior Form 990 was filed?					Х
5 Did the organization become aware during the year of a significant diversion					X
6 Did the organization have members or stockholders?			6	Х	
7 a Did the organization have members, stockholders, or other persons who had the pormembers of the governing body?			7a		х
b Are any governance decisions of the organization reserved to (or subject to a stockholders, or persons other than the governing body?			7 b		Х
8 Did the organization contemporaneously document the meetings held or written acti					
the following:					
a The governing body?			8a	X	
b Each committee with authority to act on behalf of the governing body?			8ь	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section organization's mailing address? If 'Yes,' provide the names and addresses in	ion A, who cann	not be reached at the	9		v
Section B. Policies (This Section B requests information about pol			_	10 C	X
Section B. Policies (This Section B requests information about por	ncies not req	uneu by the internacti	CVCIII	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?			10 a	103	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such c					
operations are consistent with the organization's exempt purposes?			10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review					
12a Did the organization have a written conflict of interest policy? If 'No,' go to lin			12a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annual to conflicts?			12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with Schedule O how this was done See Schedule Q	h the policy? If '\	Yes,' describe in	12c	Х	
13 Did the organization have a written whistleblower policy?				Х	
14 Did the organization have a written document retention and destruction policy	y?		14	X	
15 Did the process for determining compensation of the following persons include a reversions, comparability data, and contemporaneous substantiation of the delib.					
a The organization's CEO, Executive Director, or top management official Sec	e.Schedule	eO	15 a	X	
b Other officers or key employees of the organization			15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instruction	ns).				
16a Did the organization invest in, contribute assets to, or participate in a joint ve taxable entity during the year?			16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, a organization's exempt status with respect to such arrangements?	nization to evalua and take steps t	ate its to safeguard the	16 b		
Section C. Disclosure			1 100		<u> </u>
	MI				
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if app	plicable), 990, a	and 990-T (Section 501(c)(3)	– – – s only)	avail	able
for public inspection. Indicate how you made these available. Check all that apply. \boxed{X} Own website \boxed{X} Another's website \boxed{X} Upon request	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ner (explain in Schedule O)			
Describe in Schedule O whether (and if so, how) the organization made its governing documents, c the public during the tax year. See Schedule O	conflict of interest po	olicy, and financial statements avail	able to		
20 State the name, address, and telephone number of the person who possesses the	organization's bo	ooks and records:			
Jill Ryan 3890 Charlevoix Avenue, Suite 230 Pet	oskey MI	49770 (231) 348-82	200		

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and Title	(B) Average hours per	l	dir	ector/	truste	eck mo is pers and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Chris Grubb	3									
Chairman	0	Х		X				0.	0.	0.
(2) Holly Hughes	3									
Vice Chair	0	Х		Х				0.	0.	0.
(3) Karen Reinbold	3								_	
Treasurer	0	Х		Х				0.	0.	0.
_(4) Adam Parker	1							_	_	_
Secretary	0	X		X			<u> </u>	0.	0.	0.
(5) Tom Knott	1									•
Director	0	Х					<u> </u>	0.	0.	0.
_(6) Tracey Cooke	1							_		^
Director	0	Х	_		<u> </u>		ļ	0.	0.	0.
	1	1,,							,	0
Director	0	X			<u> </u>		ļ	0.	0.	0.
(8) Trent Stark	$-\frac{1}{0}$	Х						0.	0.	0
Director (0) Till Prop	40	Λ				 	 	0.	٧.	0.
(9) Jill Ryan Executive Dir.	0			Х				85,409.	0.	0.
(10)			_	<u> </u>		\vdash		03,403.	•	0.
(10)							ĺ			
(11)									* 101	
(12)										***************************************
(12)		-								
(13)										
(14)										
	1	1			L	L	L		1	

Part VII Section A. Officers, Directors, Tri	istees,	ney	Em	-		es,	апс	nignest Con	ipensated Emp	oyees (continuea)
	(B)	Position (do not check more than box, unless person is both								
(A) Name and title	Average hours per	(do box	not c	heck ss pe	more	than is boti or/trus	one h an	(D) Reportable	(E) Reportable	(F) Estimaled
	week (list any	I	=					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	hours for related	direct	titutio	Officer	Key employee	filest o	mer		· ·	organization and related organizations
	organiza - tions below	Individual trustee or director	nstitutional trustee		layee	ompe				-
	dotted line)	lee	stee			Highest compensated employee				
(15)		1								
(16)		-					_		<u> </u>	-
(17)										
(18)		-								
<u>(19)</u>										
(20)		-								
(21)										
(22)		ļ								
(23)										
(24)									· · · · · · ·	
(25)										
1 b Sub-total.			L!		<u> </u>	<u> </u>	<u> </u>	85,409.	0.	0.
c Total from continuation sheets to Part VII, Secti							•	0.	0.	0.
d Total (add lines 1b and 1c)							ved	85,409. more than \$100,00	0. 0 of reportable comp	0. pensation
from the organization • 0							_			Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru	istee,	, key	, en	nplo	yee,	or h	nighest compensa	ted employee	. 3 X
For any individual listed on line 1a, is the sum of the organization and related organizations great.										
such individual				,						. 4 X
Section B. Independent Contractors										. 5 X
1 Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind nsation for	epen the c	den alen	t co dar	ntra year	ctors endi	tha	at received more t with or within the o	han \$100,000 of ganization's tax year	,
(A) (B) Name and business address Description of services									of services	(C) Compensation
2 Total number of independent contractors (including		ited t	o the	ose	liste	d abo	ove)	who received more	than	
\$100,000 of compensation from the organization	ı ► 0	TEEA	วากฆ	11/	116/16					Form 990 (2016)
PAG.		الاست	JOUL	- 11/	10/10					I DITTI DOG (GUID)

				Aquatic	Habitat	Network	and	
Part VIII	State	ment of	Revenu	ıe				
	Check	if Schedul	le O conta	aine a reenon	se or note to	any line in th	sis Part	THV

-Stiet-enti	Check if Schedule O contains a response or note to any line in this Part VIII.										
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns 1a Membership dues 1b 30,287 Fundraising events 1c Related organizations 1d Government grants (contributions) 1e									
ntribution d Other Si		All other contributions, gifts, grants, and similar amounts not included above 1 f 887, 513. Noncash contributions included in lines 1a-1f: \$									
လ မ	h	Total. Add lines 1a-1f	917,800.								
ue		Business Code									
Program Service Revenue	2a b c	Program Service Revenue	7,489.	7,489.							
	d e	All other program service revenue									
<u>Ş</u>		Total. Add lines 2a-2f	7,489.								
	3	Investment income (including dividends, interest and other similar amounts)	4,767.			4,767.					
	5	Royalties									
	b	Gross rents Less: rental expenses Rental income or (loss)									
	d	Net rental income or (loss)	And the second s	milities on and considerately considerate in the baseline of those for a ministrate of a ANA, collection	American Company of the month A make define a should be of a continue of another first an examination of	bell and advised as the debutters and the selection of a construction of a selection of the					
		Gross amount from sales of assets other than inventory Less: cost or other basis									
	С	and sales expenses Gain or (loss) Net gain or (loss)									
/enue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).									
Other Revenue	b	See Part IV, line 18									
O	9 a	Gross income from gaming activities. See Part IV, line 19 a									
	c	Less: direct expenses				# DEC. 10 (1982)					
	b	Gross sales of inventory, less returns and allowances									
	11 a	Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code									
	b										
	C										
	_	All other revenue Total. Add lines 11a-11d									
	12	Total revenue. See instructions	930,056.	7,489.	0.	4,767.					

Page 10

Do n	not include amounts reported on lines Tb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments.		expenses	general expenses	expenses
	See Part IV, line 21	476,914.	476,914.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21 400	01 400		
4	Benefits paid to or for members	81,400.	81,400.		
	Compensation of current officers, directors, trustees, and key employees	85,409.	73,347.	5,220.	6,842.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_	Proceedings of the Process of the Pr	0.	0.	0.	0.
7		176,378.	147,060.	12,777.	16,541.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,139.	5,037.	440.	662.
9	Other employee benefits	47,718.	39,254.	4,133.	4,331.
10	Payroll taxes	21,149.	17,495.	1,440.	2,214.
11	Fees for services (non-employees):	·			
	Management				
	Legal				
	Accounting	13,337.	13,337.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
g	Investment management fees	64,468.	64,468.		
13	Office expenses	28,114.	25,038.	1,832.	1,244.
14	Information technology	20,111.	25/050.	1,002.	±, ± 1 ± •
15	Royalties				
16	Occupancy	25,141.	22,084.	3,057.	
17	Travel	50,462.	49,995.	39.	428.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				ж. опи
22	Depreciation, depletion, and amortization				
23	Insurance	2,453.	1,468.	985.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	2,133.			
	Contracted services	139,555.	137,715.	1,800.	40.
	Miscellaneous	2,580.	148.	639.	1,793.
C					
C	` 				
	All other expenses	1 221 215	1 15/ 760	22 262	24 OOF
	Total functional expenses. Add lines 1 through 24e	1,221,217.	1,154,760.	32,362.	34,095.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

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
	1	Cash — non-interest-bearing		-	
	2	Savings and temporary cash investments	559,484.	2	374,452.
ł	3	Pledges and grants receivable, net	308,740.	3	47,000.
	4	Accounts receivable, net	1,336.	4	1,054.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ř	9	Prepaid expenses and deferred charges	3,746.	9	6,971.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	873,306.	16	429,477.
	17	Accounts payable and accrued expenses	13,462.	17	13,170.
	18	Grants payable	4,500.	18	5,000.
	19	Deferred revenue	365,425.	19	212,549.
	20	Tax-exempt bond liabilities		20	
ဗ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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.	9,331.	25	9,331.
	26	Total liabilities. Add lines 17 through 25	392,718.	26	240,050.
S S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	241,755.	27	111,927.
3al	28	Temporarily restricted net assets	238,833.	28	77,500.
d E	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
ř		and complete lines 30 through 34.	(10 to 10 to		
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	480,588.	33	189,427.
_	34	Total liabilities and net assets/fund balances	873,306.	34	429,477.

Pai	1 XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.				<u>. L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	30,0	<u> 156.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	21,2	<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	91,1	.61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	80,5	88.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1	00 (127
Dai	column (B))	10	<u>_</u>	89,4	.21.
Fa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			1871054167461601	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	i on a			
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Х	l
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:	e			
	X Separate basis Consolidated basis Both consolidated and separate basis				
(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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 	3 b		
BAA			Form	1 990 ((2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ame (of the	e organization	Great Lakes Fund, Inc.	s Aquatic Habi	tat Network and	d		Employer identificate 20-5693503	
O SERVER	112	Reason	for Public Cha	rity Status (All or	ganizations must c	omple	e this		
					or lines 1 through 12,				
1	Ĭ	_	•		urches described in sect		-		
2	\vdash				Schedule E (Form 990 or			,-	
3	Н	1			zation described in sec			Yiii).	
4	\vdash		•		nction with a hospital d				nter the hospital's
•	Ш	1	, and state:	don operated in conju	The transfer of the transfer of				
5		An organiz		the benefit of a college	ge or university owned	or opera	ited by a	governmental unit de	scribed in
6		-		•	ntal unit described in se	ection 1	70(b)(1)	(A)(v).	
7	X	An organiza	· · ·	eceives a substantial pa	art of its support from a ç				lic described
8		7		-	A)(vi). (Complete Part II	l.)			
9	F		-		tion 170(b)(1)(A)(ix) opera		niunctio	n with a land-grant colle	ae
,	L				(see instructions). Enter				
10		from activition	ties related to its e t income and unrel	receives: (1) more than exempt functions—sub lated business taxable 509(a)(2). (Complete F	33-1/3% of its support from ject to certain exception in income (less section for the section	om contr ns, and 511 tax)	ibutions, (2) no n from bu	membership fees, and g nore than 33-1/3% of it isinesses acquired by t	ross receipts s support from gross he organization after
11		An organiz	ation organized ar	nd operated exclusive	ly to test for public safe	ty. See	section	509(a)(4).	
12		An organiz or more pu	ration organized ar ublicly supported o	nd operated exclusive rganizations describe	ly for the benefit of, to d in section 509(a)(1) oupporting organization a	perform r sectio	the fund n 509(a)	ctions of, or to carry ou (2). See section 509(a) nes 12e. 12f. and 12g.	It the purposes of one (3). Check the box in
а		Type I. A su	innorting organizatio	on operated, supervised gularly appoint or elect	d, or controlled by its sup a majority of the director	norted o	roanizati	on(s) typically by giving	the supported on. You must
b		Type II. A :	supporting organiz	ation supervised or coorganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by l the supported organizati	having control or on(s). You
C		Type III fun	ctionally integrated	A supporting organizations). You must come	ion operated in connection olete Part IV, Sections A	n with, an	id function	nally integrated with, its	supported
d	ı []	. 6	unted A supporting ora	anization operated in cor must satisfy a distribut s A and D, and Part V.	nontion	with ite c	upported organization(s) and an attentiveness	that is not requirement (see
e		Check this	box if the organiz	ation received a writte	en determination from t supporting organization	he IRS			
f	Er	nter the nun	nber of supported	organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 			
ç	P	rovide the fo	ollowing informatio	n about the supported	d organization(s).				
	(i) N	ame of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)					**************************************				
(B)									
(C)									
(D)									
. ,									
(E)									
~									

Schedule A (Form 990 or 990-EZ) 2016 Great Lakes Aquatic Habitat Network and 20-5693503

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.)

Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	835,694.	1,171,919.	772,971.	678,830.	917,800.	4,377,214.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	835,694.	1,171,919.	772,971.	678,830.	917,800.	4,377,214.		
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)						2,285,056.		
	Public support. Subtract line 5 from line 4						2,092,158.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	835,694.	1,171,919.	772,971.	678,830.	917,800.	4,377,214.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,120.	1,241.	1,127.	916.	4,767.	9,171.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	, ====	,			-,	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	3,754.	2,316.	2,254.			8,324.		
11	Total support. Add lines 7 through 10						4,394,709.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	63,549.		
13	First five years. If the Form 990 is organization, check this box and								
Sec	tion C. Computation of Pu	blic Support P	'ercentage						
	Public support percentage for 20						47.61%		
15	Public support percentage from	2015 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •		15	50.71 %		
16a	6a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	est—2016. If the omeets the 'facts-as-and-circumstand	rganization did no and-circumstances es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or 19 box and stop her as a publicly sup	6b, and line 14 is e. Explain in Part ported organizatio	10% VI how on►		
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	e. Explain in Parl ed organization	VI how the □		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🟲 📗		

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

(Complete only if you checked t	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 li	sted below, please complete Part II.	.)	

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	and membership fees received. (Do not include						
2	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						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line						
_	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6					•	
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources						
þ	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	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.)			L	1		A A CONTRACTOR OF THE CONTRACT
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c	⁽³⁾ ▶ □
Sac	tion C. Computation of Pu				***************		67111414441444
15				ae 13 column (f)		15	8
	Public support percentage from		• • • • • • • • • • • • • • • • • • • •				
	tion D. Computation of Inv						
17	Investment income percentage f				Imp (f)\	17	· %
	_	· · · · · · · · · · · · · · · · · · ·		=	* * * *	├	
18	Investment income percentage f 33-1/3% support tests—2016. If						
159	is not more than 33-1/3%, check						
b	33-1/3% support tests—2015. If	the organization d	lid not check a bo	ox on line 14 or lin	ne 19a, and line 1	6 is more than 🤅	33-1/3%, and
	33-1/3% support tests—2015. If line 18 is not more than 33-1/3% Private foundation. If the organi	6, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported or	ganization 🟲 📘

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	rection A. All Supporting Organizations		Yes	No
	1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
	2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	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)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
	4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		1
	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)? 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.	4c		
	5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	Control Conservation	STATE OF THE STATE
	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? If 'Yes,' provide detail in Part VI.	6		2025
	7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes, complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	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))? If 'Yes,' provide detail in Part VI .	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
1	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)? If 'Yes, answer 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
_	ction B. Type I Supporting Organizations	110		
<u> </u>	- Clott B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction 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).			
٠				
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstruc	tions)	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3 a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

6

Schedule A (Form 990 or 990-EZ) 2016

7

Income tax imposed in prior year

temporary reduction (see instructions).

	dule A (Form 990 or 990-EZ) 2016 Great Lakes Aquatic			93503 Page 1
Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	;,	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		•	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		· ·	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			ille m
h	Applied to 2016 distributable amount	A Charage of the Character of the Charac		, , , , , , , , , , , , , , , , , , , ,
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			180
b	Applied to 2016 distributable amount	TO STATE OF THE ST		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			

e Excess from 2016..... BAA

b Excess from 2013..... c Excess from 2014..... d Excess from 2015.....

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Great Lakes Aquatic Habitat Network and

20-5693503

Page 8

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

Part II, Line 10 - Other Income

Nature and Source	2016	2015	2014	2013	2012
Fundraising Events Total	<u>\$</u> 0.	\$ 0.	\$ 2,254. \$ 2,254.	\$ 2,316. \$ 2,316.	\$ 3,754. \$ 3,754.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
Gre	<u>eat Lakes Aquatic H</u>	abitat Network and		20-569350	
*ESS/2822EEEE	V6085105060404060	rganization is exempt under section	• •	-	zation.
1		organization's direct and indirect political on not 'political campaign activities')	ampaign activities in	Part IV.	
		rpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instructions)			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	· · · · · · · · · · · · · · · · · · ·	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.		0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				
	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), except	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	n activities ▶\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt ►\$	Contract Minimum and a contract of the contrac
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	⊁\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the at is received that were promptly and directly delal action committee (PAC). If additional spa	mount paid from the fivered to a separate po	iling organization's fund litical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if section 501(is exempt under sec	ction 501(c)(3) and	filed Form 5768 (e	ection under				
		s to an affiliated group (and	list in Part IV each affilia	ited group member's nam	e,				
address,	address, EIN, expenses, and share of excess lobbying expenditures).								
B Check ► ☐ if the filing	ng organization chec	ked box A and 'limited cor	ntrol' provisions apply.						
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditu				11,233.					
		egislative body (direct lobb		3,082.					
c Total lobbying expenditu				14,315.	0.				
d Other exempt purpose e e Total exempt purpose e	•			14,315.	0.				
	•	·		14,313.	<u> </u>				
f Lobbying nontaxable an both columns		ount from the following tab		2,863.					
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	amount is:	and the second second second second					
Not over \$500,000		20% of the amount on line 1e.							
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess							
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess							
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	ver \$1,500,000.						
Over \$17,000,000		\$1,000,000. of line 1f)		71.6					
•	•	, enter -0		716. 10,517.	0.				
_		enter -0		11,452.	0.				
j If there is an amount othe	er than zero on either	line 1h or line 1i, did the org	anization file Form 4720	reporting	_				
section 4911 tax for this	s year?				····· Yes X No				
(Som	e organizations tha	4-Year Averaging Period \ t made a section 501(h) el ow. See the separate inst	ection do not have to o	complete all of the five rough 2f.)					
	Lobby	ying Expenditures During	4-Year Averaging Peri	od					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2 a Lobbying nontaxable amount	163,24	3. 116,151.	248.	2,863.	282,505.				
b Lobbying ceiling amount (150% of line 2a, column (e))					423,758.				
c Total lobbying expenditures	3,55	3. 1,236.	1,239.	14,315.	20,348.				
d Grassroots nontaxable amount	40,81	1. 29,038.	62.	716.	70,627.				
e Grassroots ceiling amount (150% of line 2d, column (e))					105,941.				
f Grassroots lobbying expenditures	3,55	8. 1,236.	301.	11,233.	16,328.				
BAA				Schedule C (For	m 990 or 990-EZ) 2016				

Schedule C (Form 990 or 990-EZ) 2016 Great Lakes Aquatic Habitat Network and 20-5693503

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(n)).					
For each West reasons on lines to through ti below, wearide in Dort IV a detailed description	(a	2)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ASSESSA VICTORIA	100000000000000000000000000000000000000			
b If 'Yes,' enter the amount of any tax incurred under section 4912					nie Niederland de Bereich
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		50.400.05.00.00			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part l	, or s III-A,	ection 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part V Supplemental Information					
Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated grou	p list)	Part	II-A. lines	1 and	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Great Lakes Aquatic Habitat Network and

	runa, inc.			20-5693503	
Pa	Organizations Maintaining Done Complete if the organization answers	or Advised Funds or Other	er Similar Funds or A	Accounts.	
	Complete if the organization and			# N = 1 1 1	
1	Total number at end of year	(a) Donor advised for	unas ((b) Funds and other acco	ounts
1	Aggregate value of contributions to (during year)				
2 3	Aggregate value of grants from (during year)				
J	Aggregate value at end of year				
_					
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal o	assets held in donor advi	ised funds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	rs, and donor advisors in writing to the donor or donor advisor,	g that grant funds can be or for any other purpose	used only conferring	
	impermissible private benefit?		*****************	Yes	No
Pai	t II Conservation Easements.				
	Complete if the organization ans				
1	Purpose(s) of conservation easements held by	•	at apply).		
	Preservation of land for public use (e.g., r	ecreation or education)		rically important land are	ea
	Protection of natural habitat		Preservation of a certif	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contr	ibution in the form of a cor		
				Held at the End of th	e Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easer				
(: Number of conservation easements on a certif	fied historic structure included i	n (a)		
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	d not on a historic	- Tanan	
3	Number of conservation easements modified, trantax year ►	isferred, released, extinguished, o	r terminated by the organiz	zation during the	
4	Number of states where property subject to conse	rvation easement is located >			
5	Does the organization have a written policy re		i, inspection, handling of	violations.	
_	and enforcement of the conservation easemer				☐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations,	and enforcing conservation	a easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, handling of violations, and	enforcing conservation eas	sements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		• • • • • • • • • • • • • • • • • • • •	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is conservation easements.	conservation easements in its re to the organization's financial s	venue and expense statem tatements that describes	nent, and balance sheet, a the organization's accor	ınd unting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical T	reasures, or Other	Similar Assets.	
	· · · · · · · · · · · · · · · · · · ·	·····			
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	r SFAS TT6 (ASC 958), not to reld for public exhibition, education ncial statements that describes	eport in its revenue state, or research in furtherance these items.	ment and balance shee a of public service, provide	t works of e,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:				orks of art,
	(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, hamounts required to be reported under SFAS	nistorical treasures, or other simila 116 (ASC 958) relating to these	ar assets for financial gain, e items:	provide the following	
2	Revenue included on Form 990, Part VIII, line			►\$	
ŀ	Assets included in Form 990, Part X			►s	

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the Yes organization by: No (i) unrelated organizations. (ii) related organizations..... 3a(ii) 3b

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,937.	3,937.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.).	>	0.

BAA

Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(C) (D) (E)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments - Program Related.	Wast on Farm 000	N/A	000 Davi V lina 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	(b) Book Value	(c) Welflod of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(8)			
(9)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des			990, Part X, line 15 (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part X Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part X Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990		
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part X	'Yes' on Form 996 cription	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 996 cription	0, Part IV, line 11d. See Form 9	(b) Book value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	'Yes' on Form 990 scription	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) P Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Yes' on Form 990 scription 3) line 15.)	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3)	3) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4)	3) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25	(b) Book value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8)	3) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25	(b) Book value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8) (9) (10)	3) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8) (9)	3) line 15.)orm 990, Part IV, line 1 (b) Book value 9, 33	1e or 11f. See Form 990, Part X, line 25	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	930,056.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	930,056.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	930,056.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,221,217.
		~ <i>, ~ ~ ~ ~ ~ ~ ~ .</i>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,221,221.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		2,221,21,
		1,441,41,
a Donated services and use of facilities		1,001,011.
a Donated services and use of facilities		1,221,211.
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c	2e	1,441,411
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d	2 e 3	
a Donated services and use of facilities 2 a b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d		1,221,217.
a Donated services and use of facilities		
a Donated services and use of facilities		
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b.	3 4c	
a Donated services and use of facilities	3 4c	

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.

Schedule **D** (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-5693503

Great Lakes Aquatic Habitat Network and Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1	For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	intain records to s stance, and the s	substantiate the amount of its of election criteria used to award	grants and other assista the grants or assistance	nce, e?XYes No
2	For grantmakers. Describe in United States. Part	-	zation's procedures	s for monitoring the use of its gra	nts and other assistance o	outside the
3	Activities per Region. (The	following Part I, I	line 3 table can b	e duplicated if additional space	is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	North America	1	1	Program Services	Water Protection	126,402.
(2)						
(3)						
(4)						•
(5)				E		
(6)						
(7)						
(8)			E			
(9)						***************************************
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
(16)	1					
(17)						

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

3 a Sub-total.....

b Total from continuation sheets to Part I....... c Totals (add lines 3a and 3b). . .

Schedule F (Form 990) 2016

126,402.

126,402

Page 2

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

ייין אפוויס סן סופאן ווייין אין אפוויס סן סופאן ווייין אין אייין אין אייין אייין אייין אייין אייין אייין אייין	section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Great Lakes					
		North America	Protect Great	10,000.	Check			
		Morth America	Lakes	30 000	, co			
		NOT CII VIIIETTOR	Great	30,000.	Clieca			
		North America	Protect	41,400. Check	Check			
						CHIEF CALL AND ADDRESS OF THE ADDRES		
				annin i				
		:						
							and annotation and an	
Enter total number of recipient organizations listed above that are recognized the grantee or counsel has provided a section 501(c)(3) equivalency lett	ons listed above that a section 501(c)(3) equ		arities by the foreig	gn country, recognize	ed as tax-exempt by	as charities by the foreign country, recognized as tax-exempt by the IRS, or for which er		m
Enter total number of other organizations or entities.	ons or entities						\ <u></u>	0

Page 3

20-5693503

Great Lakes Aquatic Habitat Network and

Schedule F (Form 990) 2016

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2016 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA \in 8 ල € <u>(0</u> <u>@</u> 8 8 9 (<u>1</u>0 (12) (13) (14) (12) (16) (1)

TEEA3503L 09/26/16

Sche	edule F (Form 990) 2016 Great Lakes Aquatic Habitat Network and	20-5693503	Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	_	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Recei of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	ot	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect T Foreign Corporations (see Instructions for Form 5471)	o Certain	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain For Partnerships (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year if 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report Instructions for Form 5713; do not file with Form 990)	(see	X No

TEEA3505L 09/26/16

Schedule F (Form 990) 2016

BAA

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The Organization provides services to help protect the Great Lakes, which includes working in Ontario, Canada. The Organization maintains a Canadian bank account in order to directly pay expenses. The Board of Directors is provided reports from that bank account, which allows them to monitor the use of the funds.

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

» U

20-5693503 Great Lakes Aquatic Habitat Network and Parti General Information on Grants and Assistance

X Yes See Part IV 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.

Form 990, Part IV, line 21, for any recipient that rec	tor any recipient	that received r	seived more than \$5,000. Part II can be duplicated if additional space is needed	art II can be dupli	cated if additional	l space is needed	ö
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Clinton River Watershed Counc 1115 W. Avon Road Rochester, MI 48309	38-3216864		10,000.	0.			Restoring Plumbrook Drain
(2) National Wildlife Federation	77-0670838		25,000.	0.			2017 Lake Erie Collective
(3) West MI Environmental Action 1007 Lake Drive SE Grand Rapids, MI 49506	23-7128379		17,000.	0.			Coastal Marsh Restoration
(4) <u>Ducks Unlimited</u>	13-5643799		12,895.	0.			Wetland habitat restoration
(5) Native American Educational PO BOX 1500 Hayward, WA 54843	39-1970895		.000.	0.			Pipeline education
(6) We the People of Detroit	47-5123903		15,000.	0.			Water stations in Flint
(7) Alliance for the Great Lakes	23-7104524		70,000.	0.			2017 Lake Erie Collective
(8) Blanchard River Watershed	56-2524718		10,000.	0			strategic plans implementation
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	3) and government or	ganizations listed i	n the line 1 table			A	23
3 Enter total number of other organizations listed in the line 1 table.	ons listed in the line	1 table			**************	*	0

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

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

20-5693503

Schedule I (Form 990) (2016) Great Lakes Aquatic Habitat Network and

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
က					
4					
2					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, co	umn (b); and any othe	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Freshwater Future staff are in contact with grant recipients, providing the Aquatic Habitat Network and Fund, Inc. for approval. If funds were spent as outlined Inc. and the grant recipient that detail the way the grant information, assistance and guidance. At the end of the grant period for each grant, funds may be used, ways they may not be used and reporting requirements. During the in the contract the file is closed and the grant recipient is sent a letter stating a reporting form is completed by the grant recipient and submitted to Great Lakes of the funds have been or if funds were expended in ways that were not in the grant contract, contracts are signed by both Great Lakes Aquatic that their grant has successfully been closed. If not all When grant funds are awarded, Habitat Network and Fund, grant period, expended,

Schedule I (Form 990) (2016)

BAA

2016

Schedule I, Part IV - Supplemental Information

Page 3

Client G1500

Great Lakes Aquatic Habitat Network and Fund, Inc.

20-5693503

2/07/18

10:05AM

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

grant recipient is contacted for more information. If funds remain unexpended, the grant recipient is given a time period for spending the remaining funds for activities outlined in teh original grant contract and then asked to submit another report at the end of that time period. If funds were expanded for purposes outside of the grant contract, the grant recipient will be asked to either amend their agreement with Freshwater Future to a resolution acceptable to both organizations or if the funds were spent of a prohibited activitity, the grant recipient will be asked to refund that portion of the grant award.

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2 Continuation Page 1 of Employer identification number

Pagitific fourthwattion of Grants and Other Assistance to Donnestic Organizations and Donnestic Government (Continuation of Grants and Other Assistance to Donnestic Government (Continuation of Grants and Other Assistance to Donnestic Government (Continuation of Grants and Other Cash (Application) (Applicati	Name of the organization Great Lakes Aquatic Habitat Network and	Network and					20-5693503	33
(c) EIN (c) HC section (d) Amount of roath (e) Amount of roath (e) Amount of roath (e) Amount of roath (e) Cash assistance (f) applicable) 39–1413448	nts and	Other Assistan	ice to Domestic	Organizations and	l Domestic Govern	nments. (Schedul	le I (Form 990), I	Part II.)
39-1413448 10,000. 30-0566417 13,000. 36-2181915 25,000. 36-477666 5,300. 39-1231819 10,000. 37-1798065 10,000. 37-1430158 67,500.	noi	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
20-4817049 39-1413448 10,000. 30-0566417 36-4776666 36-4776666 39-1231819 47-5491144 10,000. 38-1674780 110,000. 110,000. 110,000. 110,000. 110,000. 110,000. 110,000. 110,000. 110,000.	ian							Water
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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page 2

Schedule I Cont (Form 990) 2016 N 2017 Lake Erie (h) Purpose of grant or assistance mining watch Great lakes restoration Collective Blue trail assistance [echnical Watershed Employer identification number project Partill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 20-5693503 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 32,500 17,000 15,000 10,000 15,000 TEEA4001L 11/03/16 (c) IRC section (if applicable) 31-0805578 38-2429085 20-0971618 47-5528536 41-1986433 Great Lakes Aquatic Habitat Network and (b) EIN Root-Pike Watershed Initiativ Pere Marquette Watershed Coun __Minnesota_Environmental_Part_ 1145 Chesapeake Ave I (a) Name and address of organization or government Ohio Environmental Council 200 E RANDOLPH DR #5100-38 800 Center_St_#118_ 1959 W 24th Street Columbus, OH 43212 Baldwin, MI 49304 St Paul, MN 55103 Chicago, IL 60601 Racine, WA 53403 __NARU_Project___ _ 546_Rice_St___ Name of the organization 1111111 1 1 1

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Great Lakes Aquatic Habitat Network and Fund. Inc.

20-5693503

Employer identification number

Form 990, Part VI, Line 11b - Form 990 Review Process

An independent CPA prepares the Form 990 and meets with the Executive Director to review a draft copy of the form. The Executive Director forwards the Form 990 and audited financial statements to the Finance Committee. Upon the completion of their review, a recommendation for approval is submitted to the full Board of Directors for final review and approval. All changes addressed by the Finance Committee and/or the Board of Directors, if any, are made to the return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, a questionnaire is given to Board Members asking them to disclose any conflict of interests. The questionnaires are dated and filed. Board Members excuse themselves from voting on any board items where a conflict of interest has been disclosed.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Director's salary is determined annually by the Executive Committee of the Board of Directors after considering factors such as job performance, job adherence, budget constraints, and comparative salary survey information.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents are made available to the public upon request. This fact is disclosed on an annual basis in our newsletter.

Form **8868**

(Rev. January 2017)
Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	c 6-Month Extension of Time. Only subr	nit origina	al (no copies needed).		,	
All corporations and the All corporation of t	ons required to file an income tax return other th 1004 to request an extension of time to file income	an Form 99 tax returns	0-T (including 1120-C filers), partnership	s, REN	/IICs, and f	trusts must
	•		Enter filer's identif	ying n	umber, se	e instructions
	Name of exempt organization or other filer, see instructions.			Employ	er identification	on number (EIN) or
Type or print	Great Lakes Aquatic Habitat Ne	etwork a	and	20-5	5693503	
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.			security numb	
due date for	P.O. Box 2479					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.			
instructions.	Petoskey, MI 49770					
Enter the Re	eturn Code for the return that this application is fo	or (file a se	parate application for each return)		*****	01
Application Is For		Return Code	Application Is For			Return Code
Form 990 or I	Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-Bl		02	Form 1041-A			08
Form 4720 (ir		03	Form 4720 (other than individual)			09
Form 990-Pf		04	Form 5227			10
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12						
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3a If this a	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	4720, or 606	59, enter the tentative tax, less any	3 a	\$	0.
b If this tax pay	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymer	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b	\$	0.
c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	3 с	\$	0.
Caution: If y payment ins	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EO	and Form	8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.