Form **990**

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

OMB No. 1545-0047

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service

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

Α	For ti	ne 2022 calen	dar year, or tax year beginning $\pm 0/0\pm$, 2022, and	a enaing	9/3)	,	20 2023	
В	Check	if applicable:	С) Emplo	yer identi	fication number	
	Ac	ddress change	Great Lakes Aquatic Habita	t Networl	k and			20-	56935	503	
	∏ _{Na}	ame change	Fund, Inc.				E	Teleph	one numb	er	
	H	itial return	P.O. Box 2479					231	-348-	-8200	
	—	al return/terminated	Petoskey, MI 49770								
	\vdash	nended return					6	Gross	eceints S	1,815,	088
	\vdash	plication pending	F Name and address of principal officer: Jill	D		- II	H(a) Is this a g				X No
		prication pending	Same As C Above	Kyan],	H(b) Are all sui	bordinate	s included		No
	Tay	exempt status:	X 501(c)(3) 501(c) () (insert	no.) 4947	(a)(1) or	527	If "No," at	tach a list	. See inst	tructions.	ш.
<u> </u>				110.)	(4)(1) 01	4	Max Craum au	matica a	har		
<u>J</u>			w.freshwaterfuture.org		T		H(c) Group exe			MT.	
K		of organization:		Other	L Year	of formatio	on: 2006	ivi :	State of le	egal domicile: MI	
Pe		Summar		idinant nativiti		1 1 -				4 b a	
	1		be the organization's mission or most sign								
9			on and enhancement of wate								
Activities & Governance			reshwater Future builds ef ore the water quality of t					Liar.	rves -	ro brorec	
Je I	2	Check this bo	,					of its	not acc		
õ	3		ting members of the governing body (Part						1 3 i	ocis.	5
ಂಶ	4		dependent voting members of the governing						4		5 5
ies	5		of individuals employed in calendar year					- 1	5		19
₹	6		of volunteers (estimate if necessary)						6		50
Act	7a	Total unrelate	d business revenue from Part VIII, column	n (C), line 12.					7a		0.
	Ь	Net unrelated	business taxable income from Form 990-	T, Part I, line	11			.	7b		0.
		•						r Year		Current Ye	ar
m	8	Contributions	and grants (Part VIII, line 1h)				1,	237,9		1,767,	
Revenue			ice revenue (Part VIII, line 2g)					32,2			896.
ě.			come (Part VIII, column (A), lines 3, 4, ar					9	967.	16,	618.
ď	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9d								
			 add lines 8 through 11 (must equal Pa 					271,1		1,815,	
	13	Grants and si	milar amounts paid (Part IX, column (A),	lines 1-3)				248,8	373.	287,	412.
	14	Benefits paid	to or for members (Part IX, column (A), li	ne 4)							
	15	Salaries, other	r compensation, employee benefits (Part	IX, column (A), lines 5-1	0)		667,3	320.	948,	027.
ses	16a	Professional 1	undraising fees (Part IX, column (A), line	11e)							
Expenses	h	Total fundrais	ing expenses (Part IX, column (D), line 2	5)	145,	878	was to the	A. 15		rengalagi at tip	-air (direct
X	17		es (Part IX, column (A), lines 11a-11d, 11					233,0	000	3/17	201.
	1	•	es. Add lines 13-17 (must equal Part IX, c	1.1				149,2		1,582,	
	1	•	expenses. Subtract line 18 from line 12					121,8			448.
		Revenue less	expenses. Subtract line to from line 12.				Beginning (End of Ye	
ts or	20	Total accets (Part X, line 16)					947,6		1,222,	
Net Assets Fund Balan	20		(Part X, line 26)	10				208,8			703.
¥ P	21										
			fund balances. Subtract line 21 from line	20			<u> </u>	738,7	80.	9/1,	228.
	ırt II	Signatur									
Unde	er penalt	ties of perjury, I de	clare that I have examined this return, including accomp or (other than officer) is based on all information of whi	anying schedules a	and statements v knowledge.	s, and to th	ne best of my k	nowledge	and belie	ef, it is true, correct,	and
	picto. D t	1 /					0'	2101	10	ADU.	
		Signature of	Hill H Xuad				Date	\/ <i>></i> \	010	~ 7	
Sig He	gn		you						_		
He	re	Jill F	yan /			E:	xecutiv	פ טוו	·		
			name and title		100		1	 +-	1., 16	PTIN	
		1	reparer's name Preparer's signatur	=	Dat	(C		neck [┙"		
Pa			R. Bascom				se	lf-employ	ed]	P01748466	
Pro	epare	Firm's name									
Us	e On	ly Firm's addre	ss 110 PARK AVENUE				Fi	rm's EIN		-2763936	
			CHARLEVOIX, MI 49720					one no.	(231		
May	y the I	RS discuss th	s return with the preparer shown above?	See instruction	ns				<u></u>	X Yes	No

Form	990 (2022) Great Lakes Aquatic Habitat Network	and	20-5693503 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in	this Part III	
1	Briefly describe the organization's mission:		
	Our mission is to promote the protection and	enhancement of water	quality and water
	resources in the Great Lakes. Freshwater Fu		
	initiatives to protect and restore the water	duality of the Great	Lakes Dasin.
	Did the organization undertake any significant program services during the	year which were not listed on the prior	
2		· i	
			······· Yes X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in	now it conducts, any program servi	ces? Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the	of its three largest program service	es, as measured by expenses.
	and revenue, if any, for each program service reported.	e amount of grants and anocations	to others, the total expenses,
/la	(Code:) (Expenses \$ 615,458. including gran	ts of \$) (Rev	venue \$)
74	Provided group and individualized one-on-one		
	through professional support. Assistance inc		
	operate nonprofit 501(c)(3) organizations, k		
	with reporting and administration, and provi	<u>.ding_expertise_to_bull</u>	<u>d their issue work.</u>
4b	(Code:) (Expenses \$ 418,931, including gran	ts of \$ 287,412.) (Rev	venue \$)
	The grants program provides financial suppor		
	river, lake, wetland, groundwater and drinki		
	were awarded through four funding programs.		
	rivers and wetlands, communications, and ens		
	during drinking water system emergencies.	dring ramifies had acc	ess co clean water
	during drinking water system emergencies.		- +
			+
			+
			·
			-
			.
4c	(Code:) (Expenses \$ 362,282. including gran	ts of \$) (Rev	renue \$)
	Coordinated education and outreach on public	policy issues of regi	onal as well as
	local importance to the Great Lakes. Provide		
	elected officials and agency staff on need f		
	resource extraction activities protect water		
	water infrastructure funds and the need to p		
	water militabelaceare rando and me most to b		
		-	+
		_	+
		_	+
		_	+
		_	+
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 1,396,671.		
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Form 990 (2022)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions...... 2 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...... X 3 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. Х 4 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 X 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, Х Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III. 8 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. Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V...... X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 X D, Part VI 11a 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. Х 11b 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. 11c 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..... 114 Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... 11e 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... X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 X 12h X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14a 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. 14h 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. Х 15 X 16 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...... X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II...... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Χ 19 Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 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...... X

Daily Sales Services			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	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		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	100	1912	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	100	/*************************************
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			(~~

C) Great Lakes Aquatic Habitat Network and Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) Part V

PER DEAR	The state of the s		Yes	No			
		in the same of	163	INO			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	0.5		4			
		0.00	が				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	Black State Control			
b	If "Yes," enter the name of the foreign country Canada		Water 1				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 4					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>			
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	1		2 16			
	services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	es peres	1	man er			
	organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:						
	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 10b						
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	a de la companya de l					
b	Gross income from other sources. (Do not net amounts due or paid to other sources	**					
	against amounts due or received from them.)	10-	Tue.				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	\$8575e42	14 (200)			
			140				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	100				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	7 m. 45 m.	11 (T-1864)			
	Note: See the instructions for additional information the organization must report on Schedule O.						
	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						
	Enter the amount of reserves on hand			V			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х			
	excess parachute payment(s) during the year?	13	4	<u> </u>			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	garantia 25.	X			
	If "Yes," complete Form 4720, Schedule 0.	. 0	398 6 0				
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would		152 (1.2%)	26.75			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.	11.0					
4.4	TECAD1051 00/01/20	- CONTRACTOR	000	2020			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 X 6 Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?..... X Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes 10a Did the organization have local chapters, branches, or affiliates?..... 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11a Х **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O. 12c X 13 Χ 13 Did the organization have a written whistleblower policy?..... \overline{X} 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule . O. 15b **b** Other officers or key employees of the organization...... If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) X 19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Stephanie Altrock 107 Shea Court Simpsonville SC 29681 (231) 348-8200

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				ot ch unles officer /truste	eck moss pers and a ee)	ore on	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other
	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/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Jill Ryan Executive Dir.	$-\frac{40}{0}$			Х				109,323.	0.	0.
(2) Stephanie Smith Chair	3 0	Х		X				0.	0.	0.
(3) Bettina Marshall Director	3	Х						0.	0.	0.
	3	х		Х	1:			0.	0.	0.
(5) Brenda Price Director	3	Х						0.	0.	0.
(6) Dr. Robert Letscher Secretary	3	Х		Х				0.	0.	0.
(9)										
(10)										
<u>(11)</u>										
(12)										, 44 A4 27 Palace 1994
(13)					:					
(14)										

TEEA0107L 09/01/22

Form 990 (2022)

BAA

Part VII Section A. Officers, Directors, I	(B)	ney	<u> En</u>		Oye C)	es,	and	a nignest Con	ipensated Emp	loyees (continuea)
(0)		Position		(D)	(E)	(F)				
(A) Name and title	Average hours per	koá	k, unle	ess p	erson	e tnan is bot tor/trus	h an	Reportable compensation from	Reportable compensation from	Estimated amount
	week (list any hours	or o	<u>S</u>	읔	ξ _Q	e j	ਰੂ	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099-	of other compensation from the organization
	for related	director	ittio	Officer	em	oloye	Former	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations
	organiza - tions below	or director	nal tr		employee	e				
	dotted line)	stee	nstitutional trustee			employee				
						8				
(15)		-								
(16)		-	 							
(17)										
(18)	-	 			-	-			,	
										
(19)										
(20)		-								
(20)										
(21)										
		<u> </u>				ļ				
(22)	4									
(23)										
										
(24)	4									
(25)		-								
1b Subtotal								109,323.	0.	0.
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)								0. 109,323.	0.	0. 0.
Total number of individuals (including but not limite										
from the organization 1								· · · · · · · · · · · · · · · · · · ·		
										Yes No
3 Did the organization list any former officer, dire on line 1a? If "Yes," complete Schedule J for su	ctor, truste ch individu	ee, ke <i>al</i>	y er	nplo	oyee 	, or l	high 	est compensated	employee	. 3 X
4 For any individual listed on line 1a, is the sum the organization and related organizations grea	of reportab	le coi	mpe	nsa	tion	and	oth	er compensation t	rom	
the organization and related organizations grea such individual	ter than \$1	50,00	00? 	<i>lf</i> "\	res,	" con	nple	ete Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accr	ue compen	satio	n fro	om a	any	unre	late	d organization or	individual	- ""
for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors	es," comple	ete S	chec	dule	J fc	or su	ch p	person		. 5 X
1 Complete this table for your five highest compe	nsated inde	epen	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compe	nsation for	tne ca	aien	aar y	/ear	endir	ng w	(B)		_ (C)
Name and business ad	dress							Description of		Compensation
					····					.,
				_						
2 Total number of independent contractors (including \$100,000 of compensation from the organization	_	ited to	tho	se li	sted	abov	ve) v	who received more	than	and the control of th
DAA	ገ 0									F 000 10000

CONTRACTOR OF	Kong salat etera	Check if Schedule O contains a response or note to a	any line in this Part	√IIL		
			(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 c d e f	Federated campaigns	·			
	h	Total. Add lines 1a-1f	1,767,574.			
å	1	Business Code			And the second s	
Program Service Revenue	2a b	11931 am 2911199 No. 1011919 111119	30,896.	30,896.		
Servio	d					
ā		All other program service revenue				
8	'					
<u>a</u>	g		30,896.			
	3	Investment income (including dividends, interest, and other similar amounts)	16,618.			16,618.
	5	Royalties				
]	(i) Real (ii) Personal				
	6a	Gross rents 6a			gan e se a se e e e e e e e	State State Control
	ь					
			_		and the second	
	l	` '		and the second second second	141	
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				2. 3. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
		sales of assets		6 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
	h	other than inventory Less: cost or other basis	_			
		and sales expenses 7b		10 miles		
	С	Gain or (loss) 7c				
		Net gain or (loss)				
		<u> </u>				
Other Revenue	Вa	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Ī		See Part IV, line 18	200	All services and the services are		According to the second
عِ		Less: direct expenses 8b	700			The state of the s
ð	С	Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19	The state of the s			ar yest a second
		Less: direct expenses 9b	dispersit and the second			100 - 1
	С	Net income or (loss) from gaming activities				300000000000000000000000000000000000000
	10a	Gross sales of inventory, less returns and allowances	The surface of the second	and the second s	The state of the s	0.2
		returns and allowances				
	b	Less: cost of goods sold	den identification for		Sept. 10 margin.	page garage
	С	Net income or (loss) from sales of inventory				
4		Business Code	gradient Control	1 2 1	Art Mary South	ni e e e e e e e e e e e e e e e e e e e
ž 9	11a b c d					
¥ 5	b					
ž Ž	С					
2 8	d	All other revenue				
Ē		Total. Add lines 11a-11d		atternative and the second	the section of the section of	ene en la company
	~	Total revenue. See instructions	1,815,088.	30,896.	0.	16,618.
			1 1,010,000		u	TOTO

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 248,412 248,412 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 39,000 39,000 Compensation of current officers, directors, trustees, and key employees 109,323 729 84,166 24,428. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 n 0. Other salaries and wages 627,528 526,600 22,077 78,851. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,561 10,412 389 1,760. 140,267 117,930. 16,580. 5,757 58,348 50,298 1,456 6,594. Fees for services (nonemployees): c Accounting..... 14,381 13,381 ,000 **d** Lobbying...... e Professional fundraising services. See Part IV, line 17... f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 92,921 92,921 (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 4,473. 2,840. 1,633. 64,518. 51,221 701 12,596 Information technology..... 11,850. 11,850 15 Royalties..... Occupancy..... 16 35,540. 33,655 368 1,517. 17 Travel..... 1,259 81,444 79,558. 627 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 5,192 5,192 9,090 9.090 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). Water Testing Lab Supplies 24,372 24,372 Miscellaneous 3,420 1,292 965 1,163 d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 1,582,640. 1,396,671. 40,091. 145,878. 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).....

		Check if Schedule O contains a response or note to	o any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	500.
	2	Savings and temporary cash investments			871,598.	2	1,052,596.
	3	Pledges and grants receivable, net			60,000.	3	65,000.
	4	Accounts receivable, net			• • • • • • • • • • • • • • • • • • • •	4	1,006.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er offic I contri rsons .	cer, director, butor, or 35%	The state of the s	5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		F		8	
Assets	9	Prepaid expenses and deferred charges		<u>-</u>	8,646.	9	18,679.
As	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		77,064.			20,000
	b	Less: accumulated depreciation	10b	14,467.	7,431.	10c	62,597.
	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	22,553.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		947,675.	16	1,222,931.
	17	Accounts payable and accrued expenses	21,130.	17	51,237.		
	18	Grants payable		<u> </u>	4,000.	18	2,000.
	19	Deferred revenue	i	165,902.	19	154,461.	
	20	Tax-exempt bond liabilities		<u>-</u>		20	
es.	21	Escrow or custodial account liability. Complete Part I		l _{en}		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated the	ird par	ties	-	23	
	24	Unsecured notes and loans payable to unrelated third	partie	s		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		i	17,863.	25	44,005.
	26	I otal liabilities. Add lines 17 through 25			208,895.	26	251,703.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
aga	27			·····	478,810.	27	631,250.
8	28	Net assets with donor restrictions			259,970.	28	339,978.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e <u></u>			
6	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fu	nd		30	
88	31	Retained earnings, endowment, accumulated income,	or oth	er funds		31	
t A	32	Total net assets or fund balances			738,780.	32	971,228.
ž	33	Total liabilities and net assets/fund balances			947,675.	33	1,222,931.
BA	4		TEEA01	IIL 09/01/22			Form 990 (2022)

	·				
Forr	m 990 (2022) Great Lakes Aquatic Habitat Network and	20-5693503		Pag	ge 1:
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,815	5.0	88.
2	Total expenses (must equal Part IX, column (A), line 25)		1,582		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,7	
5	Net unrealized gains (losses) on investments	5		, , .	
6	Donaled services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>971</u>	1,2	28.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Y	es	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				
	on Schedule O.		E en		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or rev	riewed on a		2 A	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	l			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a se	parate			e de la composition della comp
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis	· ·	The Royal Ball	W	100

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За

3b

Form 990 (2022)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?.....

or audits, explain why on Schedule O and describe any steps taken to undergo such audits......

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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information. Great Lakes Aquatic Habitat Network and

Open to Public -

OMB No. 1545-0047

Inspection

Employer identification number

Fund. 20-5693503 Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (i) Name of supported organization (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? above (see instructions)) Yes (A) (B) (C) (D) **(E)** Total

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

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

Section A. Public Support								
Cale beg	endar year (or fiscal year inning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	867,716.	1,261,661.	1,528,910.	1,237,964.	1,617,574.	6,513,825.	
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.	
5	Total. Add lines 1 through 3 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)	867,716.	1,261,661.	1,528,910.	1,237,964.	1,617,574.	6,513,825. 4,328,565.	
6	Public support. Subtract line 5 from line 4						2,185,260.	
Sec	tion B. Total Support				To be desired and the later to the second and the second	100 100 100 100 100 100 100 100 100 100		
Cale	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	867,716.	1,261,661.	1,528,910.	1,237,964.	1,617,574.	6,513,825.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	432.	571.	611.	967.	16,618.	19,199.	
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.)						0.	
11	Total support. Add lines 7 through 10						6,533,024.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	188,405.	
13	First 5 years. If the Form 990 is organization, check this box and							
	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						33.45 %	
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14		· · · · · · · · · · · · · · · · · · ·		32.40 %	
16a	33-1/3% support test—2022. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box	
b	33-1/3% support test—2021. If th and stop here. The organization	e organization dic qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box	
	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-are and-circumstance	nd-circumstances es test. The organ	test, check this b ization qualifies a	oox and stop here as a publicly supp	e. Explain In Part \ orted organization	/I how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	neets the facts-au -circumstances te	nd-circumstances est. The organizat	test, check this b on qualifies as a	oox and stop here publicly supporte	. Explain in Part \ d organization	/I how the	
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions	

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

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

Sac	tion A. Public Support	esis listed below,	please complete	ratt (1.)			
		(2) 2019	(b) 2010	(c) 2020	(d) 2021	(0) 2022	(6 Tatal
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempl 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		, , , , , , , , , , , , , , , , , , , 			T	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
_	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)					501()(0)	
	First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pu	stop here		third, fourth, or f	intn tax year as a	section 501(c)(3)	<u></u>
	Public support percentage for 20			ne 13 column (f)	,	15	
							<u> </u>
	Public support percentage from a tion D. Computation of Inv					10	
	Investment income percentage for				ump (f))		%
	Investment income percentage fi						
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	he organization d	lid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17
	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	he organization d	lid not check a bo and stop here. Th	x on line 14 or lir e organization qu	ne 19a, and line 1 nalifies as a public	6 is more than 33- ly supported organ	1/3%, and ization
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	theck this box and	I see instructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 line 10b below.
 - **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.)

		Yes	No
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	10b		

		(Form 990) 20					: Habitat	Network	and	20-569350	13	Page 5
Pa	rt IV	Supporting	Organiza	tions (co	ntinued)							
11	Has tl	ne organization	accepted a	aift or cont	ribution fr	om anv of th	ne followina pe	ersons?			Ye	s No
	A pers	son who directly	or indirectly c	ontrols, eith	ner alone o	-	= :		11b and 11c t	pelow,		
	-	overning body o									11a	
		ily member of a	•								11b	
		controlled entity of				ve? If "Yes" to	line 11a, 11b, or 1	1c, provide detail	in Part VI.		11c	
Sec	uon E	3. Type I Sup	porung O	rganizat	IONS			· · · · · · · · · · · · · · · · · · ·			Ye	s No
1	or mo officer organ than o were	e governing bore supported or supported or s, directors, or ization(s) effectone supported callocated among the tax year.	ganizations trustees at a tively operate organization,	nave the pall times du ed, supervi describe h	ower to re uring the to sed, or co now the po	gularly appo ax year? If ' ntrolled the wers to app	oint or elect at "No," describe organization's point and/or rei	least a major in Part VI how activities. If the move officers,	rity of the org w the support the organizat , directors, or	panization's ted ion had more r trustees	1	
2	that o	e organization operated, supervit carried out the orting organizati	rised, or cont e purposes d	rolled the	supporting	organizatio	on? If "Yes," e.	xplain in Part	VI how provi	ding sùch	2	
Sec	tion C	. Type II Su	pporting C	rganizat	tions			****				
1	of eac	a majority of the h of the organiz rting organizati	zation's supp	orted orga	nization(s)? If "No," a	lescribe in Par	t VI how conti	rol or manage	ement of the	Ye:	s No
Sec	tion D	. All Type III	Supporti	ng Organ	nizations	;						
1	organi year,	e organization p zation's tax yea (ii) a copy of the zation's govern	ar, (i) a writte e Form 990 t	en notice d hat was m	escribing ost recent	the type and ly filed as o	d amount of su f the date of n	ipport provide otification, an	ed during the d (iii) copies	prior tax of the	Yes	s No
2	organi	any of the orga zation(s) or (ii) ganization mair	serving on t	he governi	na body o	f a supporte	d òrganization	i? If "No." exi	olain in Part V	/I how	2	
3	voice i	son of the relation the organizat es during the tares the tares are the	ion's investn	nent policie	es and in o	firecting the	use of the org	ganization's ir	ncome or ass	ets at	3	in the second
Sec	tion E	. Type III Fu	nctionally	Integrat	ed Supp	orting Or	ganizations	3				4
1	Check	the box next to t	the method th	at the organ	nization use	ed to satisfy	the Integral Par	t Test during t	he year (see i i	nstructions).		
а	_ Th	e organization	satisfied the	Activities ¹	Test. Com	plete line 2	below.					
b	, 🗍 тн	e organization	is the parent	of each of	f its suppo	rted organiz	zations. Comp	lete line 3 bel	low.			
c	Th	e organization	supported a	governmer	ntal entity.	Describe in	n Part VI how y	ou supported	l a governme	ntal entity (see	instructio	ns).
2	 Λ etivit	ies Test. <i>Answ</i> e	or lines 22 au	ad 2h hala	147						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did su suppor organi respor	bstantially all or ted organization izations and expansive to those s antially all of its	f the organiz (s) to which th plain how th upported org	ation's acti ne organizat ese activiti	ivities duri tion was re ies directly	sponsive? If furthered t	"Yes," then in I heir exempt pu	Part VI identify urposes, how	those suppor the organiza	ted tion was	Yes	s No
b	more o	e activities desc of the organizat os for the organ or the organization	ion's suppor ization's pos	ed organiz ition that it	ation(s) w	ould have b	een engaged	in? <i>If "Yes," e</i>	xplain in Part	VI the	2b	
3	Parent	of Supported (Organizations	s. Answer	lines 3a a	nd 3b below	/ .					
а	Did the	e organization h	nave the pow Lorganization	er to regul is? <i>If "Yes</i>	arly appoi " <i>or "No,"</i>	nt or elect a provide det	n majority of th ails in Part VI.	e officers, dir	ectors, or tru	stees of	3a	

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.*

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Type III Non-Functionally Integrated 509(a)(3)	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on I	Nov. 20, 1970 (explain ir ust complete Sections A	Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			DOS CONTROL OF THE STATE OF THE
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		·
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount		The state of the s	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	100 mg	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grale		
BAA			Sche	dule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Great Lakes Aquatic Habitat Network and 20-5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 20-5693503

	Type in Non-Tanedonally integrated 505(a)(5)	supporting Organiza	dons (commuci	<i>u)</i>	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt p	ourposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organizations	5,	2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	de details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			G	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2022	Part of the second of the seco			
a	From 2017		1970 - 19		
	From 2018		ent de la companya de	100	
	From 2019	7.			
	From 2020		2 0 20 20 and a second		
	From 2021				
1	Total of lines 3a through 3e		al rep		
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount			200 y	
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			3 A	
	Distributions for 2022 from Section D, line 7:	200 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
a	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount		100 PM 10	endeuter in	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.	2 W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Commence of the Commence of th		
	Breakdown of line 7:		7. C. A. S.		A AAA
а	Excess from 2018		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		AND THE STATE OF T
	Excess from 2019	75 - 14 to 1			
С	Excess from 2020				Total Agency
d	Excess from 2021		The second secon		OF THE STATE OF TH
_	Eveness from 2022		The same of	- 7	STATE OF STA

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Schedule A (Form 990) 2022

Part VI

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

SCHEDULE C (Form 990)

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

Schedule C (Form 990) 2022

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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-E2, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) c	organizations: Complete Part III.						
Name	of organization Great Lake	s Aquatic Habitat Network a	and	Employer identific				
D.	Fund, Inc.	rganization is exempt under secti	on E01(a) ar is a	20-569350		_		
221(Exe)30958	ON THE PROPERTY OF THE PROPERT		, ,	_	zation.	_		
ı	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."							
2								
		campaign activities. See instructions						
Pa	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).					
1	Enter the amount of any exc	rganization is exempt under section is exempt under section in the section is exempt under section is exe	section 4955		0			
2	Enter the amount of any exc	cise 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	•		
					Yes No	2		
	If "Yes," describe in Part IV.							
Pai		rganization is exempt under section						
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities \$		_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities							
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4	Did the filing organization file Form 1120-POL for this year?							
5								
	(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.

Part II-A Complete if section 501	the organization (h)).	n is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	ection under					
A Check if the filir	A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,									
address	address, EIN, expenses, and share of excess lobbying expenditures).									
B Check if the filir	B Check if the filing organization checked box A and "limited control" provisions apply.									
(The term	Limits on Lobby "expenditures" mea	ing Expenditures ins amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expendit	ures to influence pu	blic opinion (grassroots lo	bbying)	1,937.						
b Total lobbying expendit				28,240.						
c Total lobbying expendit		·		30,177.	0.					
d Other exempt purpose	•			1,552,463.						
e Total exempt purpose e	expenditures (add lin	es ic and id)		1,582,640.	0.					
r				229,132.						
If the amount on line 1e, col		The lobbying nontaxable	amount is:	The same of the sa						
Not over \$500,000 Over \$500,000 but not over \$1		20% of the amount on line 1e.	D. 107 PEOO 000		and the second					
Over \$1,000,000 but not over \$	<u></u>	\$100,000 plus 15% of the excess \$175,000 plus 10% of the excess		ally	Allowed State Control of the Association of the Control of the Con					
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess		The second secon	Control of the Contro					
Over \$17,000,000		\$1,000,000.	ν φτ,000,000.		The September of the Se					
		of line 1f)		57,283.	0.					
h Subtract line 1g from lir		0.	0.							
i Subtract line 1f from line 1c. If zero or less, enter -0										
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No					
(Som	e organizations that	4-Year Averaging Period I t made a section 501(h) el ow. See the separate inst	ection do not have to d							
	Lobby	ying Expenditures During	4-Year Averaging Peri	od						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount	186,40	7. 205,119.	189,929.	229,132.	810,587.					
b Lobbying ceiling amount (150% of line 2a, column (e))		Section 1997 Control of the Control	The second secon	2014 300 S	1,215,881.					
c Total lobbying expenditures	8,440	8,831.	2,247.	30,177.	49,695.					
d Grassroots nontaxable amount	46,602	2. 51,280.	47,482.	57,283.	202,647.					
e Grassroots ceiling amount (150% of line 2d, column (e))					303,971.					
f Grassroots lobbying expenditures	5,553	3. 4,525.	1,882.	1,937.	13,897.					
BAA		-/325.			le C (Form 990) 2022					

		(a	a))))	
For des	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo		
1 a	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: Volunteers?					j.	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Mailings to members, legislators, or the public?	1					
e							
f							
a							
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?				-		
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Option Spanish Contract	200			
	If "Yes," enter the amount of any tax incurred under section 4912				01/18/22 CVR408	postaticae superinte	CZ MAY KITI MAKAMATIT
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	100	4.4				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			- 100		V-1	
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<i></i>		· · · · · [2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				3		
Pa	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	(c)(5) Part	, or s III-A,	ection line 3	1 50 , is	1(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).						
а	Current year		2a				
b	Carryover from last year.	[2b				
С	Total	[2c				
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 expenditures next year?		4				
5	Taxable amount of lobbying and political expenditures. See instructions		5	· · · · · · · · · · · · · · · · · · ·			

Part IV 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 group 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.

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	eat Lakes Aquatic Habitat Networ	ck and	
	nd, Inc.		20-5693503
Pa		or Advised Funds or Other Simila	r Funds or Accounts.
	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	,	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	s	
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	ganization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing that grant f the donor or donor advisor, or for any ot	unds can be used only her purpose conferringYes No
Pa	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example,	recreation or education) Preserv	vation of a historically important land area
	Protection of natural habitat	Preserv	vation of a certified historic structure
	Preservation of open space	J	
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the	form of a conservation easement on the
	last day of the tax year.		
	Total number of appearation accoments		Held at the End of the Tax Year
	 Total number of conservation easements Total acreage restricted by conservation easeme 		
	: Number of conservation easements on a certified		
		• • • • • • • • • • • • • • • • • • • •	
,	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after July 25, 2006 and not on	2d
3	Number of conservation easements modified, transfet tax year		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy regar and enforcement of the conservation easements	ding the periodic monitoring, inspection, lit holds?	handling of violations,Yes No
6	Staff and volunteer hours devoted to monitoring, insp		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing cons	servation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to t	s conservation easements in its revenue a he organization's financial statements tha	and expense statement and balance sheet, and it describes the organization's accounting for
Pai	conservation easements. III Organizations Maintaining Collec	ctions of Art, Historical Treasures	s, or Other Similar Assets.
CO NORTH A	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FA historical treasures, or other similar assets held f Part XIII the text of the footnote to its financial st	or public exhibition, education, or researc	statement and balance sheet works of art, h in furtherance of public service, provide in
L	If the organization elected, as permitted under FA historical treasures, or other similar assets held for p following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X	ublic exhibition, education, or research in fur	therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	e 1	\$
	If the organization received or held works of art, histo amounts required to be reported under FASB ASI	C 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		\$
ł	Assets included in Form 990, Part X		Ś

Part III Urganizations Main	taining Collect	ions of Art, mis	storicai i reasures,	or Other Similar A	ssets	(conti	nuea)
3 Using the organization's acquisition items (check all that apply):	, accession, and oth	_		nake significant use of its	collection	nc	
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e 🗌 Other	•				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ation's collections a	ind explain how they	/ further the organization	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintain	ed as part of the c	organization's collection	?	Yes		No
Part IV Escrow and Custod reported an amount on Fo	ial Arrangemei rm 990, Part X, lin	nts. Complete if the 21.	e organization answered	d "Yes" on Form 990, Pa	t IV, lin	e 9, or	
1 a Is the organization an agent, trus on Form 990, Part X?				er assets not included	Yes	. [No
b If "Yes," explain the arrangement in	Part XIII and comp	lete the following ta	ble:				
					Amoun	<u>t</u>	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance					1.7		
2 a Did the organization include an a							→ No
b If "Yes," explain the arrangement	in Part XIII. Chec	k nere ii the expla	nation has been provid-	ed on Part XIII		· · · · · L	┙.
Part V Endowment Funds.	Complete if the ore	anization ancwere	d "Vac" on Form 990 Da	rt IV line 10			
rait V Liluowillent Fullus.	(a) Current year	(b) Prior year			(0)	Four year	re back
1 a Beginning of year balance	(a) Current year	(D) Filor year	(C) I WO YEARS DACK	(u) Three years back	(6)	oui year	5 Dack
b Contributions					+		
İ					1	····	
c Net investment earnings, gains, and losses							
d Grants or scholarships [
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current yea	ar end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endow		 %					
b Permanent endowment	% 						
c Term endowment	% %						
The percentages on lines 2a, 2b, an	nd 2c should equal 1	00%.					
3 a Are there endowment funds not in the	ne possession of the	e organization that a	re held and administered	I for the	r		T
organization by:						Yes	No
(i) Unrelated organizations					3a(i)		ļ
(ii) Related organizations					3a(ii)		<u> </u>
b If "Yes" on line 3a(ii), are the rela					. 3b		L
4 Describe in Part XIII the intended		ization's endowme	ent tunas.				
Part VI Land, Buildings, and Complete if the organization		on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land							
b Buildings							
c Leasehold improvements			30,382.				<u>,382.</u>
d Equipment			46,682.	14,467.		32	<u>,215.</u>
e Other		orm 000 Part V	olumn (D) line 10a)				
Total. Add lines 1a through 1e. (Column BAA	ri (u) must equal r	unn 990, Parl X, C	oramir (b), line ruc.)		ule D (F		,597. 1)2022
mer te t				Juliu	~ fs ,		·,

Part VII	Investments - Other Securities.		N/A	
	Complete if the organization answered "Yes" on			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
• •	I derivatives			· · · · · · · · · · · · · · · · · · ·
(3) Other	• •			
(A)				
(B)				
(C)				
(D)				
(D) (E)				
(F)				
(G)				
<u>(H)</u>				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.)		27 / 3	Part of the second second second
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
- <i></i>	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)		A ARTHUR MALE TO ALL MALE PLANTS OF THE MALE AND ALL MALE PLANTS OF THE MALE PLANTS OF THE PARTY		72414.00 - FRANCE - 11111
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) Des	scription		(b) Book value
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (E	3) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on	Form 000 Part IV line	11a or 11f Con Form 000 Port V line 2	r.
1.		ption of liability	The of 111. See Form 950, Fart X, line 2	(b) Book value
	l income taxes	phon or nability		(b) Book Value
(2) Comp	ensated Absences			21,452.
	e Liability			22,553.
(4)				
(5) (6)				
(7)				
(8)			What are all the first and the first and the second	
(9)				
(10)				
(11)				······································
	(b) must equal Form 990, Part X, column (B) line 25.)			44,005.
	ncertain tax positions. In Part XIII, provide the text of the foo der FASB ASC 740. Check here if the text of the footnote has			

Schedule D (Form 990) 2022	Great	Lakes	Aquatic	Habitat	Network	and
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Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements \	Vith Revenue per Re	turn.	
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	1,815,088.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	a		
b Donated services and use of facilities	b		
c Recoveries of prior year grants	С		
d Other (Describe in Part XIII.)	d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	1,815,088.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ii -	
a Investment expenses not included on Form 990, Part VIII, line 7b	a		
b Other (Describe in Part XIII.)	b		
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	1,815,088.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per I	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements	,	1	1,582,640.
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	1,582,640.
	nage of the second	1	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	a	1	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b	1	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c	1	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d	1 2e	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d	2e	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d	2e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d d	2e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d d d d d d d d d d d d d d d d d d	2e 3	1,582,640.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	a b c d d d d d d d d d d d d d d d d d d	2e 3	

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule D (Form 990) 2022

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Great Lakes Aquatic Habitat Network and Fund, Inc.

Employer identification number

20-5693503

General Information on Activities Outside the United States. Complete if the organization answered on Form 990, Part IV, line 14b.

1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2	For grantmakers. Describe in United States. Part		zation's procedure	s for monitoring the use of its gra	ints and other assistance	outside the			
3	Activities per Region. (The	following Part I, I	line 3 table can b	e duplicated if additional space	e 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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)	Control of the Contro								
(9)									
(10)									
(11)									
(12)									
(13)				and the second s	* *****				
(14)									
(15)									
16)						*****			
17)									
	Total from continuation								
	sheets to Part I					0			

Great Lakes Aquatic Habitat Network and

Schedule F (Form 990) 2022

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.

Description of (i) Method of noncash valuation (book, assistance FMV, appraisal, other)							,			▲	0	Schedule F (Form 990) 2022
(g) Amount of noncash noncash assistance			A A A A A A A A A A A A A A A A A A A							ot 501(c)(3)		ŭ
(f) Manner of cash non disbursement assis										nized as a tax exemp		
(e) Amount of (f) N cash grant disb	37,000.									oreign country, recogn valency letter		
(d) Purpose of grant	Water Protection									as charities by the ction 501(c)(3) equi		
(c) Region	Canada									hat are recognized I has provided a se		
(b) IRS code section and EIN (if applicable)									200	nizations listed above to the grantee or counse	tions or entities	
(a) Name of organization						## (Fig. 1)	10000				3 Enter total number of other organizations or entities	BAA

Page 3

Great Lakes Aquatic Habitat Network and Schedule F (Form 990) 2022

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. 20-5693503

(h) Method of valuation (book, FMV, appraisal, other)															**************************************				Schedule F (Form 990) 2022
(g) Description of noncash assistance																			Schedule F
(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	(1)	(2)	(3)	(4)	(5)	(9)	6	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	ВАА

BAA	TEEA3505L 08/18/22	Schedule F (Fo	orm 990) 2022
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		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 Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	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 to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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 Receipt 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; don't file with Form 990)	Yes	X No
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).	Yes	X No
	rt IV Foreign Forms	3073303	1 age 4
Scn	edule F (Form 990) 2022 Great Lakes Aquatic Habitat Network and 20	-5693503	rage 4

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 Board of Directors is provided reports from Organization that they work with, which allows them to monitor the use of the funds.

SCHEDULE I (Form 990)

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

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

2022

OMB No. 1545-0047

Open to Public Inspection Employer identification number 20-5693503 **≗** □

XYes

Department of the Treasury Information. Go to www.irs.gov/Form990 for the latest information.	Name of the organization Great Lakes Aquatic Habitat Network and Fund, Inc.	Part General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the prante or assistance?
--	---	---	---

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. See Part IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					other)		
(1) Evergreen Community Developme						Payment of	
2821 HILLCREST AVE						equip service	Water testing
Flint, MI 48507	36-4776666		0.	12,594.	12,594. Actual Expense	contract	equipment
(2) Black Autonomy Network Commun							
1940 Union Ave							Clean drinking
MI 49022	14-1859348		9,500.	0.			water
(3) Midstory							Tech Assist to
<u>5364 Elmer Drive</u>							
	82-4623443		118,125.	0			Capacity
(4) Sterling Water Stewards							
							Clean drinking
Fair Haven, NY 13064	85-3385550		8,000.	0.			water
(5) Water Insecurity Correction C							+ > > > > > > > > > > > > > > > > > > >
22_Hill_Street							Drinking water
4	86-3598323		5,700.	0			advoracy
(6) Detroit Strategic Framework I							Topological Control of the Control o
2990 West Grand Blvd Ste 2							
	47-5050055		8,000.	0		-	Flood focus
0							
2 Enter total number of section 501(c)/(3)	o tromaro, or bac	potoli anoitariano	1454 155 14515				
First rotal number of section 301(y/s) and giveniment organizations listed in the line i table	and government of	gariizations iisted	ın tne iine i tabie				9
S Either total furthber of other organizations listed in the line I table	ins listed in the line	I table					0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	s for Form 990.		TEEA3901L 06/29/22	06/29/22	Sched	Schedule I (Form 990) 2022

Great Lakes Aquatic Habitat Network and

Schedule I (Form 990) 2022

20-5693503

Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
2					
m					
4					
D.					
u					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other adcitional information.	de the informatior	n required in Part I,	line 2; Part III, co	umn (b); and any othe	r adcitional information.

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

grant period, Freshwater Future staff are in contact with grant recipients, providing Aquatic Habitat Network and Fund, Inc. for approval. If funds were spent as outlined Habitat Network and Fund, 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 that their grant has successfully been closed. If not all of the funds have been When grant funds are awarded, contracts are signed by both Great Lakes Aquatic

2022

Schedule I, Part IV - Supplemental Information

Page 3

Client G1500

Great Lakes Aquatic Habitat Network and Fund, Inc.

20-5693503

2/02/24

10:00AM

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 the original grant contract and then asked to submit another report at the end of that time period. If funds were expended 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 for a prohibited activity, the grant recipient will be asked to refund that portion of the grant award.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Great Lakes Aquatic Habitat Network and Fund, Inc.

Employer identification number

OMB No. 1545-0047

2022

20-5693503

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 (which can be done by e-mail). 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.