EXTENDED TO JULY 15, 2021

Return of Organization Exempt From Income Tax

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

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

A I	For the	e 2019 calendar year, or tax year beginning $SEP 1$,	2019 and	ending A	<u>UG 31, 2020</u>				
	Check if applicabl	C Name of organization			D Employer identif	ication number			
	Addre	e ALLIANCE FOR THE GREAT LAKES	S						
	Name chang	Doing business as			**-***4524				
	Initial return Final return	150 N MICHICAN AVENUE		Room/suite 700	E Telephone number 312-939-0838				
	termir ated	City or town, state or province, country, and ZIP or fore	eign postal code		G Gross receipts \$	4,205,052.			
	Amen return	ded CHICACO II 60601			H(a) Is this a group return				
	Application	F Name and address of principal officer. OCEL DICA	MMEIER		for subordinates	s? Yes X No			
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No			
		empt status: $X 501(c)(3) 501(c)()$ (insert	no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)			
		te: ► WWW.GREATLAKES.ORG			H(c) Group exemption				
		organization: X Corporation Trust Association Summary	Other	L Year	of formation: 1971	M State of legal domicile: IL			
_	1	Briefly describe the organization's mission or most significan	t activities: TO C	ONSERV	E AND RESTO	RE THE			
Governance		WORLD'S LARGEST FRESH WATER RES							
rnai	2	Check this box if the organization discontinued its	operations or dispos	sed of more	than 25% of its net as	sets.			
Ş.	3	Number of voting members of the governing body (Part VI, lir	ne 1a)		3	19			
		Number of independent voting members of the governing bo	dy (Part VI, line 1b)		4	19			
80	5	Total number of individuals employed in calendar year 2019	(Part V, line 2a)		5	34			
Ζŧ	6	Total number of volunteers (estimate if necessary)			6	10000			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), I	ine 12		<u>7a</u>				
_	b	Net unrelated business taxable income from Form 990-T, line	9 39	<u></u>	7b	0.			
					Prior Year	Current Year			
ē	8				3,776,024.	4,134,104.			
Revenue	9				144,746.				
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			36,165.				
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			<u>-86,788.</u>				
		Total revenue - add lines 8 through 11 (must equal Part VIII, o			3,870,147.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-	3)		0.				
	1				2,272,335.				
ses	15	Salaries, other compensation, employee benefits (Part IX, col			<u> </u>	2,211,991.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		85	0.	0.			
Ř	170	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,279,028.	1,307,070.			
	''	Total expenses. Add lines 13-17 (must equal Part IX, column			3,551,363.				
		Revenue less expenses. Subtract line 18 from line 12			318,784.	555,223.			
	15	Tieveride less experises. Gubtraet line 10 from line 12		Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		<u> </u>	5,361,300.	6,465,681.			
ASS	21	Total liabilities (Part X. line 26)			379,482.	824,292.			
Net Set	22	Net assets or fund balances. Subtract line 21 from line 20			4,981,818.				
	art II	Signature Block		•	•				
Und	er pena	alties of perjury, I declare that I have examined this return, including a	accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is			
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based	on all information of wh	nich preparer	has any knowledge.				
Sign		Signature of officer			Date				
Her	·e	JOEL BRAMMEIER, PRESIDENT &	CEO						
		Type or print name and title		T -					
			s signature		Date Check [PTIN			
Paid			S P. O'BRII	EN 0	1/21/21 "self-emplo				
	parer	Firm's name PASQUESI SHEPPARD LLC	Firm's EIN ▶	**-***9282					
Use	Only	Firm's address 585 BANK LANE				E 024 E000			
		LAKE FOREST, IL 60045			Phone no. 8 4	7-234-5000			
May	y the II	RS discuss this return with the preparer shown above? (see in	nstructions)			X Yes No			

Гаі	till Statement of Frogram Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	TO CONSERVE AND RESTORE THE WORLD'S LARGEST FRESH WATER RESOURCE USI	NG
	POLICY, EDUCATION AND LOCAL EFFORTS, ENSURING A HEALTHY GREAT LAKES	
	AND CLEAN WATER FOR GENERATIONS OF PEOPLE AND WILDLIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 435, 854. including grants of \$) (Revenue \$\$	482.)
	CLEAN WATER FOR PEOPLE: ACROSS THE GREAT LAKES, CLEAN, SAFE AND	
	AFFORDABLE WATER SERVICES ARE NOT AVAILABLE IN ALL COMMUNITIES. AGIN	G
	WATER INFRASTRUCTURE IN URBAN AND RURAL AREAS CREATES THE GREATEST	
	BURDEN ON LOW-INCOME COMMUNITIES AND COMMUNITIES OF COLOR. OUR GREAT	
	LAKES WATER SUPPLY REQUIRES CONSTANT VIGILANCE. THE ALLIANCE WORKS W	ITH
	COMMUNITY GROUPS, GOVERNMENT AGENCIES AND ELECTED OFFICIALS TO ADVOC	ATE
	FOR SOLUTIONS TO THESE PROBLEMS. IN ILLINOIS, THE ALLIANCE PRODUCED	THE
	CALUMET DATABOOK, A 200+ PAGE RESOURCE UTILIZING QUANTITATIVE AND	
	QUALITATIVE DATA ANALYSIS THAT REFLECTS THE LIVED EXPERIENCES OF	
	RESIDENTS OF NEIGHBORHOODS ADJACENT TO THE CALUMET RIVER, ONE OF THE	
	MOST INDUSTRIALIZED AND CONTAMINATED RIVERFRONT AREAS IN THE GREAT	
	LAKES REGION. THIS WILL BE USED AS A FOUNDATION FOR A NEW INDUSTRIAL	
4b		537.)
	COMMUNICATIONS & ENGAGEMENT: THE ALLIANCE PROVIDES AN ARRAY OF PROGR	
	THAT EDUCATE AND ENGAGE ITS SUPPORTERS, ALLOWING THEM TO BECOME MORE	
	ACTIVE ADVOCATES OF OUR WORK, AND HELP ADVANCE IMPROVEMENTS TO THE	
	GREAT LAKES. THE ADOPT-A-BEACH PROGRAM IS THE LARGEST CLEANUP PROGRA	M
	ON THE LAKES, ENGAGING THOUSANDS OF VOLUNTEERS EACH YEAR ACROSS ALL	
	EIGHT GREAT LAKES STATES TO REMOVE TENS OF THOUSANDS OF POUNDS OF TR	ASH
	FROM GREAT LAKES BEACHES. ALSO, THE ALLIANCE RELEASED A NEWLY	
	REDESIGNED VOLUNTEER WEBSITE, ADOPT.GREATLAKES.ORG, WHICH PROVIDES	
	VOLUNTEERS A NEW, USER-FRIENDLY EXPERIENCE ALLOWING FOR SUPPORTERS T	0
	MORE EASILY AND DEEPLY ENGAGE WITH THE ALLIANCE'S PROGRAMMING.	
	ADDITIONALLY, WE PROVIDE OUR YOUNG PROFESSIONAL COUNCIL AN OPPORTUNI	TY
	FOR LEADERSHIP IN CREATING AWARENESS AND FUNDRAISING CAMPAIGNS TO	
4c		115.)
	AGRICULTURE AND WATER: NONPOINT SOURCE RUNOFF FROM AGRICULTURE	,
	CONTINUES TO BE ONE OF THE GREATEST THREATS TO WATER QUALITY ACROSS	THE
	GREAT LAKES STATES. WE WORK WITH RESEARCH SCIENTISTS, LOCAL AND STAT	
	AGENCIES, BUSINESS INTERESTS, AND PEOPLE AFFECTED BY AGRICULTURAL	_
	POLLUTION TO CREATE ACCOUNTABILITY AND RESPONSIBILITY FOR CLEANING U	P
	THIS SOURCE OF POLLUTION THAT CAN CAUSE HARMFUL ALGAL BLOOMS. THE	_
	ALLIANCE IS CURRENTLY FOCUSED ON THIS WORK IN THE WESTERN LAKE ERIE	
	BASIN AND THE LOWER FOX RIVER WATERSHED AND GREEN BAY IN WISCONSIN.	TN
	WESTERN LAKE ERIE, THE ALLIANCE PROVIDED COMMENTS AND OVERSIGHT OF	1
	OHIO'S DOMESTIC ACTION PLAN FOR CLEANUP, CONVENED WATER PARTNERS ACR	OSS
	THE REGION TO PROVIDE PUBLIC MESSAGING ON THE STATE'S FAILURE TO MEE	
	ITS 20% REDUCTION TARGET OF PHOSPHORUS ENTERING THE LAKE BY 2020, AN	
4 cl	·	ر
4d		
4.5	(Expenses \$\frac{\text{including grants of \$\text{\$}}}{\text{\$100}}\) (Revenue \$\text{\$}}\) Total program service expenses \$\text{\$\text{\$}}\$ 2 , 880 , 888 .	
40		000 /

2

Form 990 (2019) ALLIANCE FOR THE GREAT LAKES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
•	Schedule D, Part III	- °		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2019) ALLIANCE FOR THE GREAT LAKES

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	х	1
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 "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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? If "Yes," complete			1
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	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		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	$\vdash \vdash$
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-31		
02	Cabadida N. Davit II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			凵
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	
932004	\$ 01-20-20	Form	220	(2019)

ALLIANCE FOR THE GREAT LAKES Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 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? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

a Is the organization licensed to issue qualified health plans in more than one state?

16 X
Form **990** (2019)

Х

12a

13a

11

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

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			X			
Sec	tion 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 19						
	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 1b 19						
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		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
•		3		х			
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
		6		X			
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22			
7a		7.		Х			
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х			
_	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37				
a	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	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	37				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b							
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL, IN, NY, OH, WI, MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	THE ORGANIZATION - 312-939-0838						
	150 N. MICHIGAN AVENUE, SUITE 700, CHICAGO, IL 60601						

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)	. 54			C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not c	heck i	more son is	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRANK WASHELESKY	1.00	l								
TREASURER	1 00	Х		Х				0.	0.	0.
(2) BUZZ PATTERSON	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) STEPHEN BREWSTER	1.00									
VICE CHAIR DEVELOPMENT	1 00	Х		Х				0.	0.	0.
(4) JEFF PEARSALL	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) KATHRYN FRIEDMAN	1.00									
VICE CHAIR POLICY	1 00	Х		Х				0.	0.	0.
(6) LAURA RUBIN	1.00	.,								
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) DAVID SCHMAHL	1.00									
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) LAUREN BIGELOW	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) CLAIRE CASTLEMAN	1.00	7,7							_	
BOARD MEMBER	1 00	X						0.	0.	0.
(10) SUE CONATSER	1.00	7.7		7.7					_	
CHAIR	1.00	Х		Х				0.	0.	0.
(11) ADRIENNE DZIAK	1.00	77							0.	_
CHAIR NOMINATIONS (12) AARON FERSHEE	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) QUENTIN JAMES	1.00	Λ						· ·	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) JO-ELLE MOGERMAN	1.00	Λ						· ·	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) VANESSA TEY IOSUE	1.00	Λ						0.	J .	
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) THOMAS LANGMYER	1.00	27						1		
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) KIMBERLY HILL KNOT	1.00	22					-	"		
BOARD MEMBER	1.00	Х						0.	0.	0.
932007 01-20-20		22					<u> </u>			Form 990 (2019)

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation		an	(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(- 1	com fr org and	other pensatiom the anization d relate	e on ed
(18) CANDACE LAROCHELLE	1.00												•
BOARD MEMBER (19) SUSAN MCDERMOTT	1 00	Х				\vdash		0.		0.			0.
BOARD MEMBER	1.00	х						0.		0.			0.
(20) JOEL BRAMMEIER	40.00							0.		•			<u> </u>
PRESIDENT & CEO	1000			х				166,426.		0.	1	9,47	78.
(21) MOLLY FLANAGAN	40.00											,	
CHIEF OPERATING OFFICER						X		122,211.		0.	1	0,74	13.
(22) MARY BARTON	40.00												
VICE PRESIDENT OF DEVELOPM						X		112,299.		0.	1	1,1	76.
(23) JENNIFER CADDICK VICE PRESIDENT OF COMMUNIC	40.00					x		113,014.		0.	1	0,18	88.
								113,011				<u> </u>	<i>,</i>
1b Subtotal		I				·		513,950.		0.	5:	1,58	35.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								513,950.		0.	5:	1,58	35.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable				4
compensation from the organization												Yes	No
3 Did the organization list any former office	, director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or											_		
rendered to the organization? If "Yes." col					,			3			5		Х
Section B. Independent Contractors	npiete Genedale	20 /	<i>01 </i>	<u> </u>	<i>5075</i>	OII .							
Complete this table for your five highest or the organization. Report compensation for										ensat	ion fro	m	
(A)	trie Caleridar ye	ar e	nun	ig w	iui c	ועע זכ	11111	(B)	ear.		(0	;)	
Name and busines	s address	N	ONE	3				Description of s	ervices	С		nsation	1
							\dashv						
							\dashv						
2 Total number of independent contractors	including but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues					
e, E		С	Fundraising events1c	56,210.				
ifts Ir A			Related organizations 1d					
n G≒			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and		-			
eti je		•		077,894.				
들			199	93,836.	-			
t b		•	Noncash contributions included in lines 1a-1f		4 124 104			
O g		h	Total. Add lines 1a-1f		4,134,104.			
				Business Code				
ė	2	а	CONTRACT REVENUES	541900	35,134.	35,134.		
Σœ		b						
Se		С						
že a		d						
Be		е						
Program Service Revenue			All other program service revenue					
_					35,134.			
-			Total. Add lines 2a-2f		33,134.			
	3		Investment income (including dividends, inter	22 006			22 006	
			other similar amounts)		33,006.			33,006.
	4		Income from investment of tax-exempt bond p	· ·				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	′	а	CAT COOR AND COMPANY OF COMPANY O	(ii) Other	-			
			assets other than inventory 7a		-			
		b	Less: cost or other basis					
Revenue			and sales expenses		_			
ě		С	Gain or (loss)7c					
æ		d	Net gain or (loss))				
her	8	а	Gross income from fundraising events (not					
₹			including \$ 56,210. of					
			contributions reported on line 1c). See					
			Part IV, line 18	2,808.				
		h	Less: direct expenses		-			
			Net income or (loss) from fundraising events	, 02,,000	-61,960.			-61,960.
					01,500.			01,500.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		4			
			Less: direct expenses 9t)				
		С	Net income or (loss) from gaming activities	.				
	10	а	Gross sales of inventory, less returns					
			and allowances <u>10</u>	a				
		b	Less: cost of goods sold	b				
			Net income or (loss) from sales of inventory .	>				
			, , , , , , , , , , , , , , , , , , , ,	Business Code				
ns	11	_						
e e	• •							
llan Gen		b		<u> </u>	+			
Miscellaneous Revenue		С		-	-			
ăis			All other revenue					
		е	Total. Add lines 11a-11d		1 1 1 2 2 2 2 2			
	12		Total revenue. See instructions	<u></u>	4,140,284.	35,134.	0.	-28,954.

Form 990 (2019) ALLIANCE FOR THE GREAT LAKES Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nolete column (A)	
00011	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	185,903.	138,964.	23,925.	23,014.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 740 040	1 200 411	204 226	015 606
7	Other salaries and wages	1,742,343.	1,302,411.	224,236.	215,696.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	202 204	151 650	26 112	05 110
9	Other employee benefits	202,904.	151,672.	26,113.	25,119.
10	Payroll taxes	146,841.	109,763.	18,898.	18,180.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	27,500.	1 070	25 262	250
	Accounting	27,500.	1,979.	25,263.	258.
	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,	735,389.	728,355.	7,034.	
40	column (A) amount, list line 11g expenses on Sch 0.)	755,505.	720,333.	7,054.	
12 13	Advertising and promotion	17,325.	14,363.	64.	2,898.
14	Office expenses Information technology	7,386.	5,847.	776.	763.
15	Royalties	7,3001	3,0170	7700	7031
16	Occupancy	213,280.	188,245.	25,035.	
17	Travel	50,387.	46,704.	1,587.	2,096.
18	Payments of travel or entertainment expenses	00,00.0			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,485.	61,032.	10,617.	10,836.
20	Interest	,	,	.,	.,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,099.	50,729.	6,747.	6,623.
23	Insurance	,	,	,	,
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES	54,716.	46,492.	775.	7,449.
a b	TELEPHONE AND INTERNET	29,714.	23,516.	3,128.	3,070.
С	MISCELLANEOUS	15,335.	3,497.	11,838.	5,010•
c d	POSTAGE AND SHIPPING	9,454.	7,319.	152.	1,983.
-	All other expenses	J, 4J4•	1,519.	104.	1,703.
25	Total functional expenses. Add lines 1 through 24e	3,585,061.	2,880,888.	386,188.	317,985.
26	Joint costs. Complete this line only if the organization	3,303,001•	2,000,000.	300,100	321,3036
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F				000

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,794,402.	1	2,962,596.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,065,200.	3	1,955,647.
	4	Accounts receivable, net			71,037.	4	17,793.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
ပ္သ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
¥	9				88,222.	9	57,379.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	492,044.			
	b	Less: accumulated depreciation	10b	342,388.	74,748.	10c	149,656.
	11	Investments - publicly traded securities		1,267,691.	11	1,322,610.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		I	5,361,300.	16	6,465,681
	17	Accounts payable and accrued expenses		299,114.	17	354,114.	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	te Part IV o	f Schedule D		21	
ဇွ	22	Loans and other payables to any current or fo	rmer office	r, director,			
<u>i</u>		trustee, key employee, creator or founder, su	ostantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ns		22	
ן כ	23	Secured mortgages and notes payable to unr	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	402,313.
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			80,368.		67,865.
	26	Total liabilities. Add lines 17 through 25			379,482.	26	824,292.
,		Organizations that follow FASB ASC 958, o	heck here	► X			
ĕ		and complete lines 27, 28, 32, and 33.			0 000 601		0.050.004
lan	27	Net assets without donor restrictions			2,992,621.	27	2,853,934.
B B	28	Net assets with donor restrictions	1,989,197.	28	2,787,455.		
Ĕ		Organizations that do not follow FASB ASC	958, chec	k here 🕨 📖			
ᅩ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun-				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			4 001 010	31	F C41 202
Se	32	Total net assets or fund balances			4,981,818.	32	5,641,389.
	33	Total liabilities and net assets/fund balances			5,361,300.	33	6,465,681.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		4,14						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,58						
3	Revenue less expenses. Subtract line 2 from line 1	3	55 4,98		23.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain 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	5,64	1,3	<u>89.</u>				
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
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 separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2019)				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

-*4524

Name of the organization

ALLIANCE FOR THE GREAT LAKES

D	v+ I	Descen for Public (Charity Status	A.II							
	art I	Reason for Public (e instructions.				
The	organ	nization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describ	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v)				
7	X	An organization that norma	· ·				• •	nublic described in			
•		section 170(b)(1)(A)(vi). (C	•	intial part of its support if	om a gove	minentari	unit of from the general	public described in			
٥			•	(4)(A)(vi) (Complete Dar	. II \						
8	\mathbb{H}	A community trust describe			-		and the second second				
9		An agricultural research org	-			-	-	-			
		or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the college	e or			
		university:									
10		An organization that norma									
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public saf	fety.See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.				
á	ı 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	of the direc	tors or trustees of the si	upporting			
		organization. You must o						•			
k	, [Type II. A supporting org			ion with its	s supporte	d organization(s), by hav	vina			
		control or management o	•					-			
		organization(s). You mus			o po.oo		mor or manage are cap	p 0.10 G			
		☐ Type III functionally inte			in connect	tion with s	and functionally integrate	ad with			
•	, <u> </u>	its supported organization						ou with,			
		¬ '''		·				zotion(o)			
(' _	☐ Type III non-functionally					• • • •				
		that is not functionally int	•	• ,	•		•	veriess			
		requirement (see instruct	•								
•	•	_ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• •	nally integrated supporting	ng organiz	ation.					
1		er the number of supported of									
		vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other			
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)			
		Organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)			

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

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

Sec	ction A. Public Support		·							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4134104.	18392528.							
2	2 Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	3940923.	2626103.	3915374.	3776024.	4134104.	18392528.			
5	5 The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
column (f) 215620										
6 Public support. Subtract line 5 from line 4. 16236320										
	Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2015 3940923.	(b) 2016 2626103.	(c) 2017 3915374.	(d) 2018 3776024.	(e) 2019	(f) Total 18392528.			
	Amounts from line 4	3940943.	2020103.	3913374.	3//6024.	4134104.	10392320.			
8	8 Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
_	and income from similar sources 90,417. 52,391. 75,453. 36,165. 33,006. 287,									
9	9 Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	10 Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)									
44	Total support. Add lines 7 through 10						18679960.			
12	Gross receipts from related activities,	oto (soo instructio	ne)			12	936,476.			
13		,	,	1 fourth or fifth ta			330,410.			
organization, check this box and stop here										
Section C. Computation of Public Support Percentage										
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	86.92 %			
15	Public support percentage from 2018					15	97.90 %			
16a	33 1/3% support test - 2019. If the o					ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li							
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			▶□			
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pai	t VI how the orgar	nization			
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization					
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e			
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐			
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>			

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hay on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01		
9b		
9c		
10a		
10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the divertors twisters or membership of any or many currented exceptations have the newester		163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	7 (. 0 / . 0 / .	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

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-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
● Se	ection 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name	of organization			Empl	oyer identification number
	ALLIANC	E FOR THE GREAT I	LAKES		**-***4524
Part	t I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
2 F	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		▶ \$	
Part	t I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 E	Enter the amount of any excise tax	incurred by the organization under	er section 4955	▶\$	
	Enter the amount of any excise tax				
3 If	f the organization incurred a sectio	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a V	Vas a correction made?				Yes No
b li	f "Yes," describe in Part IV.				
Part	t I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501(c	<u>)(3).</u>
3 T lii 4 C 5 E	Enter the amount of the filing organ exempt function activities Total exempt function expenditures ne 17b Did the filing organization file Form Enter the names, addresses and en nade payments. For each organization tributions received that were propolitical action committee (PAC). If	a. Add lines 1 and 2. Enter here are an are also and 2. Enter here are an are also are also and a second and are also ar	nd on Form 1120-POL, N) of all section 527 pol I from the filing organiz I separate political orga	litical organizations to which cation's funds. Also enter the anization, such as a separate	Yes No the filing organization a amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) corgariate for any orgariate for any orgaria	Filing nization's otals 5,840. 74,363. 80,203. 90,685. 80,888.	(b) Affiliated grototals
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g Grassroots nontaxable amount (enter 25% of line 1f)	73,511.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?	Г	Yes

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	291,669.	282,606.	286,478.	294,044.	1,154,797.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,732,196.
c Total lobbying expenditures	46,557.	50,499.	52,924.	80,203.	230,183.
d Grassroots nontaxable amount	72,917.	70,652.	71,620.	73,511.	288,700.
e Grassroots ceiling amount (150% of line 2d, column (e))					433,050.
f Grassroots lobbying expenditures	22,339.	13,361.	21,676.	5,840.	63,216.

Schedule C (Form 990 or 990-EZ) 2019

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

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 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). 4 Current year 2 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 Current year 2 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 4 Dues, assessments from the prior year? 5 Taxable amount of lobbying and political expenditures (see instructions)	or each "	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, clid it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political empaign activity expenditures from the prior year? 3 Dies, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 5037(f) tax was paid). a Current year 2a b Carryover from last year 2b Carryover form last year 2c 5 Total 3 Aggregate amount reported in section 6038(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line	f the lobb	pying activity.	Yes	No	Amo	ount
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structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section Carroll b Carroll Carroll 1 Tota 3 Agg 4 If no does expenses 5 Taxa 2 Taxa 2 Taxa 3 Agg 7 Taxa 4 If no does expenses 5 Taxa 5 Taxa 6 Taxa 7 Tota tiv	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	2 Did 3 Did 3 Did 4 Did 5 Taxa 2 Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section Carroll b Carroll Carroll 1 Tota 3 Agg 4 If no does expenses 5 Taxa 2 Taxa 2 Taxa 3 Agg 7 Taxa 4 If no does expenses 5 Taxa 5 Taxa 6 Taxa 7 Tota tiv	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa rovide th	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa rovide th	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa rovide th	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa rovide th	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa rovide th	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLIANCE FOR THE GREAT LAKES

Employer identification number **-***4524

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
ıa	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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

Schedule D (Form 990) 2019

	t III Organizations Maintaining C	ollections of Art			er S	imilaı	Assets	~4324		age ∠
3	Using the organization's acquisition, accession		-					COILLIIL	<u>ieu)</u>	
Ū	collection items (check all that apply):	on, and other records	, or look arry or the r	onowing that make	olgili	ilouiit t	300 01 110			
а	Public exhibition	d	I can or exc	hange program						
b	Scholarly research	e	Other	nange program						
	c Preservation for future generations									
_	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F							XIII.		
5	During the year, did the organization solicit o						Jo III are			
·	to be sold to raise funds rather than to be ma		*	•				Yes		No
Par	t IV Escrow and Custodial Arran									1110
	reported an amount on Form 990, Pai					555	,	5, 5.		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other assets no	ot incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
_			- · · · · · · · · · · · · · · · · · · ·					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		j
Par										
	•	(a) Current year	(b) Prior year	(c) Two years back		Three y	ears back	(e) Four	vears [back
1a	Beginning of year balance	3,178,534.	2,685,669.	2,104,557	$\overline{}$		61,866.		515,	
						1,2	48,827.	2,	144,	591.
С							61,229.		12,	723.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	1,512,883.	1,433,097.	1,408,188		1,4	67,365.	1,	410,	710.
f	Administrative expenses									
g	End of year balance	4,137,053.	3,178,534.	2,685,669		2,1	04,557.	2,	261,	866.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	32.62	%							
b	Permanent endowment ► 0 0	%	_							
		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered for	the o	rganiza	ation	_		
	by:							,	Yes	No
	(i) Unrelated organizations							3a(i)	\Box	_X_
	(ii) Related organizations							3a(ii)	\Box	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or ot basis (investm	` '			mulate ciation	ed	(d) Book	value	€
1a	Land									
b	Buildings									
С	Leasehold improvements		3	2,948.	2	0,62	13.	12	, 33	35.
d	Equipment			9,096.	32	1,7	75.	137		
е	Other									
	. Add lines 1a through 1e. (Column (d) must e		(. column (B). line 10					149	, 65	56.

Schedule D (Form 990) 2019

Scriedule D	(FOIIII 990) 20 19	
Part VII	Investments -	Othe

(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
, ,	.,	,
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
<u>ə 15.) </u>	>	
on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
		(b) Book value
		67.06
		67,86
		-
		-
e 25.)	>	67,86
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	(c) Method of valuation: Cost or ended to the state of th

932053 10-02-19

Z + Z	Dagan	ailiatian a	of Daysonus nor	A di4.		anaial Sta	stamanta V	Vith Daver	
Tiedule D	<u>(FUIIII 990</u>	1) 2019	MUDIMICU	1 010	11111	ОКШИТ	пипр		

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ret	turn.	· ugo
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	4,320,779.
2	Amoui	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	104,348.		
b		ed services and use of facilities		11,379.		
С		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d	64,768.		
е	Add lir	nes 2a through 2d			2e	180,495.
3	Subtra	act line 2e from line 1			3	4,140,284.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,140,284.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	3,661,208.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1	44		
а	Donate	ed services and use of facilities	2a	11,379.		
b	Prior y	rear adjustments	2b			
С	Other	losses		444		
d	Other	(Describe in Part XIII.)	2d	64,768.		
е		nes 2a through 2d			2e	76,147. 3,585,061.
3	Subtra	act line 2e from line 1			3	3,585,061.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,585,061.
		Supplemental Information.				
Prov	ide the (descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b	and 2b; Part V, line 4;	Part >	(, line 2; Part XI,

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED FUNDS TO BE USED FOR SPECIFIC ENVIRONMENTAL PROJECTS AS WELL AS BOARD-DESIGNATED FUNDS WHICH ARE INTENDED AS A FINANCIAL RESERVE TO SUPPORT THE GROWTH AND SUSTAINABILITY OF THE ORGANIZATION.

PART X, LINE 2:

MANAGEMENT PERIODICALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number

ALLIANC	E FOR THE GREAT LAI	KES			**-***4	524
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
	Г	or fundaising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			GREAT BLUE	CLEAN LAKE	(0)	(d) Total events
			BENEFIT	BENEFIT	1	(add col. (a) through
					<u> </u>	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	41,607.	9,702.	7,709.	59,018.
	2	Less: Contributions	40,857.	9,067.	6,286.	56,210.
	3	Gross income (line 1 minus line 2)	750.	635.	1,423.	2,808.
	4	Cash prizes				
ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	225.			225.
rect Ex	7	Food and beverages				
ʿ⊡	8	Entertainment				
	9	Other direct expenses	40 001	15,836.	886.	64,543.
	10	Direct expense summary. Add lines 4 through		2370301		64,768.
	11	•				-61,960.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
å	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu	_	-1-10		
		the organization licensed to conduct gaming action," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No
	_	-				

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 ALLIANCE FOR THE GREAT LAKES	***4524	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمد ا	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
_	If "Yes," enter name and address of the third party:		
·	in res, entername and address of the tillid party.		
	Name >		
	Address ►		
16	Gaming manager information:		
	Manua N		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 0 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 103 5, t	55, 105,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	ALLIANCE	FOR	\mathtt{THE}	GREAT	LAKES	**-***4524	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (continue	(مر)					g
	Cappiomontal imer	(continue	(a)					
						<u></u>	 <u> </u>	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ALLIANCE FOR THE GREAT LAKES

Employer identification number **-***4524 **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а		4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		21
	The storage of lines 44°C, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of			(D) Nontaxable			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOEL BRAMMEIER	(i)	166,426.	0.	0.	7,254.	12,224.	185,904.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i) ii)							
	ii) (i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							
	(i) \							
	ii) (i) _							
	ii) -							
	, (i)							
	ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

-*4524 ALLIANCE FOR THE GREAT LAKES Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 11 91,735.MARKET VALUE Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 2,101.RETAIL VALUE (VARIOUS AUCTI) 25 26 Other > 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALLIANCE FOR THE GREAT LAKES

Employer identification number **-***4524

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENSURING A HEALTHY GREAT LAKES AND CLEAN WATER FOR LOCAL EFFORTS, GENERATIONS OF PEOPLE AND WILDLIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MODERNIZATION PLAN BEING CREATED BY THE CITY OF CHICAGO. IN DETROIT, DEVELOPED A SERIES OF CASE STUDIES OF FIVE CITIES ACROSS THE COUNTRY. DETAILING THEIR WORK WITH GREEN STORMWATER INFRASTRUCTURE, TO BE USED TO INFORM AND MOTIVATE SIMILAR WORK IN THE DETROIT AREA. IN OHIO, ARE CREATING A CANDIDATE EDUCATION TOOLKIT TO EDUCATE CANDIDATES ABOUT ISSUES REGARDING WATER INFRASTRUCTURE AND AFFORDABILITY, AND A RESIDENT EDUCATION TOOLKIT TO INFORM VOTERS IN ADVANCE OF 2021 MUNICIPAL ELECTIONS. ACROSS THE REGION, THE ALLIANCE HAS WORKED TO ENCOURAGE CITY AND STATE GOVERNMENTS TO IMPOSE MORATORIA ON WATER SHUTOFFS, AND WORK TO RESTORE WATER SERVICE TO ALL RESIDENTS AMIDST THE PUBLIC HEALTH CRISIS OF THE COVID-19 PANDEMIC. WE LED ADVOCACY THAT RESULTED IN IMPROVEMENTS TO THE REGULATIONS GOVERNING THE IMPLEMENTATION OF THE GREAT LAKES COMPACT - THE POLICY THAT PROTECTS THE GREAT LAKES WATER SUPPLY FROM DIVERSION TO OTHER PARTS OF THE COUNTRY. FINALLY, WE PUSHED BACK ON NUMEROUS EFFORTS BY U.S. EPA TO ROLL BACK ENVIRONMENTAL PROTECTIONS THAT WOULD HAVE LONG-TERM CONSEQUENCES FOR GREAT LAKES WATER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT OUR WORK. THE ALLIANCE AMBASSADORS WORK TO HELP INFORM THE

PUBLIC ABOUT THE ALLIANCE THROUGH PUBLIC EVENTS AND OTHER ADVOCACY

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

CAMPAIGNS. IN 2020, THE ALLIANCE RELEASED ITS VOTER TOOLKIT, A

NON-PARTISAN RESOURCE THAT PROVIDED VOTERS OF GREAT LAKES STATES TIPS

FOR GETTING INVOLVED IN ELECTIONS, CLEAN WATER QUESTIONS TO ASK OF

CANDIDATES RUNNING FOR OFFICE, ALONG WITH STATE-SPECIFIC INFORMATION

REGARDING A VOTER'S REGISTRATION STATUS, HOW AND WHERE TO VOTE SAFELY,

AND ALL PERTINENT DEADLINES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IS WORKING TO IMPLEMENT A NEW POLLUTION REDUCTION PLAN FOR LAKE ERIE.

IN WISCONSIN, THE ALLIANCE HAS BUILT A COALITION OF COUNTY GOVERNMENTS,

THE ONEIDA NATION, RESEARCHERS, AND AGRICULTURAL INTERESTS, TO CREATE A

COMMON AGENDA AND SHARE RESPONSIBILITY IN REDUCING PHOSPHORUS POLLUTION

IN THE LOWER FOX RIVER BASIN. THIS COALITION IS ESTABLISHING

MEASUREMENT SYSTEMS AND A LARGER FRAMEWORK THAT CREATES ACCOUNTABILITY

AMONG ALL MEMBERS OF THIS COALITION.

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

FORM 990 IS REVIEWED BY THE BOARD TREASURER ON BEHALF OF THE BOARD BEFORE IT IS FILED.

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

THE ALLIANCE MONITORS ALL SITUATIONS OR TRANSACTIONS FOR POTENTIAL

CONFLICTS OF INTEREST ON AN ONGOING BASIS AND ALSO EXPECTS THAT BOARD

MEMBERS AND KEY EMPLOYEES WOULD BRING ANY SUCH POTENTIAL CONFLICTS TO THE

ATTENTION OF THE EXECUTIVE COMMITTEE IN COMPLIANCE WITH THE STATED POLICY

OF THE ALLIANCE. DETERMINATIONS OF WHETHER CONFLICTS OF INTEREST EXIST ARE

MADE BY THE EXECUTIVE COMMITTEE UPON REVIEW OF THE SITUATION OR TRANSACTION

IN QUESTION. IF THE EXECUTIVE COMMITTEE DETERMINES THAT THERE IS A PERSON

45

Employer identification number Name of the organization **-***4524 ALLIANCE FOR THE GREAT LAKES WITH A POTENTIAL CONFLICT OF INTEREST, THAT PERSON IS THEN PROHIBITED FROM PARTICIPATING IN THE GOVERNING BOARD'S DELIBERATIONS AND DECISIONS REGARDING THE SITUATION. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY THE CHARIMAN OF THE BOARD AND APPROPRIATE EXECUTIVE COMMITTEE MEMBERS WITH INPUT FROM INDEPENDENT PERSONS AS DEEMED NECESSARY. INFORMATION IS OBTAINED FROM SURVEYS AND OTHER SOURCES FOR COMPARISON PURPOSES. DELIBERATIONS IN DETERMINING COMPENSATION AND THE BASIS FOR DECISIONS REACHED ARE DOCUMENTED BY THE EXECUTIVE COMMITTEE MEMBERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ITS AUDITED FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 728,355. MANAGEMENT AND GENERAL EXPENSES 7,034. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 735,389. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 735,389. FORM 990: PART XII, LINE 2C: THE ORGANIZATION HAS AN AUDIT COMMITTEE WITH RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR. Schedule O (Form 990 or 990-EZ) (2019)

2019.05030 ALLIANCE FOR THE GREAT LA 050114.1

Schedule O (Form 990 or 990-EZ) (2019) Page 2						
Name of the organization	ALLIANCE	FOR THE	GREAT	LAKES		Employer identification number **-**4524
						_