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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning <u>Jul 1</u> , 2009, and ending <u>Jun 30</u> , 2010	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☒ Amended return ☐ Application pending	C Name of organization <u>Great Lakes Observing System Regional Association</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>229 Nickels Arcade</u> City or town, state or country, and ZIP + 4 <u>Ann Arbor MI 48104-2409</u>
D Employer identification number <u>26-0711287</u>	
E Telephone number <u>(734) 332-6101</u>	
F Group Exemption Number _____	
G Accounting method ☐ Cash ☒ Accrual Other (specify) ► _____	
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► <u>www.glos.us</u>	
J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <u>414,475.</u>	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐ 6a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b Less direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► _____) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">1</td><td style="text-align: right;">408,900.</td></tr> <tr><td style="text-align: right;">2</td><td style="text-align: right;">5,575.</td></tr> <tr><td style="text-align: right;">3</td><td></td></tr> <tr><td style="text-align: right;">4</td><td></td></tr> <tr><td style="text-align: right;">5c</td><td></td></tr> <tr><td style="text-align: right;">6c</td><td></td></tr> <tr><td style="text-align: right;">7c</td><td></td></tr> <tr><td style="text-align: right;">8</td><td></td></tr> <tr><td style="text-align: right;">9</td><td style="text-align: right;">414,475.</td></tr> </table>	1	408,900.	2	5,575.	3		4		5c		6c		7c		8		9	414,475.
1	408,900.																		
2	5,575.																		
3																			
4																			
5c																			
6c																			
7c																			
8																			
9	414,475.																		
10 Grants and similar amounts paid (attach schedule) See L-10 Stmt 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 Total expenses. Add lines 10 through 16	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">10</td><td style="text-align: right;">137,978.</td></tr> <tr><td style="text-align: right;">11</td><td></td></tr> <tr><td style="text-align: right;">12</td><td></td></tr> <tr><td style="text-align: right;">13</td><td style="text-align: right;">166,749.</td></tr> <tr><td style="text-align: right;">14</td><td style="text-align: right;">16,087.</td></tr> <tr><td style="text-align: right;">15</td><td style="text-align: right;">49.</td></tr> <tr><td style="text-align: right;">16</td><td style="text-align: right;">31,661.</td></tr> <tr><td style="text-align: right;">17</td><td style="text-align: right;">352,524.</td></tr> </table>	10	137,978.	11		12		13	166,749.	14	16,087.	15	49.	16	31,661.	17	352,524.		
10	137,978.																		
11																			
12																			
13	166,749.																		
14	16,087.																		
15	49.																		
16	31,661.																		
17	352,524.																		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt 21 Net assets or fund balances at end of year. Combine lines 18 through 20	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">18</td><td style="text-align: right;">61,951.</td></tr> <tr><td style="text-align: right;">19</td><td style="text-align: right;">0.</td></tr> <tr><td style="text-align: right;">20</td><td style="text-align: right;">-1,098.</td></tr> <tr><td style="text-align: right;">21</td><td style="text-align: right;">60,853.</td></tr> </table>	18	61,951.	19	0.	20	-1,098.	21	60,853.										
18	61,951.																		
19	0.																		
20	-1,098.																		
21	60,853.																		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)															
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► _____) 25 Total assets 26 Total liabilities (describe ► _____) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">(A) Beginning of year</th> <th style="text-align: left;">(B) End of year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">22 58,607.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">23 0.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">24 8,746.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">25 67,353.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">26 6,500.</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">27 60,853.</td></tr> </tbody> </table>	(A) Beginning of year	(B) End of year	0.	22 58,607.	0.	23 0.	0.	24 8,746.	0.	25 67,353.	0.	26 6,500.	0.	27 60,853.
(A) Beginning of year	(B) End of year														
0.	22 58,607.														
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0.	27 60,853.														

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Form 990-EZ (2009)

 REVENUE
 EXPENSES
 ASSETS
 17

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Great Lakes data coordination

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28	Inter-agency data integration and coordination Released beta versions of data visualization tools Indentification of resource manager data needs		
	(Grants \$ 345,205.) If this amount includes foreign grants, check here ☐	28a	290,865.
29	Upgrade to 3D hydrodynamic model Web-based d-base related to GL models developed		
	(Grants \$ 63,695.) If this amount includes foreign grants, check here ☐	29a	60,882.
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	351,747.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jenmifer Read 1742 Cedar Lane Ann Arbor MI 48105	Executive Dir. 20.00	78,000.	0.	0.
William Werick 14508 Chesterfield Lane Culleper VA 22701	Chair 1.00	0.	0.	0.
Frank Kudra 136 Peckham Street SE Port Charlotte FL 33952	Vice Chair 1.00	0.	0.	0.
G. Tracy Mahen III 501 John Marshall Drive, NE Vienna VA 22180	Secretary 1.00	0.	0.	0.
Mark Burrows 100 Ouellette Ave., 8th Floor WINDSOR, CA	Treasurer 1.00	0.	0.	0.
Nelson Thomas 9426 Congdon Blvd Duluth MN 55804	Director 1.00	0.	0.	0.
Harvey Shear C/o 1498 Golden Meadow Trail Oakville, CA	Director 1.00	0.	0.	0.
Dale Phenicie 402 Lighthouse Lane Peachtree GA 30269	Director 1.00	0.	0.	0.
Gail Krantzberg 1280 Naub St. W Hamilton, CA	Director 1.00	0.	0.	0.
Donald Scavia 625 E. Liberty St. Ste 300 Ann Arbor MI 48104	Director 1.00	0.	0.	0.
J Val Klump 600 E. Greefield Ave. Milwaukee WI 53201	Director 1.00	0.	0.	0.
Murray Charlton 68 Brant Ave. Brantford, CA	Director 1.00	0.	0.	0.

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Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of **▶** Great Lakes Observing System (GLOS) Telephone no **▶** (734) 332-6101
Located at **▶** 229 Nickles Arcade Ann Arbor MI ZIP + 4 **▶** 48104-2409

b 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)? **42b**

Yes	No
	X

If 'Yes,' enter the name of the foreign country: **▶**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

Yes	No
	X

If 'Yes,' enter the name of the foreign country: **▶**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43** ☐

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

Yes	No
	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

Yes	No
	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| 49b If 'Yes,' was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

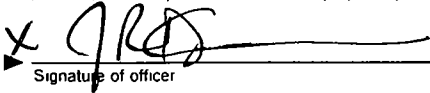
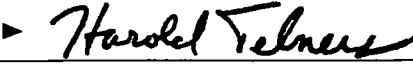
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **▶**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **▶**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	X  Signature of officer		01/18/12 Date	
	Jennifer Read Type or print name and title		Executive Director	
Paid Preparer's Use Only	Preparer's signature ▶ 	Date 02/06/12	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) P00144053
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HAROLD TELNERS, CPA P.C. ▶ 25201 MICHIGAN AVE ▶ DEARBORN MI 48124	EIN 38-3110940	Phone no ▶ (313) 271-9360	

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

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Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Great Lakes Observing System Regional Association

26-0711287

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)					408,900.	408,900.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3					408,900.	408,900.
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)						
6 Public support. Subtract line 5 from line 4						408,900.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					408,900.	408,900.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					5,575.	5,575.
11 Total support. Add lines 7 through 10						414,475.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here▶ ☒**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: Workshop

2009: 5575.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	730.
Travel	24,637.
Office Supplies	2,685.
Meetings	962.
Workshop Expenses	775.
Telephone	1,872.
Total	31,661.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment DMAC - Data Integration

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Data Integration</u>	Business ☒ Person ☐ <u>Great Lakes Commission</u> <u>2805 S. Industrial Hwy., Suite 100</u> <u>Ann Arbor MI 48104</u>	<u>Independent Contractor</u>	<u>106,205.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Education/Outreach

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Teaching - Workshop</u>	Business ☒ Person ☐ <u>University of Michigan - Michigan Sea Grant</u> <u>440 Church Street</u> <u>Ann Arbor MI 48104</u>	<u>Independent Contractor</u>	<u>26,577.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Education/Outreach

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Data Integration	Business ☐ Person ☒		
	Cornell University	Independent Contractors	
	PO Box 22		
	Ithaca NY 14851		2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Education/Outreach

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Data Integration	Business ☐ Person ☒		
	University of Wisconsin	Independent Contractor	
	PO Box 500, UWM		
	Milwaukee WI 53201		1,196.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Education/Outreach

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Data Integration	Business ☐ Person ☒		
	Ohio State University	Independent Contractors	
	1960 Kenny Road		
	Columbus OH 43210		2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Prior period Net Assets	-1,098.
Total	<u>-1,098.</u>