Form

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

_			alendar year, or tax year beginning $07/01/23$, and ending $06/30/24$				
В	1	if applicable:	C Name of organization GREATER LAKES REGION CHARITABLE		Employe	er identifica	ation number
L	Address	s change	FUND FOR CHILDREN, INC.				
	Name of	change	Doing business as		47-3	8158	82
	Initial re	atum	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 6328 Room/sui	te E	Telephor	e number	
F	Final re		City or town, state or province, country, and ZIP or foreign postal code		603-	524-	2166
_	terminat	ted					
	Amende	ed return	LACONIA NH 03246 F Name and address of principal officer.		Gross rec	ceipts\$	791,302
	Applicat	tion pending	43 - 40 - 12 T 40 40 40 1	this a group	return for	subordinate	s? Yes X No
							= =
			H(D) A	re all subord			Yes No
_	Tay-eye	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	11 NO, at	tach a list.	See instru	ctions
<u>.</u>	Websit		\(\begin{array}{c c c c c c c c c c c c c c c c c c c				
K		f organization:	Y a silver a	roup exemp			
	Part I		X Corporation Trust Association Other L Year of forms	tion: 20	15	M State	of legal domicile: NF
			egibe the organization's mission as most in if and it is				
	1		SCHEDULE O				
20			JCHEDOLE O				
Governance	1						
Ş	1	Chook this					
	2	Alumbar of	box if the organization discontinued its operations or disposed of more than 25% of its net as:	sets.	1 1		
∘ర	3	Number of	voting members of the governing body (Part VI, line 1a)		3	15	
Activities	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	15	
ξį	٦	rotal numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	0	
Ac	0	rotal numb	per of volunteers (estimate if necessary)		6	450	
	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a		0
_	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b		0
	1		l Pi	rior Year		C	urrent Year
ne	0	Drogram as	ns and grants (Part VIII, line 1h)	640,	682		716,733
Revenue			ervice revenue (Part VIII, line 2g)				0
Re			income (Part VIII, column (A), lines 3, 4, and 7d)		64		78
	11	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		583		56,123
-	12	l otal reven	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	634,			772,934
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)	532,	000		611,200
	14	Benefits par	id to or for members (Part IX, column (A), line 4)				0
8	15	Salanes, oti	her compensation, employee benefits (Part IX, column (A), lines 5-10)				0
Expenses	16a	Professiona	al fundraising fees (Part IX, column (A), line 11e)				0
x		Total luliula	disting expenses (Part IX, column (D), line 25)				
-			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,			83,804
			ses. Add lines 13–17 (must equal Part IX, column (A), line 25)	608,			695,004
- 82	19 F	Revenue les	ss expenses. Subtract line 18 from line 12	25,	410		77,930
Net Assets or Fund Balances	20 7	Total accoto	Beginning			Er	nd of Year
Bal	24 7		s (Part X, line 16)	180,	653	-	258,583
a de	22 1		es (Part X, line 26)		0		0
	art II		or fund balances. Subtract line 21 from line 20	180,	653		258,583
			nature Block				
tru	aer pen	naities of per	rjury, I declare that I have examined this return, including accompanying schedules and statements, and to tr plete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ne best of	my know	ledge and	d belief, it is
	-	T T T T T T T T T T T T T T T T T T T	preces becatation of preparer (other than officer) is based on all information of which preparer has any know	ledge.			
C:~		Signature of	officer CLIENT'S CODY				
Sig			CEIEITI D'COIT		Date		
Her	е	SAMAN	11/11/10/11/11/				
			name and title				
Paid		Print/Type pr	reparer's name Preparer's signature Dat	е	Check	if PTI	N
		PENNY I.		/30/24	self-emplo	yed P(00236341
Prep	100000000000000000000000000000000000000	Firm's name	0011111111 1 1 0 1	Firm's I	EIN		0436087
Use	Only		64 FRANKLIN ST				
		Firm's addres	, , , , , , , , , , , , , , , , , , , ,	Phone	no.	603-9	934-2942
May	the IRS	discuss th	nis return with the preparer shown above? See instructions				Yes No

For	990 (2023) GREATER	LAKES	REGION	CHARITABLE	47-3815882		Page
Р	art III Statement of	Program	Service Ad	complishments	NEW CASE FOR SE MINES CANDIDATE		
1	Check if Sched	lule O co	ntains a resp	onse or note to a	ny line in this Part III		X
	Briefly describe the organization SEE SCHEDULE O	on's mission	l.				

2	Did the organization undertake	any signific	ant program ser	vices during the year w	hich were not listed on the		
	prior Form 990 or 990-EZ?						Yes X No
	If "Yes," describe these new s	ervices on S	Schedule O.			*******************	
3	Did the organization cease cor	nducting, or	make significant	changes in how it con-	ducts, any program		
	services?						Yes X No
4	If "Yes," describe these change						
-	expenses Section 501(c)(3) ar	od 501(c)(4)	e accomplishme	ents for each of its three	e largest program services, as me amount of grants and allocation	easured by	
	the total expenses, and revenu	in 50 i(c)(4) ie if anv for	each program	re required to report the	amount of grants and allocation	is to others,	
		-,,,	out program	service reported.			
4a	(Code:) (Expenses		686,28	7 including grants of	\$ 611,200) (Revenue \$	
	ROVIDE FINANCIA	L RESC	DURCES T	O NEW HAMPS	HIRE CHARITABLE	ORGANZIATION	1S ,
S	UPPORTING THE C	CORPORA	ATION'S	MISSION.			

	* *************************************				**************		
	* * * * * * * * * * * * * * * * * * * *						
	* *************************************						
	(Code:) (Expenses	\$		including grants of	\$)	(Revenue \$)
N	/A						
	* • • • • • • • • • • • • • • • • • • •						

	• • • • • • • • • • • • • • • • • • • •						

-	70.1						
4c N,	(Code:) (Expenses	\$		including grants of	\$)	(Revenue \$)
IN,	(A						

9							

-							
	Other program services (Describ			The state of the s			
	Expenses \$ Total program service expenses		including grants	of \$) (Revenue \$)	
70	oral program service expenses		nan	- 101			

Part IV Checklist of Required Schedules

			Yes	No
1	Tes,			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	+-
	candidates for public office? If "Yes," complete Schedule C. Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	+-	1 1
	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,		 	122
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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,			
100	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? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	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, IX, or X, as applicable.			
а				
u	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		_X_
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			V
С		11b		<u>X</u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		V
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		<u>X</u>
	reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	114		V
е	***************************************	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		,	
19		18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.7
20a	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			Χ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	\dashv	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24	v	
DAA	y y, me to it is roo, complete concedite i, i and i and ii		990	(2022)
		rom	230	2023)

-	m 990 (2023) GREATER LAKES REGION CHARITABLE 47-3815882	*****		Page 4
P	Part IV Checklist of Required Schedules (continued)		1	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ	Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d		24c 24d		+
25a		240	-	
DETROITE	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	. 27		Λ
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
40770	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	^
	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
00	related assessment of the state	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in her 2 of Form 1000. Enter 0 if not are limited.		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 8 1b 0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	\dashv \mid		
	reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2023) GREATER LAKES REGION CHARITABLE 47-3815	882		F	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (conti	nued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	•			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account.	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accordance Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ounts (FBAR).			v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b	-	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•	. Oa	-	- 21
17151	qifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	: :::::::::::::::::::::::::::::::::::	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the			
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	\dashv		
11	Section 501(c)(12) organizations. Enter:	100	-		
а	Gross income from members or chareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	114			
	against amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
					X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
5	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?		15		X
c	If "Yes," see instructions and file Form 4720, Schedule N.	•			V
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	ne?	16		<u>X</u>
7	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	1	

If "Yes," complete Form 6069.

6336					
Form	n 990 (2023) GREATER LAKES REGION CHARITABLE 47-3815882			F	Page (
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	'b below, and f	or a		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Si				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	ction 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	15			
	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	1			
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	15			
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?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	L'	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	500000000000000000000000000000000000000			
	stockholders, or persons other than the governing body?		7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	lowing:			
a	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				.,,
C	the 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 Coa	ie.)	.,	
10a	Did the organization have local chapters branches or offlicted?	Г	_	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		0a		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		٥.		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		0b 1a	Х	
b			18	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1.	2a	X	ĺ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts		2b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.	20	21	
	describe on Schodule O how this was done	1	2c	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	1/	5a		Χ
b	Other officers or key employees of the organization		5b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	10	6a		X
b			T		
D	portionation in initiative the company and a surface to the first term of the state of the state of the	1	- 1		
IJ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	i i	- 1		
	organization's exempt status with respect to such arrangements?		6b		
			6b		

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. SAMANTHA LECLAIR

603-524-2166

()	CDDAMED	TATEDO	DECTON	CIIADTMADTI	
-nrm 990 (2023)	CIKLAILK	LANGO	K L'(1 () ()	CHARTTABLI	7,

47-3815882

Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	off	x, unle icer a	Pos check ess pe	rson i	than o s both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JANICE BEETLE	1 00									
DIRECTOR	1.00	X						0	0	0
(2) KATHY CALVIN		1								
DIDECTOR	1.00	Х							0	0
DIRECTOR (3) LISA CORNISH	0.00	Λ						0	0	0
DIRECTOR	1.00	X						0	0	0
(4) DOM DECARLI	1 00									
DIRECTOR	1.00	X						0	0	0
(5) TONY FELCH										
DIRECTOR	1.00	X						0	0	0
(6) GARRETT GUILMETT										
DIRECTOR	1.00 0.00	Х						0	0	0
(7) JARED GUILMETT	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JARON JENKINS										
SECRETARY	1.00	Х		X				0	0	0
(9) BOB LARAWAY										
DIRECTOR	1.00	Х								0
(10) SAMANTHA LECLAIR	0.00	Λ	\neg					O	0	0
MDEA CUDED	1.00	37		.,						0
TREASURER (11) ANDREA MORIN	0.00	X	\dashv	Х	\dashv	-	\dashv	0	0	<u> </u>
DIRECTOR	1.00	Х						0	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	у Е	mplo	yees	, an	d Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week	of	ox, unli	Pos check ess pe ind a	erson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	E	(F) stimated of oth compens	er	
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the programme of t	he on and	5
(12) DOUG MORRISET (12) CHAIR	3.00	X		Х				0	0				0
(13) MICHAEL PERSS (13) DIRECTOR	1.00	Х						0	0				0
(14) LARRY POLIQUI (14) DIRECTOR	N 1.00 0.00	Х						0	0				0
(15) JAIMIE SOUSA (15) IMMEDIATE PAST CHAIR	3.00	Х		Х				0	0				0
(16)													
(17)										***			
(18)													
(19)													
1b Subtotal c Total from continuation sheet d Total (add lines 1b and 1c)	s to Part VII, Se		n A				-						
Total number of individuals (inclure reportable compensation from the reportable compensation	ne organization		0						,000 of			Yes	No
 Did the organization list any form employee on line 1a? If "Yes," co. For any individual listed on line organization and related organization individual 	omplete Schedule 1a, is the sum of	e J fo	or su ntable	ch in	<i>divia</i> npen	<i>ual</i> satio	n an	d other compensation from	the		3		X
Did any person listed on line 1a for services rendered to the organisers Section B. Independent Contractors	anization? If "Yes,								dual		5		Χ
Complete this table for your five compensation from the organizat Name and	highest compens tion. Report comp (A) business address	sated	inde	pend for th	dent ne ca	contra	actor ar ye	ear ending with or within the	6100,000 of organization's tax year. (B) on of services		Com	(C) pensation	n
2 Total number of independent cor received more than \$100,000 of							e lis	ted above) who	0			000	

Pa	art \		ent c	f Revenue edule O con	tains	a response or no	te to any line in t	his Part VIII		П
						•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp	aigns		1a	T				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b					
A, G	C	Fundraising ever			1c					
sifts ar	c	Related organiza	ations		1d					
nii.	е	Government grants (d	contributio	ons)	1e	10,00	0			
OUS	1	All other contributions,	gifts, gr	ants,						
buti		and similar amounts n Noncash contributions			1f	706,73	3			
EO	9	lines 1a-1f			1g	\$		1		
Co	h						716,733			
		32 32 32 32 34 35 35 35 35 35 35 35 35 35 35 35 35 35				Business Co				
Ф	2a	u _g e								
Ž,	b									
S	С									
e a	d									
Program Service Revenue	е									
ш	f	All other program	n servi	ce revenue						
	g	Total. Add lines	2a-2f							
	3	Investment incon	ne (inc	luding dividends	intere	st, and				
		other similar amo	99				78	78		
8	4	Income from inve	estmen	t of tax-exempt t	ond p	roceeds				
	5	Royalties								
	-			(i) Real		(ii) Personal				
	6a	Gross rents	6a				_			
	b		6b							
	C	10070 100	6c	L						
	d 7a	Net rental income Gross amount from	e or (lo			T				
		sales of assets		(i) Securities	•	(ii) Other				
		other than inventory	7a				-			
nue	b		76							
eve	•	basis and sales exps. Gain or (loss)	7b 7c				-			
r R						1				
Other Revenue		Gross income from								
0	ou	(not including \$		ising events						
		of contributions rep		n line						
		1c). See Part IV, lir			8a	54,82	7			
	b	Less: direct expe			8b	18,368				
		Net income or (lo		m fundraising ev	ents .		36,459			
		Gross income fro								
		activities. See Pa			9a					
-	b	Less: direct expe			9b]			
		Net income or (lo			ies					
	10a	Gross sales of in	ventory	, less						
		returns and allow	ances		10a					
	b	Less: cost of goo	ds sold	d t	10b					
	С	Net income or (lo	ss) fro	m sales of inven	tory					
2						Business Code				
eon re	11a	REIMBURSEME	NT O	F PY FUNDS			15,716	15,716		
lan eu	b	MISCELLANEC	US I	NCOME		(A.A. A.A. A.A.)	3,948	3,948		
iscellaneous Revenue	c									
Ë	d	All other revenue					10.004			
	100						19,664	10 740		0
	12	Total revenue.	see ins	SUUCTIONS			772,934	19,742	0	U

Part IX Statement of Functional Expenses

13 Office expenses		Check if Schedule O contains a respon			no onami ji y.	
Gards and other assistance to convest operation and sometic operations and sometic operations. See Part IV, line 22		not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	Management and	Fundraising
del ametit parements (See Part IV, Inc 21 G11, 200	1	Grants and other assistance to domestic organizations				
2 Grants and other assistance to domestic individuals. See Part IV, line 2 2 3 Grants and other assistance to foreign organizations, foreign productions, because of comments and foreign individuals. See Part IV, line 3 and 16 foreign individuals. See Part IV, line 3 and 16 foreign individuals. See Part IV, line 3 and 16 foreign individuals See Part IV, line 15 and 16 foreign individuals. See Part IV, line 15 and 16 foreign individuals See Part IV, line 15 and 16 foreign individuals See Part IV, line 17 foreign states, and key employees Compensation of under distored in section 458(f)(1) and parson statistical individuals section 401(8) and 401(8) employer contributions 9 Cine employee benefits 10 Payoril taxes 11 Pees for services (innerriptiyees): 12 Payorillation Analysis and the section of the section o		Zerosov i i i i i i i i i i i i i i i i i i i	611,200	611,200		
3 Gards and other assistance to foreign opparitations, foreign government, and toteign 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 6 Compensation of current officers directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and weges 8 Pension lipit accruits and contributions (include section 40(4)) and 403(5) employer contributions 9 Payroll takes 9 Professional studiesing services (promemployees): 10 Payroll takes 11 Peass for services (promemployees): 12 Legal 13 Caccurating 14 Interestment management fees 15 Professional studiesing services See Part IV, line 17 16 Investment management fees 17 Professional studiesing services See Part IV, line 17 18 Investment management fees 18 Other (liter to promotion 19 Corrections) 10 Ciffice represes 10 Corrections of travel or entertainment expenses for any federal, state, or foot public officials for any federal, state, or foot public officials for any federal, state, or foot public officials in linear to travel or entertainment expenses for any federal, state, or foot public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear	2	Grants and other assistance to domestic				
3 Gards and other assistance to foreign opparitations, foreign government, and toteign 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 6 Compensation of current officers directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and weges 8 Pension lipit accruits and contributions (include section 40(4)) and 403(5) employer contributions 9 Payroll takes 9 Professional studiesing services (promemployees): 10 Payroll takes 11 Peass for services (promemployees): 12 Legal 13 Caccurating 14 Interestment management fees 15 Professional studiesing services See Part IV, line 17 16 Investment management fees 17 Professional studiesing services See Part IV, line 17 18 Investment management fees 18 Other (liter to promotion 19 Corrections) 10 Ciffice represes 10 Corrections of travel or entertainment expenses for any federal, state, or foot public officials for any federal, state, or foot public officials for any federal, state, or foot public officials in linear to travel or entertainment expenses for any federal, state, or foot public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear and the state of the public officials in linear		individuals. See Part IV. line 22				
organizations, foreign governments, and foreign includes See Part IV, list is 51 and 16 foreign includes See Part IV, list is	3					
tongin individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Persize plan secrules and contributions (include section 401(k) and 405(k) employee contributions) Persize plan secrules and contributions (include section 401(k) and 405(k) employee contributions) Payroll taxes Payroll taxes Payroll taxes Payroll taxes Caccountring Caccountr						
4 Benefits paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disquisified persons (as defined under section 4550)(1)) and persons discribed in section 4550(0)(1)) and persons discribed in section 4550(0)(1) and 4050) employer contributions (include section 4016() and 405() employer contributions (section 4016() and 405()) employer contributions (section 4016() and 4016() employer contributions (section 4016() employer cont	4				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Instees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(0)(3)(6) Person (as defined under section 4958(0)(3)(6) Person para accruals and contributions (include section 401(k)) and d03(b) employer contributions) Person para accruals and contributions (include section 401(k)) and 403(b) employer contributions) Person para accruals and contributions (include section 4958(0)(3)(6) Person para accruals and contributions (include section 401(k)) and 403(b) employer contributions) Person services (incremptoyees): a Management b Logal C Accounting C Accountin						
6 Compensation not included above to disqualified persons (as defined under section 4586)((1) and persons described in section 4586)((3) (8) persons described in section 4586)((3) (8) persons described in section 4586)((3) (8) persons described in section 4586)((3) and 40(6) employer contributions) provided section 40(f(4) and 40(6)) employer contributions provided section 40(f(4) and 40(6)) employer employer contributions provided section 40(f(4) and 40(6)) employer employers provided section 40(f(4) and 40(6)) employer employers provided section 40(f(4) and 40(6)) employers provided education 40(f(4) and 40(6)) employers provided education 40(f(4) and 40(6)) employers provided				1		
persons (as defined under section 4958(p(3)(B)) 7 Other salaries and vages 8 Person plan accrusis and contributions (include section 401(b)) and 400(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemptoyees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 I Investment management fees 9 Other, If it is grown accounting 4 Lobbying Professional fundraising services. See Part IV, line 17 I Investment management fees 9 Other, If it is grown access (the of it is 2, culum (A) amount, list line 19 express on Schedule O) 10 Other (If it is grown accessed to 1) 11 Formation technology 12 Advertising and promotion 13 Office expenses 15 , 038 15 , 038 16 Coupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials for a line 19 expresses on Schedule O) 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 23 Insurance 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 23 Insurance 13 Insurance 14 Other expenses. lemize expenses on Schedule O) 15 Insurance 16 Coupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings for any federal, state, or local public officials 19 Conferences, conventions, and meetings for any federal, state, or local public officials 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24 expenses on Schedule O) 35 Insurance 46 Other expenses. lemize expenses on Schedule O) 47 Affiliates 48 Other expenses on Schedule O) 49 All SCELLANEOUS 50 Insurance 50 Other insurance on the state of	6				ENGLY.	
Persion plan accruals and confibutions (include section 401(k) and 400(k) employer contributions)						
7 Other salaries and wages Pension plan accruels and contributions (include section 401(k) and 401(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting flow Lobbying Photessional fundraising services See Part IV, line 17 fl mestiment management fees g Other (fire Ing amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on schedule 0) 12 Advertising and promotion 13 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conferences, conferences, conferences and meetings 10 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14 Interest time 2e expenses not covered above. (List insicellances expenses on line 2et, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on schedule 0) 18 Insurance 19 Conferences, contending the properties of the 2et on the 2						
8 Pension plan aconates and contributions (include section 401(k) and 403(t) employer contributions)	7					
section 401(k) and 403(e) employer contributions) 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting e Professional fundraising services. See Part IV, line 17 I Investment management fees g Other, (line 19 anount secretary of the 19 anount secret						
9 Other employee benefits						
10 Payroll taxes	9					
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lotbying d Lotbying d Professional fundraising services. See Part IV, line 17 f Investment management fees g Oner, (if line 11g appares on Schedule 0.) d Advertising and promotion d Amount, list line 11g appares on Schedule 0.) d Office expenses information technology for any feet and state of the services of 10% of 1						
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Ofter (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 13 Office expenses 5, 0.38 5, 0.38 14 Information technology 6, 3.51 6, 3.51 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or enlettainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 Interest 2 Payments to affiliates Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 2 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS 2, 0.60 2, 0.6		• • • • • • • • • • • • • • • • • • • •				
b Legal c Accounting 3,978 3,978 d Lobbyring						
C. Accounting d. Lobbying d. Lobbying e. Professional fundraising services. See Part IV, line 17 f. Investment management fees g. Other, (if ine 11g anount exceeds 10% of line 25, colume (A) anount, list line 11g expenses on Schedule O.) 2. Advertising and promotion 3. Office expenses 5, 0.38 5, 0.38 4. Information technology 6, 35.1 6, 35.1 7. Travel 7. Travel 7. Travel 8. Payments of travel or entertainment expenses for any federal, state, or local public officials 9. Conferences, conventions, and meetings 1. Interest 1. Payments to affiliates 2. Depreciation, depletion, and amortization 1. Insurance 2. Depreciation, depletion, and amortization 1. Insurance 3. Uniter expenses. Itemize expenses on Covered above, (List miscelleneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3. MISCELLANBOUS 2, 0.60 4. EVENT EXPENSE 1, 846 5. CREDIT CARD FEES 7, 5 7, 5 7, 5 7, 5 7, 5 7, 5 7, 5 7, 5						
Lobbying Professional fundrising services. See Part IV, line 17 Investment management fees 9 Other, If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 60,190 60,190	c	—	3.978		3 978	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 5, 0.38 5, 0.38 1. Information technology 6, 351 6, 351 1. Recyalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on towered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O. a MISCELLANEOUS 2 EVENT EXPENSE 1,846 1,846 2,060	d	Total Control Control	0/3/0		3/3/0	
Investment management fees Gother (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 60,190 60,190		• • • • • • • • • • • • • • • • • • • •				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion 3 Office expenses 5,038 5,038 5,038 11 Information technology 6,351 6,351 7 Travel Or entertainment expenses for any federal, state, or local public officials of the control of the control of the column (A) amount, list line 21g expenses on line 24g. If line 24g expenses on schedule O.) MISCELLANEOUS 2 CREDIT CARD FEES 7 To All other expenses 1 All other e	f					
(A) amount, list line 11g expenses on Schedule O.) (A) amount, list line 11g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (A) amount, list line 24g expenses on Schedule O.) (B) EVENT EXPENSE	q					
12 Advertising and promotion	9	A PARAMETER CONTROL OF THE PARAMETER CONTROL O	60,190	60,190	i	
13 Office expenses	12					
Information technology	13	200	5,038	5,038		
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 MISCELLANEOUS 2 LAREOUS 2 LAREOUS 3 LAREOUS 4 STATE FEES 5 LAREOUS 5 Total frees 7 Total 8 All other expenses 9 All other exp	14					**********
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 MISCELLANEOUS 2 DINTERPORTE 3 1,846 4 T,846 5 C CREDIT CARD FEES 5 1,622 1,	15	Develties				
Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 5 Total functional expenses. Add lines 1 through 24e. 25 Total functional expenses. Add lines 1 through 24e. 695,004 686,287 8,717 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	16					
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MISCELLANEOUS MISCELLANEOUS EVENT EXPENSE CREDIT CARD FEES Total functional expenses. Add lines 1 through 24e. All other expenses 40 40 40 575 Total functional expenses. Add lines 1 through 24e. All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	17	Traval				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS b EVENT EXPENSE c CREDIT CARD FEES 1,846 1,846 C CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e Olint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	18					
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 2,604 2,604 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS 2,060 2,060 b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		The state of the s			1	
Interest Payments to affiliates	19					
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS 2,060 b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	20	Interest				
Depreciation, depletion, and amortization	21	Developed to efficiency				
2,604 2,604 2,604	22	Depreciation, depletion, and amortization				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS 2,060 2,060 b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	23	Incurance	2,604		2,604	7
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS 2,060 b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	24					
(A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS 2,060 b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		above. (List miscellaneous expenses on line 24e. If				
a MISCELLANEOUS 2,060 b EVENT EXPENSE 1,846 c CREDIT CARD FEES 1,622 d STATE FEES 75 e All other expenses 40 25 Total functional expenses. Add lines 1 through 24e 695,004 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if		line 24e amount exceeds 10% of line 25, column				
b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		(A) amount, list line 24e expenses on Schedule O.)				
b EVENT EXPENSE 1,846 1,846 c CREDIT CARD FEES 1,622 1,622 d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	а	MISCELLANEOUS			2,060	
d STATE FEES 75 75 e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	b	EVENT EXPENSE				
e All other expenses 40 40 25 Total functional expenses. Add lines 1 through 24e 695, 004 686, 287 8, 717 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	С	CREDIT CARD FEES		1,622		
Total functional expenses. Add lines 1 through 24e 695,004 686,287 8,717 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	d	STATE FEES			75	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	е	All other expenses				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if			695,004	686,287	8,717	0
from a combined educational campaign and fundraising solicitation. Check here if	26	organization reported in column (B) joint costs				
		from a combined educational campaign and				

-		(2023) GREATER LAKES REGION C	HARITABLE 4	17-3815882		Page 11
Pa	rt >					
		Check if Schedule O contains a response or note to	any line in this Part X		·····	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		180,653	1	258,583
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable not			4	
	5	Loans and other receivables from any current or former of				
- 1		trustee, key employee, creator or founder, substantial contri	ributor, or 35%			
		controlled entity or family member of any of these persons	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disqualified person				
S		under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		, , , , , , , , , , , , , , , , , , , ,	8	
	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other	[]			***************************************
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1		Investments—publicly traded securities	100		11	
	12	Investments—other securities. See Part IV, line 11			12	
1000	13	Investments—program-related. See Part IV, line 11			13	
100	14	1-1 - 211			14	
1,855		Other appets Con Det IV line 44			15	
0.00		Total assets. Add lines 1 through 15 (must equal line 33)			16	258,583
		Accounts payable and accrued expenses			17	230/303
	8				18	
		Grants payable Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S	chedule D		21	
2		Loans and other payables to any current or former officer, or				
Liabilities		trustee, key employee, creator or founder, substantial contr				
<u>=</u>		controlled entity or family member of any of these persons			22	
<u>ا</u> ت		Secured mortgages and notes payable to unrelated third pa			23	
	4	Unsecured notes and loans payable to unrelated third partie			24	
100		Other liabilities (including federal income tax, payables to re			24	***
-		parties, and other liabilities not included on lines 17-24). Co				
		of Cohodula D	The state of the s		25	
2		Total liabilities. Add lines 17 through 25		0	26	0
+		Organizations that follow FASB ASC 958, check here	X	0	20	
ς,		and complete lines 27, 28, 32, and 33.	21			
2 2		Not appete without depar restrictions		180,653	27	258,583
ala				100,033	28	230,303
8 -		Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check	k here		20	
5		and complete lines 29 through 33.	THE I			
or Fund Balances					29	
ets 3	0	Capital stock or trust principal, or current funds	ınd		30	, , , , , , , , , , , , , , , , , , ,
Net Assets	1	Retained earnings, endowment, accumulated income, or other	her funde		31	
A 3		T. () () () () () () () () () (180,653		258,583
		Total liabilities and net assets/fund balances		180,653	32	258,583
3	J	Total liabilities and riet assets/fund datances		100,003	33	230,363

Fom	1 990 (2023) GREATER LAKES REGION CHARITABLE 4/-3815882				Pa	age 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1				934
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	95,	004
3	Revenue less expenses. Subtract line 2 from line 1	3			77,	930
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	30,	653
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		25	58,	583
Pa	rt XII Financial Statements and Reporting					-
	Check if Schedule O contains a response or note to any line in this Part XII		ALALA BURUNUN ALIALA			
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		overstand I	2a	X	
	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.					
	X 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.					
	Separate basis Consolidated basis Both consolidated and separate basis			- 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			- 1		
	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					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A (Form 990)

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.

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREATER LAKES REGION CHARITABLE FUND FOR CHILDREN, INC.

Employer identification number 47-3815882

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Page 2

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.)

Sec	ction A. Public Support		2002				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	574,056	419,457	670,201	640,682	716,7	33 3,021,129
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	574,056	419,457	670,201	640,682	716,73	3,021,129
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)						20 154
6	Public support. Subtract line 5 from line 4						30,154
mss-	tion B. Total Support						2,990,975
-	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	574,056	419,457	670,201	640,682	716,73	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	374,030	419,437	070,201	040, 662	110,13	3,021,129
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,021,129
12	Gross receipts from related activities, etc. (s	ee instructions)				12	82,535
13	First 5 years. If the Form 990 is for the orga	anization's first, seco	and, third, fourth, or	fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here						,
Sec	tion C. Computation of Public S						
14	Public support percentage for 2023 (line 6, c	olumn (f) divided by	line 11, column (f))		14	99.00%
15	Public support percentage from 2022 Schedu					15	99.37 %
16a	33 1/3% support test — 2023. If the organiz			and line 14 is 33 1/	3% or more, check	this	E2
	box and stop here. The organization qualifie						X
b	33 1/3% support test — 2022. If the organiz				33 1/3% or more, of	check	
4.	this box and stop here . The organization qui						Ц
17a	10%-facts-and-circumstances test — 2023					S	
b	10% or more, and if the organization meets the Part VI how the organization meets the facts organization 10%-facts-and-circumstances test — 2023	-and-circumstances	test. The organizat	ion qualifies as a p	ublicly supported		
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac						
18	organization Private foundation. If the organization did n						
	instructions		*****				🔲
		100 100 100 100 100 100 100 100 100 100	Water 1960 C.				

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.)

Sec	tion A. Public Support	quality under	the tests listed	below, please	complete Fait	11.)	A Harrison
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(2) 2020	(0) 2021	(d) Lozz	(0) 2020	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
500	tion B. Total Support	L			L		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(4) 2022	(a) 2022	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020	(6) 2021	(d) 2022	(e) 2023	(f) Total
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here	anization's first, sec		r fifth tax year as a			
Sec	tion C. Computation of Public S		ntage				
15	Public support percentage for 2023 (line 8, o	column (f), divided b	by line 13, column (f))		15	%
6	Public support percentage from 2022 Sched						%_
	tion D. Computation of Investme						
17	Investment income percentage for 2023 (line			olumn (f))			<u>%</u>
8	Investment income percentage from 2022 S	as the an in the second of		4 and line 15 is no			<u>%</u>
9a	33 1/3% support tests — 2023. If the organ						
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests — 2022. If the organ						ப
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did		A property contract the second section of				

Part IV Supporting Organizations

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

Section A. Al	Supporting	Organizations
---------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		1200	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Page 5

Schedu	ule A (Form 990) 2023 GREATER LAKES REGION CHARITABLE 47-381588	2		Page 5
Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0 1	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		V	Na
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
Cash	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		V	Na
		$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			12
	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	1		
Soot	the supported organization(s). ion D. All Type III Supporting Organizations			
Sect	ion b. All Type in Supporting Organizations		Yes	No
	Did the association avoids to each of its supported experimentary, by the last day of the fifth month of the		165	140
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	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	H-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		
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have		1 100	
3	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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.	<i>_</i> [Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," 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		

	ule A (Form 990) 2023 GREATER LAKES REGION CHARITA			882 Page 6						
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	Sections 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):									
а	Average monthly value of securities	1a								
k	Average monthly cash balances	1b								
	Fair market value of other non-exempt-use assets	1c								
C	Total (add lines 1a, 1b, and 1c)	1d								
E	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 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C – Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
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-functionally integrated Type	III sur	pporting organization							
	(see instructions).	- 71								

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3)		Water Control of the	1)	1090
Sect	ion D – Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported	ed organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide details	in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	n is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Section E – Distribution Allocations (see instructions) (i) (ii) (iii) Excess Distributions Pre-2023					(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				F 0. 70 0.11
а	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if		8:		
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.			_	
8	Breakdown of line 7:			_	
a	Excess from 2019			\dashv	
b	Excess from 2020			_	
	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

DAA

Schedule A (Forn	n 990) 2023	GREATER	LAKES	REGION	CHARITABL	E 47-38158	
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. Pro IV, Section A, line ; Part IV, Section t V, line 1; Part V,	vide the e es 1, 2, 3k C, line 1; Section I	explanations b, 3c, 4b, 4c Part IV, See B, line 1e; P	required by Par , 5a, 6, 9a, 9b, 9 ction D, lines 2 a art V, Section D	t II, line 10; Part II, line 9c, 11a, 11b, and 11c; and 3; Part IV, Section , lines 5, 6, and 8; and . (See instructions.)	Part IV, Section E, lines 1c, 2a, 2b,

******	*****	*********					

***********						******************	

	,						
							g
		.,					300000000000000000000000000000000000000

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Employer identification number

2023

GREATER LAKES REGION CHARITABLE 47-3815882 FUND FOR CHILDREN, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Page 2 Employer identification number 47-3815882

Name of organization GREATER LAKES REGION CHARITABLE

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HANNAFORD 145 PLEASANT HILL ROAD SCARBOROUGH ME 04074	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	JR SEELY COMPANY, LLC 318 SOUTH RIVER ROAD BEDFORD NH 03110	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LOIS G. ROY DICKERMAN FUND 37 PLEASANT STREET CONCORD NH 03301	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and En	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	**************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

FUND FOR CHILDREN		IADL	L		Employer identification 47-38158	
Part I Fundraising Activities. Complet		tion a	nsw	ered "Yes" on For		
Form 990-EZ filers are not require	ed to complete t	his pa	rt.		555, 1 att 17, 111	17.
1 Indicate whether the organization raised funds through	any of the following	activities	s. Che	eck all that apply.		
a Mail solicitations	e Solicitation	n of noi	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	/ernm	ent grants		
c Phone solicitations	g Special fu	ındraisir	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection with p	rofessio	onal fu	undraising services?		Yes N
b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	fundraisers) pursuant	to agre	emen	nts under which the fund	draiser is to be	
			d fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?	,	col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5		+				
5						
6						
7						
8						
9		\top				
		-				
0						
otal						
3 List all states in which the organization is registered or li	censed to solicit cont	ribution	s or h	as been notified it is ex	empt from	
registration or licensing.						

GREATER LAKES REGION CHARITABLE Schedule G (Form 990) 2023 47-3815882 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CHRISTMAS SWEEPSTAKES (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 23,563 19,089 12,175 54,827 2 Less: Contributions 3 Gross income (line 1 minus 23,563 19,089 12,175 line 2) 54,827 15,000 4 Cash prizes 15,000 5 Noncash prizes 3,368 6 Rent/facility costs 3,368 Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,368 11 Net income summary. Subtract line 10 from line 3, column (d). 36,459 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990) 2023	GREATER	LAKES	REGION	CHARITABLE	47-3815882			Pag	ge 3
11	Does the organization cond								Yes	No
12	Is the organization a granto	r, beneficiary or trust	ee of a trus		r of a partnership or other enti			_		_
	formed to administer charita	able gaming?							res _	No
13	Indicate the percentage of	5 1251 6					1 1			
a	The organization's facility						13a			%
b							13b			%_
14	records:	s of the person who	prepares tr	ne organization	's gaming/special events book	s and				
	Name									
	Address	********								
15a	Does the organization have revenue?							\Box	es	1 No
b	If "Yes," enter the amount of	f gaming revenue re	ceived by th	ne organization	\$	and the		ш'	65] 140
	amount of gaming revenue	retained by the third	partv	\$	•	and the				
С	If "Yes," enter name and ad			*						
	Name							1.5151515151		
	Address									
16	Gaming manager information	n:								
	Name									
	Gaming manager compensa	ation \$								
	Description of services prov	ided								
	Director/officer	Employee	[Independe	ent contractor					
17	Mandatory distributions:									
а	Is the organization required	under state law to m	nake charita	ble distributions	s from the gaming proceeds to	0				
	retain the state gaming licen	se?						Y	es 🗌	No
b					to other exempt organizations	s or				
D-	spent in the organization's or	wn exempt activities	during the t	tax year	\$	1 1' 01 1 '''		`		
Pa					ations required by Part				ıa	
	See instruction		, 150, 10	, and 17b,	as applicable. Also pro	vide any additional init	Jimalio	111.		
11000	OCC IIICII GOIIC	110.								
	*********************		********							

			* * * * * * * * * * * * *							

SCHEDULE I (Form 990)

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

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

2023

OMB No. 1545-0047

Open to Public Inspection % ×

Employer identification number Yes 47-3815882 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. GREATER LAKES REGION CHARITABLE General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FUND FOR CHILDREN, Department of the Treasury Internal Revenue Service Name of the organization

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 15,000 10,000 25,000 7,000 10,000 30,000 50,000 12,000 30,000 (d) Amount of cash 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) 74-3186259 46-2774258 47-1916190 02-0348477 02-0259874 02-0432242 02-0460584 90-0617420 02-0237752 (p) EIN CENTRAL NH UNIT 924 NH 03246 NH 03249 03246 NH 03885 NH 03301 NH 03253 NH 03246 03105 03264 (9) GREATER LAKES CHILD ADVOCACY (a) Name and address of organization HN HN (3) BIG BROTHER BIG SISTER (1) ADVANTAGE KIDS TENNIS 36 COUNTRY CLUB ROAD, INTERLAKES OF 3 PORTSMOUTH AVE, #2 (8) GOT LUNCH! LACONIA 18 VETERANS SQUARE (4) BOYS & GIRLS CLUB 55 BRADLEY STREET 95 WATER STREET PROGRAM 291 UNION AVE (2) BELKNAP HOUSE PO BOX 1327 (7) GOT LUNCH! 815 PO BOX 635 MANCHESTER (5) CASA NH (6) CIRCLE PO BOX STRATHAM PLYMOUTH MEREDITH GILFORD LACONIA CONCORD LACONIA LACONIA Part II

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SCHEDULE 1 (Form 990)

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

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

OMB No. 1545-0047

Open to Public 2023 Inspection

Employer identification number Yes 47-3815882 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Go to www.irs.gov/Form990 for the latest information. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. GREATER LAKES REGION CHARITABLE General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FUND FOR CHILDREN, Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 7,500 7,500 25,000 20,000 30,000 10,000 15,000 15,000 30,000 (d) Amount of cash grant (c) IRC section (if applicable) 02-0466936 02-0222163 02-0426348 22-3106689 02-6033605 02-6014502 20-0329795 02-0272138 23-7423042 (p) EIN (3) LAKES REGION COMMUNITY DEVELOPERS (5) LAKES REGION MENTAL HEALTH CENTER (4) LAKES REGION COMMUNITY SERVICE NH 03246 NH 03246 NH 03253 NH 03246 NH 03247 NH 03246 NH 03109 03222 NH 03247 (2) LACONIA POLICE RELIEF ASSOC. (a) Name and address of organization 700 E INDUSTRIAL PARK DRIVE (1) INTERLAKES CHRISTMAS FUND (9) SANTA FUND OF GREATER LR (8) NEW HAMPSHIRE FOOD BANK 40 BEACON STREET EAST or government 126 NEW SALEM STREET 193 COURT STREET (7) NEW BEGINNINGS PROGRAM PO BOX 1516 PO BOX 7454 PO BOX 509 120 PO BOX 622 MANCHESTER (6) MAYHEW PO BOX MEREDITH LACONIA LACONIA LACONIA LACONIA LACONIA LACONIA BRISTOL Part II

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 47-3815882 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. GREATER LAKES REGION CHARITABLE General Information on Grants and Assistance FUND FOR CHILDREN, Department of the Treasury Internal Revenue Service Name of the organization

Part

N N Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Yes the selection criteria used to award the grants or assistance?

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

activity in a 21, 10 any technical management and the adultional space is needed.	בככואכת וווסוב	מומון הסים	VV. Falt II call De	unpilicated il aud	illorial space is	Heeded.	
1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TAPPLY-THOMPSON COMMUNITY CTR					,		
30 NORTH MAIN STREET BRISTOL	02-0245830		10,000				
(2) THE PASS ALONG PROJECT							
E 25							
EFFINGHAM NH 03882	20-8562444		10,000				
(3) THE SALVATION ARMY 177 Union Avenue							
LACONIA NH 03246	13-5562351		35,000				
(4) TNS CHRISTMAS FUND							
OX 599		-					
TILTON NH 03276	27-1397298		8,000				
(5) TWIN RIVERS INTERFAITH FOOD PANTRY							
RAL STREET, UNIT C	i i						
FRANKLIN NH 03235	02-0465936		8,000				
(6) VOICES AGAINST VIOLENCE							
PO BOX 53 PLYMOUTH NH 03264	02-0372565		10,000				
(7) WINN AERO							
65 AVIATION WAY							
GILFORD NH 03249	27-3525631		9,000				
(8) ARCHWAYS							
5 PROSPECT STREET							
TILTON NH 03276	47-5522561		15,000				
(9) GOT LUNCH! BELMONT & FRIENDS							
ACONIA ROAD, STE							
TILTON NH 03276	93-3088245		20,000				

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

6336

Schedule I (Schedule I (Form 990) 2023 GREATER LAKES REGION CHARITABLE 47—3815882 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	REGION CHARITABLE Domestic Individuals. Comnal space is needed.	ITABLE 4 als. Complete if the I.	47-3815882 e organization answere	ed "Yes" on Form 990, Par	Page 2
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
ဗ						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information	63.55	required in Part I, line	2; Part III,	column (b); and any other additional information	al information.

6336

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREATER

Attach to Form 990 or Form 990-EZ.

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

LAKES REGION CHARITABLE

Open to Public Inspection

Employer identification number

FUND FOR CHILDREN, INC.	47-3815882
FORM 990 - ORGANIZATION'S MISSION	
THE CORPORATION PURPOSE IS TO (1) PROVIDE ASSI	ISTANCE TO THOSE SEEKING TO
FURTHER THEIR EDUCATION AND INTELLECTUAL GROWT	'H (2) SUPPORT PROGRAMS THAT
FOSTER GROWTH, EDUCATION AND DEVELOPMENT OF ME	EMBERS OF SOCIETY; ESPECIALLY
CHILDREN (3) PROVIDE FINANCIAL ASSISTANCE TO N	NEEDY OR DESERVING MEMBERS OF
SOCIETY; ESPECIALLY CHILDREN (4) SUPPORT DESER	RVING CHARITIES, EDUCATIONAL
INSTITUTIONS AND SCIENTIFIC, CULTURAL, HISTORI	CAL AND HEALTH ORGANIZATIONS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S F	PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED AND APPROVED BY THE E	BOARD OF DIRECTORS BEFORE IT
IS FILED	

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF C	CONFLICTS POLICY
CONFLICT OF INTEREST POLICIES ARE REVIEWED ANN	NUALLY
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMEN	NTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO	THE PUBLIC UPON REQUEST

Form **990**

Event Income and Deduction Worksheet

Description SWEEPSTAKES SOCIAL

2023

Name

GREATER LAKES REGION CHARITABLE

Part IX, Advertising Income

Taxpayer Identification Number 47-3815882

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:			Expense Details - Indirect Expense:	
Gross receipts or sales	1.	23,563	Advertising and promotion	
2. Advertising income			Office	
3. Circulation income			Printing/publication/postage	
4. Other income			Info technology/Maintenance	
5. Returns and allowances			Royalties & License Fees	
6. Contributions received			Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through	6 7.	23,563	Travel & Repairs	
8. Cost of Goods Sold	8.		Travel/entertainment (officials)	
9. Employment Expense	9.		Conferences/meetings	
10. Fees for services			Interest	
11. Indirect Expense			Insurance	
12. Depreciation Expense			Total Indirect Expense	
13. Exempt Activity Expense				
14. Fundraising Expense			Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through	1 14 15.		On investment property	
16. Net Income/Loss. Line 7 minus Line	e 15 16.	5,195	On non-investment property	
			Amortization	
			Depletion	
Expense Details - Cost of Goods Sold	l:		Total Depreciation Expense	
Beginning inventory				
Purchases			Expense Details - Exempt Activity Expense:	
Labor			Repairs and Maintenance	
Section 263A costs			Bad debts	
Other costs			Taxes/licenses	
Ending inventory			Charitable contributions	
Total Cost of Goods Sold			Dividend recd deductions	
William Product to Attended to the Control of the C		100,000	Readership costs	
Expense Details - Employment Expen	se:		Other expenses	
Compensation of officers			Total Exempt Activity Expense	
Other salaries and wages				
Pension plan contributions			Expense Details - Fundraising Expense:	
Other employee benefits			Cash prizes	15,000
Payroll taxes	,		Non-cash prizes	
Total Employment Expense			Rent and facility costs	3,368
			Food & beverages (Part II only)	
Expense Details - Fees for Services:			Entertainment (Part II only)	
Management			Other direct expenses	
Legal			Total Fundraising Expense	18,368
Accounting				
Lobbying				
Desfersional fundaciona				
Investment management				
Other				
Total Fees for Services				
		(A)		
Information is indicated for use on F	orm 990-T, Sch	edule A:	Allocation of Expense to Program Service Acco	omplishments:
Schedule A, UBIT Activity Code	Seq #_	-	First	
Part V, Debt Financing			Second	
Part VI, Controlled Org Income	f		Third	
Part VII, Investments for C(7)(9)(17)		All other	
Part VIII Exploited Activities				

Form 990

Event Income and Deduction Worksheet

cription THEATRE EVENT

2023

Name

GREATER LAKES REGION CHARITABLE

Part IX, Advertising Income

Taxpayer Identification Number 47-3815882

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	
2. Advertising income 2.	
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	12,175 Travel & Repairs
8. Cost of Goods Sold 8.	
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	
12. Depreciation Expense 12.	
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 14 15.	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	12,175 On non-investment property
***	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
***************************************	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
**************************************	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule	A: Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	I hadder over
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other
Part VIII, Exploited Activities	

Event Income and Deduction Worksheet

2023

Description CHRISTMAS IN JULY

Name

GREATER LAKES REGION CHARITABLE

Part IX, Advertising Income

Taxpayer Identification Number 47-3815882

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Expense Details - Indirect Expense: Advertising and promotion
Office
Office Printing/publication/postage
Info technology/Maintenance
Royalties & License Fees
Occupancy/Real Estate Taxes
Travel & Repairs Travel/entertainment (officials)
Conferences/meetings
Conferences/meetings
Interest
Insurance
Total Indirect Expense
E B. L. N B Left E
Expense Details - Depreciation Expense:
On investment property
On non-investment property
Amortization
Depletion
Total Depreciation Expense
Fire D. A. H. Francis A. A. A. H. Francis
Expense Details - Exempt Activity Expense:
Repairs and Maintenance
Bad debts
Taxes/licenses
Charitable contributions
Dividend recd deductions
Readership costs
Other expenses
Total Exempt Activity Expense
Expense Details - Fundraising Expense:
Cash prizes
Non-cash prizes
Rent and facility costs
Food & beverages (Part II only)
Entertainment (Part II only)
Other direct expenses
Total Fundraising Expense
Allocation of Expense to Program Service Accomplishments:
First
Second
Third
All athers
All other

1 100		EDULE G	Fundraising Other Events							
		m 990 or -EZ)	For calendar year 2023, or tax year	beginning 07/01/23	and ending 0.6	/30/24 2023				
Nan		-LL)	For caleridal year 2025, or tax year	beginning 07701725	, and ending 00	Employer Identification Number				
			ES REGION CHARITABI	Æ						
F	'UN'	D FOR CH	ILDREN, INC.			47-3815882				
			(a) Other event	(b) Other event	(c) Other event	(d) Total other events				
			THEATRE EVENT			(add col. (a) through				
(D)			(event type)	(event type)	(event type)	col. (c))				
Revenue	1	Gross receipts	12,175			12,175				
Ϋ́	2	Less: Charitable								
		contributions								
	3	Gross income	10 175			10 175				
_		(line 1 minus line 2	12,175			12,175				
	4	Cash prizes								
	5	Noncash prizes								
ses	6	Rent/facility costs	3							
Direct Expenses	7	Food/beverages								
Direct	8	Entertainment			The American					
	9	Other expenses								

Two Year Comparison Report 2022 & 2023 Form 990 06/30/24 07/01/23 For calendar year 2023, or tax year beginning , ending Taxpayer Identification Number Name GREATER LAKES REGION CHARITABLE 47-3815882 FUND FOR CHILDREN, INC. Differences 2022 2023 706,733 81,051 625,682 1. Contributions, gifts, grants 1. 2. 2. Membership dues and assessments -5,000 15,000 10,000 3. Government contributions and grants 3. 4. 4. Program service revenue 64 78 5. Investment income 5. 6. 6. Proceeds from tax exempt bonds 7. 7. Net gain or (loss) from sale of assets other than inventory -6,583 36,459 43,042 8. 8. Net income or (loss) from fundraising events 9. 9. Net income or (loss) from gaming 10. Net gain or (loss) on sales of inventory 10. 19,664 19,664 11. 11. Other revenue 138,771 634,163 772,934 12. 12. Total revenue. Add lines 1 through 11 611,200 79,200 532,000 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 16. 16. Salaries, other compensation, and employee benefits 17. 17. Professional fundraising fees 45,955 64,168 18,213 18. 18. Other professional fees 19. 19. Occupancy, rent, utilities, and maintenance 20. Depreciation and Depletion 20. -11,16219,636 30,798 21. Other expenses 21. 86,251 608,753 695,004 22. 22. Total expenses. Add lines 13 through 21 77,930 52,520 25,410 23. Excess or (Deficit). Subtract line 22 from line 12 23. 772,934 138,771 634,163 24. 24. Total exempt revenue 25. Total unrelated revenue 25. 19,742 19,678 64 26. 26. Total excludable revenue 258,583 77,930 180,653 27. 27. Total assets 28. 28. Total liabilities 180,653 258,583 77,930 29. 29. Retained earnings 18 30. Number of voting members of governing body 30. 15 18 31. Number of independent voting members of governing body 31. 32. 0 0 32. Number of employees 450 463 33. Number of volunteers

000		- C	7-21			0000
Form 330		тах ке	l ax Keturn History			2023
Name GREATER I FUND FOR	GREATER LAKES REGION CHARIT FUND FOR CHILDREN, INC.	RITABLE			Employer 47-3	Employer Identification Number 47-3815882
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	36,071	419,457	670,201	640,682	716,733	
Membership dues Program service revenue						
Capital gain or loss						
Investment income	40	41	42	64	78	
Fundraising revenue (income/loss)				-6,583	36,459	
Gaming revenue (income/loss)						
Other revenue					19,664	
Total revenue	36,111	419,498	670,243	634,163	772,934	
Grants and similar amounts paid		494,430	493,045	532,000	611,200	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees	12,904	29,216	36,240	45,955	64,168	
Occupancy costs						
Depreciation and depletion						
Other expenses	4,141	10,253	23,233	30,798	19,636	
Total expenses	17,045	533,899	552,518	608,753	695,004	
Excess or (Deficit)	19,066	-114,401	117,725	25,410	77,930	

772,934

634,163

670,243

419,498

36,111

19,742

180,653

42 157,490 2,247 155,243

43,700 6,182 37,518

41

40

Total excludable revenue Total unrelated revenue Total exempt revenue

Total Assets

Total Liabilities

151,919

Net Fund Balances

258,583

180,653

Fund Raising Fund Raising 5 Management & General Management & General Form 990, Part IX, Line 11q - Other Fees for Service (Non-employee) Form 990, Part IX, Line 24e - All Other Expenses 40 40 60,190 60,190 Program Service Program Service Federal Statements S ⟨⟩ S S 40 60,190 60,190 Expenses Expenses Total Total 6336 Greater Lakes Region Charitable Description Description CONTRACT LABOR FYE: 6/30/2024 TOTAL TOTAL 47-3815882 RENT

10,000 716,733 Amount S Schedule A, Part II, Line 1(e) Federal Statements Description GOVERNMENT GRANTS OR CONTRIBUTIONS OTHER 6336 Greater Lakes Region Charitable 47-3815882 FYE: 6/30/2024 TOTAL

6336 Greater Lakes Region Charitable
Federal Statements

FYE: 6/30/2024

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	2000	Total	4	Excess
MB TRACTOR	\$	10,000	\$	
THE XAVIER GROUP				
RETAIL BUSINESS SERVICES		20,000		
JOSESPH KEEFE GIVING FUND		17,500		
HANNAFORD		77,000		16,577
NEW HAMPSHIRE CHARITABLE FOUNDATION				
PHILIP TRUDEAU		40,000		
LOIS ROY DICKERMAN CHARITABLE FOUNDA		20,000		
NANCY & DOUG BRAY		74,000		13,577
DAVID WORRALL		5,000		
JR SEELY COMPANY, LLC		30,000		
WINNIPESAUKEE FLAGSHIP CORP		10,134		
LOIS G. ROY DICKERMAN FUND		20,000		
LONGCHAMPS ELECTRIC, INC.		10,000		
TOTAL	\$	333,634	\$	30,154

6336 Greater Lakes Region Charitable

47-3815882 FYE: 6/30/2024

Federal Statements

Schedule A, Part II, Line 12 - Current year

	TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS						
_	CASH						
Description	TEMPORARY						
	AND						
	SAVINGS		FUNDS				
	NO	COME	PY	AL		X	
	INTEREST	MISCELLANEOUS INCOME	REIMBURSEMENT OF PY FUNDS	SWEEPSTAKES SOCIAL	EVENT	CHRISTMAS IN JULY	TOTAL
	TAXABLE	MISCELLA	REIMBURS	SWEEPSTA	THEATRE EVENT	CHRISTMA	TOT
				-	-		

Amount	78	, 94	5,71	3,56	6	74,569
8	S					43