

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



For Paperwork Reduction Act Notice, see the separate instructions.

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

=			Chama of agree and a series		, and endin	9	B E	, 20	
В	Check if a	applicable	C Name of organization Guides	Stream Charitable Gift Fund			D Employ	er identification nu	ımber
닏	Address	change	Doing Business As					27-1040922	
Ш	Name ch	ange	Number and street (or P O box if	mail is not delivered to street address)	Room/su	rte	E Telepho	one number	
Ш	initial retu	ırn	PO Box 580, 8050 Spring Ar					517-750-2727	
	Terminate	ed	City or town, state or country, a	and ZIP + 4		,			
	Amended	d return	Sprng Arbor, MI 49283				<b>G</b> Gross re	eceipts \$ 2,	209,364
	Application	on pending	F Name and address of principal	al officer		H(a) Is this	a group return	for affiliates?    Yes	✓ No
						H(b) Are a	ıll affılıates ır	ncluded? 🗌 Yes	☐ No
ŀ	Tax-exen	npt status	√ 501(c)(3)	i01(c) ( ) ◀ (insert no ) ☐ 4947(a)(1)	or 527	If "N	o," attach a	list (see instruction	s)
J	Website	e: Nw	w.gscgf.org			H(c) Grou	p exemption	number 🕨	
K	Form of o	rganization	✓ Corporation ☐ Trust ☐ A	ssociation Other L	Year of forma	ation 2009	M State	of legal domicile	MI
P	art I	Summ	ıary						
	1	Briefly de	escribe the organization's r	nission or most significant activitie	es: GSCG	F exists to fa	cilitate ch	naritable giving t	hrough
_	1		<del>-</del>	purpose funds GSCGF also holds					
Governance				CGF also provides services to supp				··	eld for
ц			fit of that qualified charitable		3.1		3		
ě	•			discontinued its operations or disposed of n	nore than 25%	of its net asset	 S		
ဖွ				overning body (Part VI, line 1a) .			1 _ 1		6
•გ			•	bers of the governing body (Part			<del></del>		3
Activities &				ed in calendar year 2010 (Part V, I			5	<del></del>	<del></del>
₹	1			_	III <del>e</del> Zaj .		6		0
Ą	1		mber of volunteers (estimat				<del>-</del>		
	1			om Part VIII, column (C), line 12			7a		0
	b	Net unre	lated business taxable inco	me from Form 990-T, line 34 .	<del></del>	Prior Ye	7b	Current Yea	
		0		413	-			<u>_</u>	
ě	i		tions and grants (Part VIII, I	23,686	<del></del>	182,157			
Revenue	1	-	service revenue (Part VIII,		33		46,508		
ě	1		ent income (Part VIII, colum		11,430		139,007		
				lines 5, 6d, 8c, 9c, 10c, and 11e)			0		0
				1 (must equal Part VIII, column (A)			35,149		367,672
	1	Grants a	nd sımilar amounts paıd (P	art IX, column (A), lines 1-3)			28,002		646,648
	14	Benefits	paid to or for members (Pa	ırt IX, column (A), line 4)					
S	15	Salaries,	other compensation, employ	ree benefits (Part IX, column (A), line	es 5-10)				
Expenses	16a	Profession	onal fundraising fees (Part I	X, column (A), line 11e) .	[				
g	b	Total fun	idraising expenses (Part IX,	column (D), line 25)	3,539				
Ω	17	Other ex	penses (Part IX, column (A)	, lines 11a-11d, 112-247	ן ע		32		69,499
	18	Total exp	penses Add lines 13-17 (m	just equal Part IX column (A), line	2517 (J		28,034		716,147
	19	Revenue	less expenses. Subtract li	ne 18 from life 12 JUN 2 7. 20	I (O) I		7,115		348,475
7.8	3			19 301V 2 8 23	ii S	Beginning of Cu	ırrent Year	End of Yea	ır
ets c	20	Total ass	sets (Part X, line 16) .		10<11		3,887,315	4,	065,291
Net Assets or	21		oilities (Part X, line 26)	OGDEN, U			164,418		221,509
Šet	22		ets or fund balances. Subtra				3,722,897		843,782
_	art II		ture Block						
	_		<del></del>	this return, including accompanying sched	ules and state	ments, and to t	he best of n	nv knowledge and	belief, it is
tru	ie, correct	, and comp	lete Declaration of preparer (other	than officer) is based on all information of	which prepare	r has any know	ledge	,	
			V OV	.4			6/22	.)	
Si	an	Sign	nature of officer	7		Da	ite 7	12311-	
	ere								
• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type	DANIEL A KURT e or print name and title	z TREASURGR	<del></del>				
	<del></del>	<u>,</u>		Preparer's signature	l De	ate	1 -	- PTIN	
	aid		Type preparer's name Preparer's signature Date					ıf	
Pr	epare	r				- Т	self-emp	, oyeu	
U	se Onl	y Firm's r	name •				n's EIN ▶		
			address >			Pho	one no		
	<del></del>			rer shown above? (see instruction		<u> </u>	<u> </u>		No No
Fo	r Paneru	rork Redu	action Act Notice, see the se	parate instructions.	Cat N	lo 11282Y		Form <b>9</b> 5	90 (2010)



Cat No 11282Y

	90 (2010)	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:  GSCGF exists to facilitate charitable giving through the use of donor advised and specific purpose funds. GSCGF also holds endowments for which qualified charitable organizations are beneficiaries. GSCGF also provides service to supporting qualifications to manage funds held for the benefit of that organization.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b>☑</b> No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca others, the total expenses, and revenue, if any, for each program service reported.	Section ations to
4a	(Code: ) (Expenses \$ 559,579 including grants of \$ 556,742 ) (Revenue \$ 136,474	1_)
	Charitable grants made from donor advised funds: GSCGF made 202 charitable grants from 33 different donor advised funds from Jan 1 - Dec 31, 2010.	
	The revenue generated from the GSCGF from the donor advised accounts includes: \$30,944 Mgmt & distribution fees	
	68,902 Interest & dividends  36,628 Realized gains on sales of securities  \$136,474 Total Revenue	
4b	(Code: ) (Expenses \$ 90,364 including grants of \$ 89,906 ) (Revenue \$ 49,041	<u>l</u> )
	Charitable grants made from endowments or other managed or specific purpose funds: GSCGF made 16 charitable grants from 7 endowment or other managed (specific purpose) funds from Jan 1 - Dec 31, 2010.	
	The revenue generated for the GSCGF from the endowment or other managed (specific purpose) funds:  \$ 15,564 Mgmt & distribution fees	
	24,606 Interest & dividends 8,871 Realized gains on sales of securities \$ 49,041 Total Revenue	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 649,943	

Form 99			F	Page 3
Part	Checklist of Required Schedules	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	1	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	1	
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	51	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	<u> </u>
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L. Part I	25b		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		\ \ \
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		\ \
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		<b>\</b>

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .   1a  0	Γ-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	.		1
b	If "Yes," enter the name of the foreign country: ▶	4a		<b>V</b>
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and 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		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	2,	181.15.1	3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
U	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		7-3
9	Sponsoring organizations maintaining donor advised funds.	-		<b>V</b>
а	Did the organization make any taxable distributions under section 4966?	9a	-	$\tilde{\mathbf{A}}^{-1}$
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter			Ť
а	Initiation fees and capital contributions included on Part VIII, line 12			,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:		پ	5.75
а	Gross income from members or shareholders	4 21	,	7 . 1 .
b	Gross income from other sources (Do not net amounts due or paid to other sources		0.00	4
	against amounts due or received from them.)	130	4	, ‡ , 3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Į !		'
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b> </b>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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	: :		
_		1,3		
C 1/12		144-		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b	ļ <u>-</u>	<b>Y</b>
	- ii - i voi, mao ii mod a i onn i 20 to report these payments! Il Ivo. Diovide an explanation in Schedule U .	: I+U'		

	•		
Form	990	(2010)	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
	on a dotter management		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		1
а	The governing body?	8a	✓_	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	₩
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode l	<u>                                     </u>
<u>Secti</u>	on b. Policies (This Section B requests information about policies not required by the internal Neven	ue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<del></del>	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3.7%	. •	7.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	<b>✓</b>	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	<b>✓</b>	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			·
а	The organization's CEO, Executive Director, or top management official	15a	<del></del>	<b>✓</b>
b	Other officers or key employees of the organization	15b	<b>—</b> —	<b>✓</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		_	
	with a taxable entity during the year?	16a	<u> </u>	✓,
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	3.7	· ,	
<u></u>	organization's exempt status with respect to such arrangements?	16b	<u> </u>	1
	Let the states with which a copy of this Form 200 is required to be filed . Michigan			
17 18	List the states with which a copy of this Form 990 is required to be filed Michigan  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	aılable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inter	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Daniel A Kurtz, Treasurer, 8050 Spring Arbor Rd, Spring Arbor, MI 49283	of the	;	

Form	<b>9</b> 90	(2010)	

_	
Page	•

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

Check this box if neither the organization nor  (A)	(B)	u org	a) IIZ		) (2)	ompe	1130	(D)	(E)	(F)
Name and Title	Average	Posit	ion (d			hat ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Linda J Adams	< 1	<b>√</b>						0	0	(
(2) Timothy J Burkhart, President & COO	< 4	<b>✓</b>		✓		•		0	0	(
(3) David Goodnight, Chairman	< 1	<b>√</b>						0	0	(
(4) Steven D Rick, Secretary	< 1	<b>√</b>		1				0	0	(
(5) Edward Lamoreaux	< 1	<b>√</b>						0	o	(
(6) Gene E Keene, CEO	< 1	<b>✓</b>		1				0	0	(
(7) Daniel A Kurtz, Treasurer	< 1			1				0	0	(
(8)										
(9)										
(10)										
(11)										- "
(12)										
(13)										
(14)		<u></u> -								
(15)										
(16)										

	Section A. Officers, Directors, Trus		Emple	byee			Higne	est			CONTIN		
	(A) Name and title	(B)	(C) Position (check all that app					-64	(D)	(E)			F)
	ivanie and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensation related organization (W-2/1099-M	from	amo ot compe fron organ and r	nated unt of her ensation n the uzation elated zations
(17)							_						
(18)												<del></del>	
(19)													
(20)													
(21)											$\top$		
(22)													
(23)													
(24)												_	
(25)											<u> </u>		
(26)								_				_	
(27)												_	
(28)									-		$\dashv$		
1b c d	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>&gt; &gt; &gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th						ho received m	ore than \$10	00,000	) in	
3	Did the organization list any former of employee on line 1a? If "Yes," complete a	ficer, direc	tor o					mp	bloyee, or high	est comper	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												· · · · · · · · · · · · · · · · · · ·
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Section	on B. Independent Contractors	-					_						
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more that	n \$100	0,000 of	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	ation
None													
							-	_				_	
												_	
2	Total number of independent contractor received more than \$100,000 in compens									ove) who			137 ,77

Fall	SVIII.	Statement of Rev	/enue			_		
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns	s 1	а				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1	b				
å, Ë	С	Fundraising events .	1	С				
ar a	d	Related organizations						
S, S	e	Government grants (cor		<del></del>				
S is	f	All other contributions, g				}		
Contributions, gifts, and other similar am	'	and similar amounts not in		4 102 157		]		
黃물	_	Noncash contributions include				1		
S E	g							
	h	Total. Add lines 1a-1	T		182,157		, <u></u>	
Program Service Revenue				Business Code		·	**************************************	
eke	2a	Management Fees		523000	35,421	35,421	<u>.</u>	
e e	b	Grant Distributions Fe		561000	6,087	6,087		
Ę	C	Supporting Agency Fe	ees	561499	5,000	5,000		
Š	d							
Ē	e							
gr	f	All other program ser		-				
P.	g	Total. Add lines 2a-2	lf		46,508			
	3	Investment income	(including div	idends, interest.				
		and other similar amo			93,508	93,508		
	4	Income from investmen	-		00,000	00,000		
	5	Royalties	•					
	"	noyames	(i) Real	(II) Personal				
	6-	Gross Rents	(1) 7.104.	(ii) i diodilai				
	6a							
	b	Less. rental expenses						:
	C	Rental income or (loss)						
	_d	Net rental income or	<del></del>					
	7a	Gross amount from sales of	(i) Securities	(ii) Other		1	-	**
		assets other than inventory	1,887,1	91		.'	11 × 3 × 3	r et
	b	Less: cost or other basis	İ				•	
		and sales expenses .	1,841,6	92				į
	С	Gain or (loss) 45,499		99				
	d	Net gain or (loss)		. <u></u> . <b>-</b>	45,499	45,499		
Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	· ·			<i>i</i> ,	,	· ·
Other I	_	See Part IV, line 18 .		а				
ŏ		Less: direct expenses		b			•	
1		Net income or (loss) f						
ľ	9a	Gross income from ga	aming activities	-	İ			
ĺ		See Part IV, line 19 .		a	İ			
i	b	Less: direct expenses		b				
	С	Net income or (loss) f	rom gaming a	ctivities			,	
		Gross sales of in	es					
	b	Less: cost of goods s	old	b				
	С	Net income or (loss) f		ventory .			,	
		Miscellaneous R	Revenue	Business Code				
	11a		***************************************					
	b			-				
	C			-				<del> </del>
	d	All other revenue		-				
	d		 .11d					

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	646.640			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	646,648	040,048	<b>研究されています。</b>	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16			···········	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
a b	Management	48,469		48,469	
C	Legal	11,544		11,544	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f g	Investment management fees				
12	Advertising and promotion	3,295			3,295
13	Office expenses			•	•
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings .				
20 21	Interest				
22	Depreciation, depletion, and amortization		·		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)			n the	
а	Bank Charges	89		89	
b			•		
9					
d e					
f	All other expenses Other	6,102	3,295	2,563	244
25	Total functional expenses. Add lines 1 through 24f	716,147	649,943	62,665	3,539
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	31,898	1	37,36
	Savings and temporary cash investments	31,000	2	37,30
3	Pledges and grants receivable, net	-	3	<del></del>
	Accounts receivable, net		4	26,00
	Receivables from current and former officers, directors, trustees, key	, ,	<del>-7  </del>	20,00
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary	•	3	
	employees' beneficiary organizations (see instructions)		6	
	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or		-	
	other basis Complete Part VI of Schedule D  Less: accumulated depreciation 10b		10c	
1	Investments—publicly traded securities	<del></del>	11	
	Investments—other securities. See Part IV, line 11		12	
	Investments—program-related. See Part IV, line 11	3,691,099	13	3,815,5
	Intangible assets	0,001,000	14	
	Other assets. See Part IV, line 11	164,318	15	186,4
	Total assets. Add lines 1 through 15 (must equal line 34)	3,887,315	16	4,065,2
<del></del>	Accounts payable and accrued expenses	100		35,1
ł .	Grants payable		18	
	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D .	164,318	21	186,4
1	Payables to current and former officers, directors, trustees, key		-5	of a made to
	employees, highest compensated employees, and disqualified persons.			•
	Complete Part II of Schedule L		22	
1	Secured mortgages and notes payable to unrelated third parties .		23	
1	Unsecured notes and loans payable to unrelated third parties		24	
1	Other liabilities Complete Part X of Schedule D		25	
	Total liabilities. Add lines 17 through 25	164,418	26	221,50
	Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.		24,7,4	
27	Unrestricted net assets	-38,179	27	-1,8
28	Temporarily restricted net assets	3,243,932		3,328,5
29	Permanently restricted net assets	517,144		517,1
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			,
30	Capital stock or trust principal, or current funds	<u> </u>	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.	· · ·	32	
33	Total net assets or fund balances	3,722,897	33	3,843,7
34	Total liabilities and not accord/fund belances	· · · · · · · · · · · · · · · · · · ·	_	
34	Total liabilities and net assets/fund balances	3,887,315	34	4,0

Form **990** (2010)

If the organization changed either its oversight process or selection process during the tax year, explain in

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis Consolidated basis Both consolidated and separate basis

Schedule O.

issued on a separate basis, consolidated basis, or both:

Form **990** (2010)

2c

За

3b

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

GuideStream Charitable Gift Fund 27-1040922 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? . . . . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) is the in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support (i) organized in the governing document? col (i) of your above or IRC section US2 (see instructions)) support? Yes No Yes No Yes Nο (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						ılıfy under
	on A. Public Support			17-1			
	idar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				23,686	182,157	205,843
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				23,686	182,157	205,843
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)	「聖師はかえいない	Page 1, 4 9 9 9 9 9 9 1			, T (v) ,	88,060
6	Public support. Subtract line 5 from line 4.	Table 1	a second	15 15 W. S.	STATES	of all supposed to the	117,783
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				23,686	182,157	205,843
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				9,075	93,508	102,583
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				33	46,508	46,541
11	Total support. Add lines 7 through 10						354,967
12	Gross receipts from related activities, etc	. (see instruction	ons) .			12	2,209,364
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere				ear as a section	, , , ,
	on C. Computation of Public Suppo						
14	Public support percentage for 2010 (line					14	%
15 16a	Public support percentage from 2009 Sc					15	%
104	331/3% support test—2010. If the organic box and stop here. The organization qua	ization did not alifies as a nubl	check the box	l on line 13, and	u line 14 is 33".	3% or more, cr	ieck triis
ь	331/3% support test—2009. If the organ						
•	check this box and <b>stop here.</b> The organ						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	010. If the orga eets the "facts- facts-and-circu	anization did n and-circumsta imstances" tes	ot check a box inces" test, che st. The organiz	on line 13, 16 eck this box ar ation qualifies	a, or 16b, and I ad <b>stop here.</b> E as a publicly su	ine 14 is xplaın ın ıpported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in	ition meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the he organizatio	ns box and <b>sto</b> n qualifies as a	and line  op here.  publicly
40	supported organization						
18	<b>Private foundation.</b> If the organization dinstructions						

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

	le A (Form 990 or 990-EZ) 2010						Page 3
Part							
	(Complete only if you checked th						er Part II.
Sacti	If the organization fails to qualify on A. Public Support	under the te	sts listed bei	ow, piease co	omplete Part I	1.}	<del></del> _
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(5) 2007	(6) 2000	(u) 2009	(6) 2010	(i) Total
•	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						<del> </del>
	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						<del></del>
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	ar Purito e da O		2 K			
	line 6.)		,	" - medi skrivete ikenin	the second secon		
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources		i				
	· ·						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975					-	
_	4.11. 40. 140.						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on		}				
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			n, or fifth tax ye		
Secti	ion C. Computation of Public Suppor			•		<del></del>	
15	Public support percentage for 2010 (line 8		<del></del>	3, column (f))		15	%
16	Public support percentage from 2009 Sci					16	%
Sect	ion D. Computation of Investment In						
17	Investment income percentage for 2010 (			•			%
							0/
18	Investment income percentage from 2009					18	%

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization . **b** 33½% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization **private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **b** 

Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	······	
	······································	
	<del></del>	
	······································	
	······································	
	······································	
	······································	
***************************************		

#### SCHEDULE D · (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization GuideStream Charitable Gift Fund

Employer identification number

Guide	Stream Charitable Gift Fund			27-1040922
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Advised Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other Fun	inds or	Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	52		7
2	Aggregate contributions to (during year) .	164,091		18,066
3	Aggregate grants from (during year)	556,741		41,800
4	Aggregate value at end of year	2,911,472		417,059
5	Did the organization inform all donors and			
	funds are the organization's property, subject	_		
6	Did the organization inform all grantees, dor			
	only for charitable purposes and not for the		for any	
				· · · · · · · Yes No
		lete if the organization answered "Yes	" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., respectively) Protection of natural habitat  Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education)	of a cert	fied historic structure
	easement on the last day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements .			2a
a b	Total acreage restricted by conservation eas			2b
C	Number of conservation easements on a cer			2c
d	Number of conservation easements included historic structure listed in the National Registronian	ed in (c) acquired after 8/17/06, and no	ot on a	2d
3	Number of conservation easements modified tax year ▶			
4 5	Number of states where property subject to Does the organization have a written poliviolations, and enforcement of the conservations.	icy regarding the periodic monitoring, it tion easements it holds?		· · · · 🗌 Yes 🔲 No
6	Staff and volunteer hours devoted to monito  •	ring, inspecting, and enforcing conservation	on easem	nents during the year
7	Amount of expenses incurred in monitoring, ▶\$	inspecting, and enforcing conservation ea	sements	during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	s of secti	on 170(h)(4)(B) · · · · · □ <b>Yes</b> □ <b>No</b>
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the organization's accounting for conservation e	e text of the footnote to the organization's easements.	financial	statements that describes the
	Complete if the organization answ	ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	3.	
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	similar assets held for public exhibition,	educatio	n, or research in furtherance of
b	works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, is relating to these items:	educatio	n, or research in furtherance of
2	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other sim	lar asset	▶ \$
а	Revenues included in Form 990, Part VIII, lin	ne 1		
b	Assets included in Form 990, Part X	<u> </u>		· · 🚩 🦫

	lle D (Form 990) 2010					Page 2
	III Organizations Maintaining	Collections of A	Art, Historical	Treasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	her records, che	ck any of the folio	wing that are a sign	gnificant use of its
а	Public exhibition					
b	Scholarly research			an or exchange pr	-	
C	Preservation for future generation		e 🗌 Ot	ner		
4	Provide a description of the organization		and evalue how	thau fuuthau tha au		nt numana := 0
•	XIV.	ion's collections a	ind explain now	they further the or	ganization's exem	pr purpose in Par
5	During the year, did the organization	solicit or receive	donations of art	historical transur	on or other cimile	
	assets to be sold to raise funds rather	than to be maintai	ined as part of th	nistorical treasur ne organization's c	es, or orner similar offection?	. Dvaa Dida
Par	Escrow and Custodial Arra					
	line 9, or reported an amoun			gariization answi	ered res toro	iii 990, Fait IV,
1a	Is the organization an agent, trustee,			for contributions of	or other assets no	 }
	included on Form 990, Part X?					☑Yes ☐No
b	If "Yes," explain the arrangement in Pa					E 100 E 110
		· ·	<b>g</b>	[	An	nount
С	Beginning balance			1	c	164,318
đ	Additions during the year				d	20,029
е	Distributions during the year				<del></del>	16,696
f	Ending balance				f	186,409
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 21? .			✓ Yes □ No
_ b	If "Yes," explain the arrangement in Pa	art XIV.	·			
Par	t V Endowment Funds. Comple	ete if the organiza	ation answered	I "Yes" to Form 9	990, Part IV, line	10.
		(a) Current year	(b) Prior year	(c) Two years back		
1a	Beginning of year balance	517,144	(			
b	Contributions	0	517,144			
С	Net investment earnings, gains, and					,
	losses	-10,670			1, 1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	1 14 1/2 4-46 3 may 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
d	Grants or scholarships	0				·建筑。
е	Other expenditures for facilities and		**		, , , , , , , , , , , , , , , , , , ,	
	programs	19,488				7 )
f	Administrative expenses					
g	End of year balance	486,986	517,144			
2	Provide the estimated percentage of t	he year end baland	e held as:			
а	Board designated or quasi-endowmer	nt <b>&gt;</b>	_%			
b	Permanent endowment ► 1	<u>00</u> %				
C	Term endowment ▶%					
3a	Are there endowment funds not in the	possession of the	e organızation th	at are held and a	dministered for the	)
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
	If "Yes" to 3a(II), are the related organi					3b
4	Describe in Part XIV the intended uses	of the organization	n's endowment :	funds		

Par	t VI Land, Buildings, and Equipmer	nt. See Form 990, P	art X, line 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
Total	. Add lines 1a through 1e. (Column (d) must o	equal Form 990. Part	X. column (B), line 10(	(c).)	

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
	I derivatives	_		
	held equity interests			<u> </u>
(3) Other				
(A)	••••	· · · · · · · · · · · · · · · · · · ·		
(B)		· · · · · · · · · · · · · · · · · · ·		·····
(C)				
(D)				
(E) (F)				
(G)				
<del>\(\)</del> (H)				
(I)		<del></del>		
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments-Program Related	I. See Form 990, Part X,	line 13.	#11 # 1
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Commo	on Stock	558,600	End of year market value	
(2) Mutual	Funds		End of year market value	
(3) Real Es	tate	10,880	Appraised value	<del></del>
(4) Hess Co	orporation Lease Receivable	70,985	PV of receivable	
<del></del>	oal Bonds	92	End of year market value	
(6) Money	Market/Cash Equivalents	74,107	End of year market value	
(7)				
_(8)				
(9)				<del> </del>
(10)	45 000 5 (4)		~	
	(b) must equal Form 990, Part X, col. (B) line 13.)	3,815,516		
Part IX	Other Assets. See Form 990, Pa			63 Death all a
	(a	) Description		(b) Book value
<u>(1)</u>				
(2)				
(3) (4)				
(5)				
(6)		<del></del>		
(7)				
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2)				
(3) (4) (5) (6)				
(4)				
(5)				
(6)				
(7)				
(8)				•
(9)				
(10)				
(11) T-1-1 (0-1	A)			
	(b) must equal Form 990, Part X, col. (B) line 25)			

	ale D (Form 990) 2010	_	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	367,672
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	716,147
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-348,475
4	Net unrealized gains (losses) on investments	4	469,360
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10		10	120,885
Part		Retur	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	912,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	178332	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	544,608
3	Subtract line 2e from line 1	3	367,672
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	34. ·	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<b>10.00</b>	
b	Other (Describe in Part XIV.)	100	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	367,672
	Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u>er Retu</u>	
1	Total expenses and losses per audited financial statements	1	791,395
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	A	
Ь	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	75,248
3	Subtract line 2e from line 1	3	716,147
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	7 7 7	
b	Other (Describe in Part XIV.)		
_c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	716,147
Part			
Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com dditional information. V Line 1b: GSCGF manages a total of 6 funds which are considered custodial in nature. Four of the funds a	plete th	s part to provide
		are ioi a	private scribor.
The of	ther 2 funds are managed for two other not-for-profit organizations.		

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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

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

٠	
0	
8	
90	

OMB No 1545-0047

Open to Public Inspection Employer identification number

► Attach to Form 990.

**%**□ ✓ Yes 27-1040922 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . the selection criteria used to award the grants or assistance? General Information on Grants and Assistance GuideStream Charitable Gift Fund

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	Sondo in Journal				۱.		
1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Foothills Community Free Meth							
Church, Azusa, CA	95-2005857	Church	9,250				Charitable grant
(2) Ellwood City Free Meth Church						-	
Ellwood City, PA	25-1024346	Church	11,800				Charitable grant
(3) Free Methodist Church of N.A.							
Indianapolis, IN	35-0877568	501(c)(3)	39,808				Charitable grant
(4) Free Methodist Foundation							
Spring Arbor, MI	73-1317073	501(c)(3)	8,007				Charitable grant
(5) Greenville College							
Greenville, IL	37-0681530	501(c)(3)	13,327				Charitable grant
(6) Mt. Zion Free Meth Church							
Kokomo, IN	35-2101850	Church	32,229				Charitable grant
(7) Northeastern Seminary							
Rochester, NY	16-1554414	501(c)(3)	85,000				Charitable grant
(8) Oil City Free Meth Church							
Oil City, PA	25-1832953	501(c)(3)	13,500				Charitable grant
(9) 1st Free Meth Church of Omaha							
Omaha, NE	36-3017930	Church	2,500				Charitable grant
(10) Roberts Wesleyan College							
Rochester, NY	16-0743126	501(c)(3)	15,500				Charitable grant
(11) Edgewood Free Meth Church							
Rochester, NY	16-0868324	Church	000'99				Charitable grant
(12) Safe Family Ministries							
	01-0838125	501(c)(3)	10,000				Charitable grant
2 Enter total number of section 501(c)(3) and government organizations	1501(c)(3) and gov	ernment organiza	tions	•	•	•	. • 17

Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) (2010)

Page 2

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III 1 None က 2 9 Ø

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

Open to Public Inspection

OMB No 1545-0047

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Charitable grant Charitable grant Charitable grant Charitable grant Charitable grant Employer identification number 1040922 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat No. 51026W (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable assistance 7,772 30,468 10,000 9,800 170,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Non-Profit Educ 501(c)(3) Church Church Church 25-1118338 38-1598942 27-3727464 26-3127033 35-0988723 (p) EIN **GuideStream Charitable Gift Fund** Wabash Conference of Free Meth Ch Spring Arbor Free Meth Church Truth Seekers International The Acts 12:24 Churches of the Mid-(a) Name and address of organization Atlantic Conference, Belcamp, MD Venango Catholic High School Name of the organization Spring Arbor, MI Clay City, IN Oil City, PA Santee, CA

# SCHEDULE M · (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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

► Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GuideStream Charitable Gift Fund

Employer identification number

27-1040922

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			-
1	Art-Works of art			, , , , , , , , , , , , , , , , , , ,				
2	Art—Historical treasures				·			
3	Art-Fractional interests					•		
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	✓	10	59,763	avg. high/low	on da	te of	gift
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation				1			
	contribution Historic							
	structures			ļ	<del>                                       </del>			
14	Qualified conservation contribution—Other				[			
45	***************************************				ļ			
15	Real estate — Residential				<del></del>			
16	Real estate — Commercial	<del></del>			<del></del>			
17 18	Real estate—Other		<del></del>					
19	Collectibles							
20	Drugs and medical supplies	<b></b>			<del></del>			
21	Taxidermy					_		
22	Historical artifacts				<del>                                     </del>			
23	Scientific specimens				<del>                                     </del>			
24	Archeological artifacts				<del> </del>	_		
25	Other ► ()							
26	Other ► (							
27	Other ► (							
28	Other ► ( )							
29	Number of Forms 8283 received							
	which the organization completed	1 Form 828	3, Part IV, Donee Acknowle	edgement	29	10		
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three year			ution, and which is not req	ured to be			لـــ ،
	used for exempt purposes for the		ling period?			30a		✓ ,
	If "Yes," describe the arrangemen						[	
31	Does the organization have a	gift accep	otance policy that require	es the review of any no	n-standard	<u> </u>		اــــا
	contributions?				-11	31	✓	
32a	Does the organization hire or us	e third par	ties or related organization	ns to solicit, process, or so	all noncash		_	
_	contributions?					32a	<b>✓</b>	
	If "Yes," describe in Part II.	n amaust :-	a column (a) for a time of the	anorty for which column (a)	in abackad			
33	If the organization did not report a	n amount I	i column (c) for a type of pr	operty for writeri column (a)	is checked,	l l		

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b,
	and 33. Also complete this part for any additional information.
Line 32a:	Pershing LLC, agent/broker for GuideStream Charitable Gift Fund, sells the non-cash security contributions.
•••••	
·- <b></b>	

## SCHEDULE O - (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

GuideStream Charitable Gift Fund	27-1040922							
Form 990, Part VI, Section B, Line 11A & 11B: Process for reviewing this Form 990:								
The Form 990 has been prepared by a CPA and reviewed by the GSCGF Treasurer, President and Board of Directors before filing.								
Form 990, Part VI, Section B, Line 12(c): Explanation of Conflict of Interest Policy Monitoring.								
Each year, usually in March, the officers, board members, and contracted employees read and complete a Conflict of Interest disclosure								
questionnaire and also signs a Code of Ethics statement. These disclosures and statements are retained in the GSCGF permanent records.								
·								
Form 990, Part VI, Section C, Line 19: Basic informatin for GSCGF is made public through the use of	GuideStar. The GSCGF governing							
documents, conflicts of interest policy, Form 990 and Audited Financial Statements are available upor	request at its offices in							
Spring Arbor, MI, in the care of Daniel A Kurtz, Treasurer.								
•••••••••••••••••••••••••••••••••••••••	••••••							
······								