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Form **990**

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)

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	010 cale	endar year, or tax year beginning , 2010, and ending			, 20
В	Check if an	oplicable	C Name of organization The Foundation of the Great Lakes Conference, Church	es of God	D Employ	er identification number
	Address ch	nange	Doing Business As		_	31-1610743
$\bar{\Box}$	Name char	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	one number
$\overline{\cap}$	Initial return	•	700 E. Melrose Avenue			419-425-9602
$\overline{\Box}$	Terminated		City or town, state or country, and ZIP + 4			
\exists	Amended		Findlay, OH 45840		G Gross re	eceipts \$ 2,188,154
H			C Nome and address of assemble of these C D II District	H/a) Is thus		for affiliates? Yes No
ш	Application	i pending	700 E Melrose Avenue Findlay, OH 45840		a group return Il affiliates ir	
_	_		501(c)(3)			list (see instructions)
<u></u>	Tax-exemp			4		
$\overline{}$			rw.foundationglc org			n number P
			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	on 1998	M State	of legal domicite OH
P	art I	Summ			Also	inus religious purposes
	1	-	escribe the organization's mission or most significant activities: To provi			
ø	-9	of The G	reat Lakes Conference, Churches of God, General Conference and its membe	r cnurcnes	and agen	icies.
and						
E						
Š	1		is box > In the organization discontinued its operations or disposed of more than 25% of	its net assets	1 1	_
ص مع	l .		of voting members of the governing body (Part VI, line 1a)		3	7
es	4 N	lumber	of independent voting members of the governing body (Part VI, line 1b)		4	
Ξ	5 T	otal nur	mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	3
Activities & Governance	6 T	otal nur	mber of volunteers (estimate if necessary)		6	
	7a T	otal unr	related business revenue from Part VIII, column (C), line 12		7a	0
	b N	let unre	lated business taxable income from Form 990-T, line 34	<u> </u>	7b	0
Revenue				Prior Ye	ar	Current Year
	8 0	Contribu	tions and grants (Part VIII, line 1h)		0	0
	1		service revenue (Part VIII, line 2g)		0	0
Š	1	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		(97,340)	173,233
č			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		(97,340)	173,233
_			nd sımılar amounts paid (Part IX, column (A), lines 1-3)	_	508,259	275,360
	1		paid to or for members (Part IX, column (A), line 4)		0	0
	145 0		other compensation, employee benefits (Part IX, column (A), lines 5–10)		26,852	29,898
Expenses	160 0		onal fundraising fees (Part IX, column (A), line 11e)		0	0
ē	16a F				-	
х	b T			*	30,701	21,060
_	111		penses (Part IX, column (A), lines 11a-11d, 11f-24f)			
			penses. Add lines 13–17 (must equal Part VX column (A), line 25)		565,812	326,318
		Revenue	less expenses. Subtract line-18-from line-12		(663,152)	(153,085) End of Year
ets or	_		NY MAY 0 9 2011 1911	ginning of Cu		
sset	20 T		sets (tall X, line 10)		,272,205	6,423,359
Net Asse Fund Bala	21 T		pilities (Part X, line 26)		918,727	721,808
_			ets or fund balances. Subtract/line 21 from/line 20		5,353,478	5,701,551
	art II		ture Block			
Ur	der penalti	es of perju	ury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to t	he best of n	ny knowledge and belief, it is
	e, correct,		elete Declaration of preparer (other than officer) is based on all information of which preparer h	as any know		<u> </u>
۵.			Edit C. Slephenson			28 -11
Sig		Sign	nature of officer OBERT E. STEPHENSON - FINANCIAL CONTROLLE	Da	ite	
He	re	<u> </u>		<u>~</u>		
		<u>, </u>	e or print name and title			Torus
Pa	nid	Print/Ty	ype preparer's name Preparer's signature Date	•	Check [☐ if PTIN
	eparer	L			self-emp	ployed
	se Only		name ►	Fire	n's EIN ▶	
	_	Firm's	address ▶	Pho	one no	
Ma	y the IRS	discus	s this return with the preparer shown above? (see instructions)		<u> </u>	· · Yes No
For	r Paperwo	ork Redu	uction Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2010)

50,360) (Revenue \$

275,360

Other program services. (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$

50,360 including grants of \$

0)

² art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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		✓ ✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>'</i>
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		
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	✓	
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	\	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		· · · · · · · · · · · · · · · · · · ·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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	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	_	√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
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		✓
14 a	, , , ,	14a		✓_
b	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? If "Yes," complete Schedule F, Parts III and IV	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		✓
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 Did the organization operate one or more beauticle? If "Yes," complete Schedule H.	19		1
20 a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H </i>	20a	<u> </u>	✓
b	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	V 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	✓	
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	✓	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	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		
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		1
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		1
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		✓
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	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
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		1
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		1
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	1	
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
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		1
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	√	✓
			000	

Part	V 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			.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		4
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	L!		
	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 3]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<u></u>		ļ.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	144		
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, ,	1	٠
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	· »	44.	la 🍻
а	and services provided to the payor?	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	 •
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u></u> -		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	, b	₩	V 4
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
۵	Sponsoring organizations maintaining donor advised funds.	3 *		
у a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	,		
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]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			1
	the organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	14a		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14h		+

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	elow, es in	and Sche	for a edule
Section	on 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 1a 7			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		, , , , , , , , , , , , , , , , , , ,
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_		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6_		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
ь 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		V
а	The governing body?	8a	1	· '
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		, 	;
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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	1	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	1	
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	✓_	<u> </u>
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None 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	ailable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	f inte	rest p	olicy,
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Robert E. Stephenson 700 E. Melrose Ave. Findlay, OH 45840 419-424-1961	of the	•	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Robert A. Fry Chairman	0.3	1		1				0	0	0
(2) Kerry D. Samples Vice-Chairman	0.3	1		√				0	0	0
(3) Tim D. Clutter Secretary	0.3	1		/				o	o	0
(4) Daniel N. Kennard Treasurer	0.3	1		1				0	0	0
(5) Berniece Asel Board Director	0.3	1						0	0	0
(6) Randy Dammeyer Board Director	0.3	1						o	o	0
(7) Chester L. Stephenson Board Director	0.3	1						0	0	0
(8) C. Darrell Prichard President	18.5			1				0	0	15,000
(9) Robert E. Stephenson Financial Controller	4.25			1				5,000	0	0
(10)										
(11)										
(12)										
(13)	-									
(14)										
(15)		-								
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key I	Emplo	yee	es, a	and	Highe	est (Compensated	Employees (conti	nued)		
	(A)	(B)				C)			(D)	(E)			(F)	_
	Name and title	Average	,					ply)	Reportable	Reportable			mated	
		hours per week	우둜	J _S	皇	6	육	5	compensation	compensation related	trom		ount of ther	
		(describe	Individual trustee or director	it d	Officer	Key employee	D D D	Former	the	organization			ensation	
		hours for	Š =	ğ		를	ye st	=	organization	(W-2/1099-M	ISC)		m the	
		related organizations	ੋ ਤੂੰ	al t) Ye	풀		(W-2/1099-MISC)			_	nization related	
		ın Schedule	st ee	Institutional trustee		"	Highest compensated employee						izations	
		O)	ĺ	ĕ			nt ed				ļ			
(17)														
(18)														_
(19)						_					-			
(20)					_		 				\dashv	·		
(21)														
(22)														
(23)			-											
(24)														
(25)				-										_
(26)			-								\dashv			
														_
(27)		-					!							
(28)														
1b	Sub-total			٠.	•	<u>. </u>		>	5,000		0		15,00	00
С	Total from continuation sheets to Part	VII, Sectio	n A					>						
d	Total (add lines 1b and 1c)							<u> </u>	5,000		0		15,00	90
2	Total number of individuals (including but			ose	e list	ted	above	e) w	ho received m	ore than \$10	0,00	0 in		
	reportable compensation from the organ	zation > N	ione						<u>-</u>			- · · · · · · · · · · · · · · · · · · ·	Yes No	_
3	Did the organization list any former of	fficer direc	tor c	r tr	uete	20	kev e	mr	olovee or high	est comper	nsate	d 🔯	Yes No	_
•	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ıvidı	ual					3	7	-
4	For any individual listed on line 1a, is the							n a	and other comm	nensation fro	ım th			_
7	organization and related organizations	greater th	an \$	150.	000	17 1	f "Ye	s."	complete Sch	edule J for	SUC	n l	11	
	individual							-, 				4	1	
5	Did any person listed on line 1a receive of											at		
Castle	for services rendered to the organization	rii res, c	Jonnpi	616	Sci	leut	ile J i	OI S	such person	• • • •	<u>· · ·</u>	5	✓	_
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensat	ed in	den	and	ent	contr	acti	ore that receive	ad more than	<u>\$10</u>	n non of		_
	compensation from the organization.	compensat		аср. 	C11G	Cit	COIII	acı	ors that receive					
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None														
				_				_						
								-						
									-					_
2	Total number of independent contractor received more than \$100,000 in compens							th lone		ove) who			.,	
				J-1					-				,	

Part	VIII	Statement of Rev	renue					
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .	1b					: !
s, g	С	Fundraising events .	1c					
gift	d	Related organizations	i 1d					
ıs,	е	Government grants (con	tributions) 1e					
tior s	f	All other contributions, gi						İ
ig #		and similar amounts not inc	cluded above 1f					
늘	g	Noncash contributions include	led in lines 1a-1f: \$					
ပ္သံ မြ	h	Total. Add lines 1a-1	f	🕨	0			
ine		·	•	Business Code				
Program Service Revenue	2a							
æ	b							
Şi,	C							
Ser	d							
a	е							
ogu	f	All other program sen						
<u>~</u>	g	Total. Add lines 2a-2			0			
	3	Investment income						
		and other similar amo			180,994	180,994	0	0
	4	Income from investment	•	•	0	0	0	0
	5	Royalties			0	0	0	0,
	_		(i) Real	(II) Personal	;			
	6a	Gross Rents	<u></u>	+			,	*
	b	Less: rental expenses	9	1 -		~~~		
	C	Rental income or (loss)						
	d ~-	Net rental income or ((IOSS)	>	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	.,	 ''	V	*	. **	
	b	Less, cost or other basis	2,007,161	0	. W	ŗ	~	· • • • • • • • • • • • • • • • • • • •
		and sales expenses .	2,014,922	. 0	*	¥	4,	
		Gain or (loss)	(7,761)					
	d	Net gain or (loss)			(7,761)	(7,761)	0	0
	u	iver gain or (loss) .		▶	(7,701)	*** ***	***	
9	8a	Gross income from fu	ındraising		X	***	£ * * .	
en		events (not including \$	0					
ev.		of contributions reporte						
ar F			· · · a	o		3.5.		
Other Revenue	ь	Less: direct expenses	_		*	776	ş 13 x · ·	
O		Net income or (loss) fi			0		0	0
		Gross income from ga						
		See Part IV, line 19 .		ı o		* '		**
	b	Less: direct expenses	s . t	0	w _e `	,	*	<i>*</i>
	С	Net income or (loss) fi		ivities ▶	0	0	0	0
	10a	Gross sales of in	ventory, less					
		returns and allowance	es a	ı o				
	b	Less: cost of goods s	old b	0				
	С	Net income or (loss) fi	rom sales of inv	entory ►	0	0	0	0
		Miscellaneous R	levenue	Business Code				
	11a							
	ь		••••					
	С						_	
	d	All other revenue .						
	е	Total. Add lines 11a-			0			
	12	Total revenue. See in	nstructions	<u></u> ▶	173,233	173,233	0	0

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).

_				te columns (B), (C), a	
Do 7b, 8	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				ŀ
	organizations in the U.S. See Part IV, line 21	275,360	275,360		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	15,000	0	15,000	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	13,746	0	13,746	0
7	Other salaries and wages	0	0	0	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	101	0	101	0
10	Payroll taxes	1,051	0	1,051	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	3,685	0	3,685	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	1,311	0	1,311	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	3,425	0	3,425	0
14	Information technology	1,857	0	1,857	0
15	Royalties	0	0	0	0
16	Occupancy	6,148	0	6,148	0
17	Travel	473	0	473	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1,389	0	1,389	0
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	660	0	660	0
23	Insurance	1,612	0	1,612	0
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.)				
а	Dues & Memberships	400	0	400	0
b	Equipment Maintenance	100	0	100	0
С					
d					
е					
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	326,318	275,360	50,958	0
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				

	art X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	149,483	2	389,12
	3	Pledges and grants receivable, net	0	3	
-	4	Accounts receivable, net	0	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	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	,		
2		employees' beneficiary organizations (see instructions)	0	6	
2000	7	Notes and loans receivable, net	40,072	7	4,10
ζ	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,950	·	İ	* **
ŀ	b	Less: accumulated depreciation 10b 8,435	190	10c	1,51
-	11	Investments—publicly traded securities	6,069,684	11	6,006,76
-	12	Investments—other securities. See Part IV, line 11	0	12	
- 1	13	Investments—program-related. See Part IV, line 11	0	13	_
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	12,776	15	21,85
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,272,205		6,423,35
7	17	Accounts payable and accrued expenses	756		93
	18	Grants payable	111,298	18	32,50
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	-
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	806,673	21	688,37
Figuration	22	Payables to current and former officers, directors, trustees, key		<u> </u>	
5		employees, highest compensated employees, and disqualified persons.	*\\$	* 1	*
ן נ		Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities. Complete Part X of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	918,727	26	721,80
,		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	* *		*
וַ בַּ	27	Unrestricted net assets	5,353,478	27	5,701,55
	28	Temporarily restricted net assets	0	28	
נ	29	Permanently restricted net assets	0	29	
	20	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	×		* 4
ם מ	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	
Ź	32	Retained earnings, endowment, accumulated income, or other funds.		32	
וו	33	Total net assets or fund balances	5,353,478	33	5,701,55
2	34	Total liabilities and net assets/fund balances	6,272,205		6,423,35
_	 -		,200		Form 990 (20

_	4	4
Page		4

1 Total revenue (must equal Part VIII, column (A), line 12)	Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				V
3 Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1		17:	3,233
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		32	6,318
the changes in net assets or fund balances (explain in Schedule O)	3				(153	,085)
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? Bif "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	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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 in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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?	5		5_		_50	1,158
Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	6					
Check if Schedule O contains a response to any question in this Part XII			6		5,70	1,551
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					
b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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?	1	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın	103	No.
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	1
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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?	С	· · · · · · · · · · · · · · · · · · ·	_		/	
issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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?			plain	in 🙀		
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?	d		ar we	re		
the Single Audit Act and OMB Circular A-133?		☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		35.4	4:38	W.
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	3a		forth	ı		1
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such a	ergo thudits			
		Toquilda dadit di dadito, oxpidiri firiy ili dolloddid d'alla doddilad diliy stopa tallori to diladigo ddoll d				1/2010

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

The Fo	undation of the G	reat Lakes Confe	rence, Churches of Go	d, Genera	I Confere	nce	İ		31-161	0743		
Part I	Reason for	or Public Char	rity Status (All orga	nization	s must c	omplete	this par	t.) See i	nstructio	ns.		
The org	anization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)	_	-		
2 [3 [4 [A school desci A hospital or a A medical rese	ribed in section cooperative hos earch organization in city, and state	hes, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjuncts:	ch Schede ation desc ction with	ule E.) cribed in s a hospit	section 1 al descrit	1 70(b)(1)(ped in se	A)(iii). ction 170	D(b)(1)(A)(i			
5 [] An organizatio	n operated for the normal (1)(A)(iv). (Comp	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit d	escrib	ed in
] An organizatio	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					ut or from	the ger	neral p	ublic
8 [A community t	rust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	ırt II.)						
	receipts from support from acquired by th	activities related gross investme e organization a	receives: (1) more that to its exempt funct and income and unrefer June 30, 1975. Se	ions—sul lated bus ee sectio	bject to d siness tax n 509(a) (certain ex xable inc 2). (Comp	ceptions come (les olete Part	s, and (2) ss section t III.)	no more n 511 tax	than 33	31/3%	of its
11 🖸	An organization purposes of o 509(a)(3). Che a	on organized and one or more public the box that one of the box that one of the box, I certify	operated exclusively of operated exclusively object of operated organ describes the type of type II ctat the organization ers and other than one	ely for the nizations supporting. Typus not con	ne benefit described ng organiz ne III-Fund ntrolled d	t of, to point of in sectionally in the contraction of the contraction	perform from 509(and complete integrated integrated integrated indirectles)	the funct a)(1) or se te lines 1 d y by one	ions of, cection 509 1e throug d or more d	(a)(2). S h 11h.] Type lisqualifi	ee se III–Ot ed pei	ction her rsons
	or section 509	_	ord and other than on	0 0, 1110.0	publicity	ооррон	ou organ					· \/(· /
f g	If the organization, or	ation received a check this box . 17, 2006, has the	a written determination							e III sup 	portin	ig 🗆
			ndirectly controls, eith								Yes	No
			ody of the supported	_						11g(i)		✓_
		-	on described in (ı) abo							11g(ii)		✓
	• •	•	a person described in							11g(in)		
h	Provide the fo	llowing informati	on about the support			1			- ү			
	me of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the clon in col zed in the S ?		mount o	of
			, "	Yes	No	Yes	No	Yes	No			
(A) The Con	Great Lakes ference,	34-1176574	1	1							11:	2,360
(B) Mt. of G	Carmel Church od	34-1058639	1	1							15	0,000
(C) Mad	lison Church of	34-1600751	1	/							;	8,000
(D) Grad	ce Fellowship rch	34-1868178	1	/		_				_		5,000
(E)				-								
											27	5,360

	ile A (Form 990 or 990-EZ) 2010						Page 2
Part	Il Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	l70(b)(1)(A)(v	i)
	(Complete only if you checked th						ality under
<u> </u>	Part III. If the organization fails to	quality unde	er the tests ii	stea below, p	iease compie	ete Part III.)	 _
	ion A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(0) 2008	(u) 2009	(e) 2010	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")				·	ļ.	
2	Tax revenues levied for the						
~	organization's benefit and either paid			Į.			
	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						
5	The portion of total contributions by						
J	each person (other than a	. %.	* *			1	
	governmental unit or publicly	*/,* *.	· ·				
	supported organization) included on	*	`	*			
	line 1 that exceeds 2% of the amount		< 4				
	shown on line 11, column (f)	12.83		*			
6_	Public support. Subtract line 5 from line 4.		<u> </u>				
	ion B. Total Support			1 () 6000	1 1 0000	(.) 0040	(O T-+-1
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends,				}		
	payments received on securities loans,						
	rents, royalties and income from similar sources		1				
_							
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on				1		
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for th	ne organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Sect	ion C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2010 (line 6	6, column (f) d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2009 Sch					15	<u>%</u>
16a	331/3% support test - 2010. If the organiz						
	box and stop here. The organization qua						> 🗆
b	331/3% support test-2009. If the organ					9 15 is 33½%	
	check this box and stop here. The organ						🕨 🗌
17a	10%-facts-and-circumstances test-20	010. If the org	anization did n	ot check a box	on line 13, 16	sa, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
	Part IV how the organization meets the "f	acts-and-circ	umstances" te	st. The organiz	ation qualifies	as a publicly s	. –
	organization						► ⊔
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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					1	
	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			<u></u>			
8	Public support (Subtract line 7c from				300 1. 30x 11.1	1.5 7 機變	
_	line 6.)						
Secti	on B. Total Support		.,				
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,					!	
	payments received on securities loans, rents,		ļ				
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	•					
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975	ļ					
_	Add lines 10a and 10b	-				-	
11	Net income from unrelated business						
	activities not included in line 10b, whether					!	
	or not the business is regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		 		-	1	
	and 12.)						
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere					▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2010 (line			13, column (f))		15	%
16_	Public support percentage from 2009 Sc			<u></u>	<u> </u>	16	%
Secti	on D. Computation of Investment In					T	
17	Investment income percentage for 2010						%
18	Investment income percentage from 200					18	%
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organilline 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part 1, line	11h, column iv - Although Mt. Carmel Church of God, Madison Church of God, and Grace Fellowship Church are not listed by
name in ou	ur governing documents, they are inferred because our governing documents state we exist to support The Great Lakes
Conferenc	e, Churches of God, General Conference and its member churches and agencies. These churches are member churches.
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number The Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743

Par	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Foorm 990, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subjec	t to the organization's exclusive legal con	trol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, don		
	only for charitable purposes and not for the	benefit of the donor or donor advisor, o	r for any other purpose
		· · · · · · · · · · · · · · · · · · ·	
Part	Conservation Easements. Compl		s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g., r	ecreation or education) 🔲 Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organizat	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation ease		
С	Number of conservation easements on a cert		
d	Number of conservation easements include		
	historic structure listed in the National Regist		
3	Number of conservation easements modified tax year ▶	l, transferred, released, extinguished, or to	erminated by the organization during the
4 5	Number of states where property subject to or Does the organization have a written policy		nepoetion bandling of
3	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitor		
U	Starr and volunteer flours devoted to monitor	ing, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, i	inspecting and enforcing conservation ea	sements during the year
•	► \$	mispecting, and emorcing conscivation ca	demonds during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
9	In Part XIV, describe how the organization re		
•	balance sheet, and include, if applicable, the		
	organization's accounting for conservation ea		
Part	III Organizations Maintaining Collection	ctions of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line	3.
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in	its revenue statement and balance shee
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance o
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other s		education, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X	line 1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works	of art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported un		
а	Revenues included in Form 990, Part VIII, line	e1	. > \$
b	Assets included in Form 990, Part X		

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, or	Otl	her Similar Ass	ets (co	ntını	ıed)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the fo	llow	ring that are a sign	gnificant	use	of its
а	☐ Public exhibition				n or exchange					
b	Scholarly research		e [Oth	er					
С	Preservation for future generatio	ns					- 			.
4	Provide a description of the organizat	tion's collections a	and expla	in now ti	ney turtner the	org	anization's exem	pt purpo	se ir	1 Part
_	XIV.	selicit or receive	donation	o of ort	historical trace	uros	or other similar			
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donations ined as n	sonarı, sart of the	nistoricai treas organization's	s co	s, or other similal llection?	⊓Ye		7 No
Part										
Fall	line 9, or reported an amoun				arnzanori ario		04 100 1010	000,		,
1a	Is the organization an agent, trustee,				or contributions	s or	other assets no	t		
	included on Form 990, Part X?							☐ Ye	s 🗹	⊘ No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the fo	llowing to	able:					
							An	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e		_		
f	Ending balance					1f		[7] V -		7.81-
2a	Did the organization include an amoun		art X, Ilne	217 .				✓ Ye	es L	_ N0
b Par	If "Yes," explain the arrangement in P. Endowment Funds. Complete		ation an	swered	"Ves" to Form	n ac	00 Part IV line	10		
Fair	Endowment Funds. Comple	(a) Current year	(b) Pric		(c) Two years ba		(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	5,353,288		,588,849	6,439,0	-	9	 . 	-	
b	Contributions	0		0		0				
C	Net investment earnings, gains, and					ľ	.4			i
	losses	576,427		986,176	(1,524,8	86)	** **		4	*
d	Grants or scholarships	275,360		414,259	115,	926	1 to 0 s.id			
е	Other expenditures for facilities and						1			
	programs	(95,979)	((249,967)	141,9	924				i
f	Administrative expenses	50,298		57,445		\rightarrow	* " .			
g	End of year balance	5,700,036	<u> </u>	5,353,288	4,588,	849				
2	Provide the estimated percentage of t			s:						
a	Board designated or quasi-endowmen	nt ▶ 100	0 %							
b	Permanent endowment ► Term endowment ► 0 %									
с За	Are there endowment funds not in the		ne organiz	zation the	at are held and	l adı	ministered for the	.		
Ou	organization by:	o possession on a	io organiz		ar are more are			_	Yes	No
	(i) unrelated organizations							3a(i)		√
	(ii) related organizations							3a(ii)		7
b	If "Yes" to 3a(ii), are the related organ				ule R?			3b		
4	Describe in Part XIV the intended uses									
Part	VI Land, Buildings, and Equip	ment. See Form	n 990, Pa	art X, lin	e 10.					
	Description of investment	(a) Cost or ot (investm			or other basis ther)		Accumulated preciation	(d) Bool	k value	9
1a	Land		0		0					0
b	Buildings		0		0		0	<u> </u>		0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		3,065		2,984	•		81
e Takal	Other	· Compared Forms Of	0 000	/ 00/:	6,885	1	5,451			1,434
i otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	su, Pan X	., column	i (b), iirie IU(C).	, .	▶			1,515

Part VII	Investments - Other Securities	. See Form 990, Part X	, line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)		. <u> </u>		
(E)				
(F)	•			
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col (B) line 12) ▶	<u> </u>		
Part VIII	Investments-Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13)	1 1 15	ia	a district
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		(b) Book value
/1\ Interest	Receivable			21,833
	s Receivable			17
	3 Receivable	· · · · · · · · · · · · · · · · · · ·		
(3)		· · · · · · · · · · · · · · · · · · ·		
<u>(4)</u>				
<u>(5)</u>		<u> </u>		
(6)				
(7)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, c	ol (R) line 15.)		21,850
Part X	Other Liabilities. See Form 990			
1,	(a) Description of liability	(b) Amount		у
	income taxes		╡ .	
(2)	moome take	-	-	,
(3)			-	
(4)			-	
(5)			\dashv	*
(6)			-	
(7)			-	
(8)				
(9)				
(10)		<u> </u>		
(11)	(A)			
	(b) must equal Form 990, Part X, col (B) line 25.)	Ab - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	a the organization's fragmost states	monto that remerts the
	SC 740) Footnote. In Part XIV, provide		o the organization's financial stater	nems man reports the
organizatioi	า's liability for uncertain tax positions เ	1110er FIN 40 (ASC /40).		

Schedu	ule D (Form 990) 2010		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	∍nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	173,233
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	326,318
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(153,085)
4	Net unrealized gains (losses) on investments	4	447,696
5	Donated services and use of facilities	5	0
6	Investment expenses	6	C
7	Pnor period adjustments	7	0
8	Other (Describe in Part XIV.)	8	53,462
9	Total adjustments (net). Add lines 4 through 8	9	501,158
10		10	348,073
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	575,116
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2.15	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	Z v	
е	Add lines 2a through 2d	2e	403,194
3	Subtract line 2e from line 1	3	171,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.77	
а	Investment expenses not included on Form 990, Part VIII, line 7b	7:	,
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	1,311
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	173,233
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Re	turn
1	Total expenses and losses per audited financial statements	1	227,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		;
b	Prior year adjustments		
C	Other losses	,	
d	Other (Describe in Part XIV)	1.	
е	Add lines 2a through 2d	2e	(97,964)
3	Subtract line 2e from line 1	3	325,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,311		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	1,311
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	326,318
Part	XIV Supplemental Information		
Part \	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P V, 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. IV, line 2b - Investment facilitator agreement with The Great Lakes Conference, Churches of God, General Co	plete	this part to provide
!	provides for the investment of assets.		
Part \	V, line 4 - Generate income and growth for supporting the ministries of The Great Lakes Conference, Church	ies of	God, General
	Conference and its member churches and agencies.		
Part 2	XI, line 8 - (\$44,502) Investment facilitator agreement; \$97,964 SFAS No. 136 adjustment for year 2010 activit	у.	•
Part 2	XII, line 2d - (\$44,502) Investment facilitator agreement.		
Part 2	XIII, line 2d - (\$97,964) SFAS No. 136 adjustment for year 2010 activity.		

Schedule D (Fo	rm 990) 2010	Page 5
Part XIV	Supplemental Information (continued)	

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SCHEDULE (Form 990) Department of the Treasury

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.

OMB No 1545-0047

Open to Public Inspection

%□ (h) Purpose of grant or assistance Website Developmen 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 **Employer Identification number Building Expansion** Water & Sewer Line Mobile Classrooms Church Plant Staff Scholarship Fund Hospital Pastoral Church Start-up ✓ Yes 31-1610743 **Architect Fees** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 4,200 1,709 50,000 25,000 7,500 1,993 8,000 150,000 21,958 (d) Amount of cash grant The Foundation of the Great Lakes Conference, Churches of God, General Conference (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. 501(c)(3) 501(c)(3) 501(c)(3) 34-1058639 34-1176574 34-1600751 (P) EIN 700 E. Melrose Ave. Findlay, OH 458 Rt. 1, 12613 US 20 Pioneer, OH 4355 1 (a) Name and address of organization 4026 Miller Rd. Celina, OH 45822 (2) The Great Lakes Conference, (1) Mt. Carmel Church of God (9) Madison Church of God or government Name of the organization (3) Same (6) Same (8) Same (4) Same (5) Same (7) Same Part Part II 5 Ê Schedule I (Form 990) (2010)

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Enter total number of section 501(c)(3) and government organizations

3

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

Enter total number of other organizations

Cat No 50055P

Schedule I (Fc	Schedule I (Form 990) (2010)
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

	י מור ווו סמו כס מסלוויסמוס וו ממפוווסו ומו סמס וויסס פ		•			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
ო						9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
4						
က						
9						
-						
Part IV	Supplemental Information. Complete this part	e this part to pro	ovide the information	n required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	litional information.

to make site visits as well. Final reports require a review of performance and activities as well as completed financial statements. Agreements require recipients to use the grants for the periodic written progress reports that include an update on the program/activity being funded by the grant, copies of expenses and financial statements. The Foundation reserves the right agreed upon program/activity. Unused grant funds must be returned and The Foundation reserves the right to terminate the grant if the recipient has misused or misrepresented how the Part I, line 2 - Signed grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference and the recipient require the recipient to provide grant was to be used.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization Employer identification number 31-1610743 The Foundation of the Great Lakes Conference, Churches of God, General Conference Form 990 Part III, line 4d: \$21,958 grant to The Great Lakes Conference, Churches of God, General Conference for hospital pastoral care endowment. \$8,000 grant to Madison Church of God for a mobile classroom. \$7,500 grant to The Great Lakes Conference, Churches of God, General Conference Otyokwah Camp & Retreat Center for architect fees. \$5,000 grant to Grace Fellowship Church for church basement improvements. \$4,200 grant to The Great Lakes Conference, Churches of God, General Conference Commission on Church Life for website development. \$1,993 NPV adjustment of grant to The Great Lakes Conference, Churches of God, General Conference Commission on Church Planting for the partial funding of a church planting field director staff person. \$1,709 NPV adjustment of grant to The Great Lakes Conference, Churches of God, General Conference Commission on Church Planting for the purpose of starting new churches. Form 990 Part VI, line 8b - There were no committees with authority to act on this entity's behalf. Form 990 Part VI, line 9. Robert A. Fry - 2306 Springmill Rd. Findlay, OH 45840 Kerry D. Samples - 10080 Kleinhen Rd. Defiance, OH 43512 Tim D. Clutter - 1704 Bryan Court Celina, OH 45822 Dan N. Kennard - 714 Deer Valley Ct. Findlay, OH 45840 Berniece Asel - 2625 Hollybrook Dr. Findlay, OH 45840 Randy Dammeyer - 8350 St. Rt. 219 Celina, OH 45822 Chester L. Stephenson - 2014 Eagle Brooke Pkwy Celina, OH 45822 Form 9909 Part VI, line 11a - Each voting board member is provided a complete written copy of Form 990 and its supporting schedules for

review and discussion. A vote of approval for filing Form 990 and its related schedules is taken.

Employer identification number

Name of the organization	Employer identification number
The Foundation of the Great Lakes Conference, Churches of God, General Conference	31-1610743
Form 990 Part VI, line 12c - An annual disclosure form is distributed to all board members and employees	. The disclosure forms are
collected and reviewed by the President and Board Chairman. Board members with a conflict of interes	t are not permitted to vote on
matters related to that conflict.	
Form 990 Part VI, line 15a and 15b - The governing board reviews the compensation of its President and F	inancial Controller as a part of
its annual budget establishment. This review includes a review of performance and formal and/or information of the stablishment.	nal gathering of appropriate
compensation rates.	
Form 990 Part VI, line 19 - The organization's governing documents, conflict of interest policy, Form 990 fi	iling and financial statements
are available to the public in written form upon request.	
Form 990 Part XI, line 5 - Investment facilitator agreement (\$44,502); Unrealized Appreciation/(Depreciation	n) on Investments \$447,696; SFAS
No. 136 adjustment for year 2010 activity \$97,964.	
Form 990, Schedule R, Part II - The reporting organization is controlled by The Great Lakes Conference, C	hurches of God, General
Conference (34-1176574), 700 E. Melrose Ave., PO Box 1132, Findlay, OH 45839, a subordinate in a grou	p exemption number
4256 of which Churches of God, General Conference (23-6424046) is the central organization. Also, a gr	ant was awarded to Mt. Carmel
Church of God (34-1058639), 4026 Miller Rd., Celina, OH 45822, which is also a subordinate of group ex	emption number 4256.
	••••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions. ► Attach to Form 990.

Open to Public Inspection 2010

OMB No 1545-0047

Employer Identification number 31-1610743

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

The Foundation of the Great Lakes Conference, Churches of God, General Conference

Part I

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 (f)
Direct controlling entity å Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets Š Š Public chanty status (if section 501(c)(3)) <u>e</u> (d) Total income (d) Exempt Code section 501(C)(3) 501(C)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state lor foreign country) F 동 (b) Primary activity (b) Primary activity Church Church (1) For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (1) Madison Church of God Rt. 1, 12613 US 20, Pioneer, OH 43554 EIN 34-1600751 (a)
Name, address, and EIN of related organization (2) Grace Fellowship Church 2150 TR 585, Loudonville, OH 44842 EIN 34-1868178 Part II € 9 ල 9 9 9 2 ල **£**

(k) Percentage ownership ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (I) General or managing partner? Yes No end-of-year assets (g) Share of (f)
Code V—UBI
amount in box 20 of
Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate allocations? ž Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (d)

| Direct controlling entity (f) Share of total income (c) Legal domicile (state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (b) Primary activity (d)

Controlling entity (1) (c) Legal domicile (state or foreign (a) Name, address, and EIN of related organization (b) Primary activity EIN related organization Name, address, and Œ Part IV Part III 9 8 ල € 9 E ଷ ල € 3 9 8 Ξ

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010

Part V Transactio

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	plete g the	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	yrant,	Gift, grant, or capital contribution from other organization(s)	Loans or loan guarantees to or for other organization(s)	Loans or loan guarantees by other organization(s)	of ass	ase c	ange (Lease of facilities, equipment, or other assets to other or	of fa	rman	rman	ng of	1g of	ourse	Reimbursement paid by other organization for expenses	trans	rrans	answ									
	. Complete line 1 if any entity is listed in Parts II, III, of 1V of this schedule During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Recei	Gift, grant, or capital contribution to other organization(s	Gift, g	Loans	Loans	Sale of assets to other organization(s)	Purchase of assets from other organization(s)	Exchange of assets	Lease	Lease of facilities, equipment, or other assets from other	Performance of services or membership or fundraising solicitations for other organization(s)	Performance of services or membership or fundraising solicitations by other organization(s)	Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees .	Reimbursement paid to other organization for expenses	Reim	Other transfer of cash or property to other organization(s)	Other transfer of cash or property from other organization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								!	
	Note. Complete line 1 if any entity is listed in Parts II, III, of IV 1 During the tax year, did the organization engage in any c	a	۵	υ	-		4	0			-	<u>~</u>	_	Ε	<u>_</u>	0	٩	σ		~			Ξ	ล	9	&	<u>6</u>	9	
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Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(Q)		9		ε	1	Ξ
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partne	Share of	Disproportionate		General or
			501(c)(3) organizations?			of Schedule K-1 (Form 1065)	partner?
			Yes No	Т.	Yes No		Yes No
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Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	

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