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Form 990

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)

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>THE GREATER ALLIANCE FOUNDATION, INC.</b> C/O DOUG SCHWARZ Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>960 WEST STATE STREET</b> Room/suite City or town, state or country, and ZIP + 4 <b>ALLIANCE, OH 44601</b>	D Employer identification number <b>34-1873212</b>
	F Name and address of principal officer DOUG SCHWARZ <b>960 WEST STATE STREET, SUITE 130, ALLIANCE,</b>	E Telephone number <b>(330) 823-8560</b>
		G Gross receipts \$ <b>3,538,808.</b>
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list (see instructions)
		H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► N/A	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►
		L Year of formation: <b>1998</b> M State of legal domicile: OH

## Part I Summary

2010 Revenue Activities & Governance 10 Expenses	1 Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION SOLICITS DONATION TO DIRECT GIVING TOWARDS IDENTIFIABLE AND WORTHY NEEDS THAT</b>	<b>RECEIVED</b> FEB 01 2012 RS-OSC OGDEN UT	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	7
3 Number of voting members of the governing body (Part VI, line 1a)	4	7	
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	0	
6 Total number of volunteers (estimate if necessary)	7a	1,246.	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	604.	
b Net unrelated business taxable income from Form 990-T, line 34			
8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
9 Program service revenue (Part VIII, line 2g)	175,477.		963,900.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.		0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269,277.		204,601.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,709.		8,949.
	457,463.		1,177,450.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	315,049.		385,374.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,311.		25,852.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) ►	12,594.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	50,620.		42,931.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,980.		454,157.
19 Revenue less expenses. Subtract line 18 from line 12	66,483.		723,293.
20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
21 Total liabilities (Part X, line 26)	8,781,864.		9,433,532.
22 Net assets or fund balances Subtract line 21 from line 20	2,619,788.		2,623,020.
	6,162,076.		6,810,512.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <b>DOUG SCHWARZ DIRECTOR</b>	Date <b>1/19/12</b>			
	Type or print name and title				
Paid	Print/Type preparer's name <b>MATTHEW A. LAFOUNTAIN</b>	Preparer's signature <b>MATTHEW A. LAFOUNTAIN</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN
Preparer	Firm's name ► <b>HILL, BARTH &amp; KING LLC</b>	Firm's EIN ►			
Use Only	Firm's address ► <b>119 EAST STATE STREET ALLIANCE, OH 44601</b>	Phone no. <b>(330) 821-2150</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

THE GREATER ALLIANCE FOUNDATION, INC.

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### **Part III 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:**

TO PROVIDE FOR INDIVIDUALS AND OTHER ENTITIES INTERESTED IN THE QUALITY OF LIFE IN THE ALLIANCE AREA, THE OPPORTUNITY TO DIRECT THEIR GIVING TOWARDS IDENTIFIABLE AND WORTHY NEEDS THAT SOMETIMES GO UNMET BY ESTABLISHED CHARITABLE RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:                   ) (Expenses \$ 385,374. including grants of \$                   ) (Revenue \$                   )  
MAKING GRANTS TO PUBLIC CHARITIES, COLLEGES, PUBLIC SCHOOL DISTRICTS,  
OR GOVERNMENTAL UNITS FOR THE LONG TERM BENEFIT OF THE GREATER  
ALLIANCE, OHIO COMMUNITY.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_ (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 ► 385,374.

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## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
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 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c 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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	11e X	
14b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11f X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a X	
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>	12b X	
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? <i>If "Yes," complete Schedule G, Part I</i>	13 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b X	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	15 X	
20b 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)	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b	

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## Part IV 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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c <input type="checkbox"/>	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	
25a 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	25a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a <input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b <input checked="" type="checkbox"/>	
c 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 <input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 <input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 <input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <input checked="" type="checkbox"/>	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 <input checked="" type="checkbox"/>	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 <input checked="" type="checkbox"/>	

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## 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	1a	14
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	2
c 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? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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	X
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a 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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 <b>Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 <b>Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13b	
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	13c	
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI **Section 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	7	
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
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	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?		
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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a	X
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?	16b	
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?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► OH
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 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 of the organization: ►
	<b>SANDY FURCOLOW - 330-823-8560</b>
	<b>960 WEST STATE STREET, SUITE 130, ALLIANCE, OH 44601</b>

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**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 nor any related organization compensated any current officer, director, or trustee

THE GREATER ALLIANCE FOUNDATION, INC.

**Form 990 (2010)**

C/O DOUG SCHWARZ

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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Sub-total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
---	--	---

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

THE GREATER ALLIANCE FOUNDATION, INC.  
C/O DOUG SCHWARZ

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	963,900.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>		963,900.			
<b>Program Service Revenue</b>		Business Code			
2 a					
b					
c					
d					
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>					
3 Investment income (including dividends, interest, and other similar amounts)		► 220,560.			220,560.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	2,345,399.				
c Gain or (loss)	2,361,358.				
d Net gain or (loss)	<15959.►				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events		►			
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
<b>Miscellaneous Revenue</b>	Business Code				
11 a <b>MISCELLANEOUS INCOME</b>	900001	8,949.			8,949.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		► 8,949.			
<b>12 Total revenue. See instructions.</b>		► 1177450.	0.	1,246.	212,304.

## THE GREATER ALLIANCE FOUNDATION, INC.

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C/O DOUG SCHWARZ

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## 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).

Do not include amounts reported on lines 6b, 7b, 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	385,374.	385,374.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	18,000.		18,000.	
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 Other salaries and wages	6,015.		6,015.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,837.		1,837.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,569.		17,569.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,071.		1,071.	
13 Office expenses	787.		787.	
14 Information technology				
15 Royalties				
16 Occupancy	3,000.		3,000.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	278.		278.	
23 Insurance	3,232.		3,232.	
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.)				
a PRINTING AND PUBLICATIO	10,301.		10,301.	
b DUES & SUBSCRIPTIONS	2,427.		2,427.	
c TELEPHONE	1,028.		1,028.	
d POSTAGE AND SHIPPING	925.		925.	
e UTILITIES	895.		895.	
f All other expenses	1,418.		1,121.	297.
25 Total functional expenses Add lines 1 through 24f	454,157.	385,374.	56,189.	12,594.
26 Joint costs Check here ► <input type="checkbox"/> 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				

## THE GREATER ALLIANCE FOUNDATION, INC.

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C/O DOUG SCHWARZ

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## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	231,996.	2	764,764.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,164.	4	13,475.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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 employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 4,685.		
	b Less accumulated depreciation	10b 4,419.	448.	10c 266.
	11 Investments - publicly traded securities	5,004,349.	11	5,124,775.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,539,907.	15	3,530,252.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,781,864.	16	9,433,532.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	57,853.	18	71,515.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,561,935.	25	2,551,505.
	26 Total liabilities. Add lines 17 through 25	2,619,788.	26	2,623,020.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,448,432.	27	3,537,444.
	28 Temporarily restricted net assets	1,151,743.	28	1,603,226.
	29 Permanently restricted net assets	1,561,901.	29	1,669,842.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		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	6,162,076.	33	6,810,512.
	34 Total liabilities and net assets/fund balances	8,781,864.	34	9,433,532.

Form 990 (2010)

## THE GREATER ALLIANCE FOUNDATION, INC.

Form 990 (2010)

C/O DOUG SCHWARZ

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,177,450.
2	Total expenses (must equal Part IX, column (A), line 25)	2	454,157.
3	Revenue less expenses Subtract line 2 from line 1	3	723,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,162,076.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<74,857. >
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,810,512.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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?	2c	
	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.		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	<input checked="" type="checkbox"/>
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	3b	

Form 990 (2010)

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

# Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

Name of the organization THE GREATER ALLIANCE FOUNDATION, INC.  
C/O DOUG SCHWARZ Employer identification number  
34-1873212

**Part I** **Reason for Public Charity Status** (All organizations must complete this part) See Instructions.

The organization is not a private foundation because it is (For lines 1 through 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).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

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

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

Total

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

**Schedule A (Form 990 or 990-EZ) 2010**

## THE GREATER ALLIANCE FOUNDATION, INC.

Schedule A (Form 990 or 990-EZ) 2010 C/O DOUG SCHWARZ

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

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

**Section A. Public Support**

Calendar 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.")	673,923.	926,889.	109,434.	175,477.	963,900.	2,849,623.
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	673,923.	926,889.	109,434.	175,477.	963,900.	2,849,623.
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)						1,391,599.
6 Public support. Subtract line 5 from line 4						1,458,024.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	673,923.	926,889.	109,434.	175,477.	963,900.	2,849,623.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	134,687.	170,575.	83,526.	269,277.	202,997.	861,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						1,603.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			5,873.	12,709.	8,949.	27,531.
11 Total support. Add lines 7 through 10						3,739,819.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	38.99	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	37.45	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar 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 furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar 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, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization



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



## Schedule A

## **Identification of Excess Contributions Included on Part II, Line 5**

2010

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Total Excess Contributions to Schedule A, Part II, Line 5

1,391,599.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► 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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **THE GREATER ALLIANCE FOUNDATION, INC.** C/O DOUG SCHWARZ Employer identification number **34-1873212**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	9	6
2 Aggregate contributions to (during year)	487,865.	299,052.
3 Aggregate grants from (during year)	216,366.	44,300.
4 Aggregate value at end of year	2,747,063.	839,220.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

## THE GREATER ALLIANCE FOUNDATION, INC.

Schedule D (Form 990) 2010

C/O DOUG SCHWARZ

34-1873212 Page 2

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a  Public exhibitiond  Loan or exchange programsb  Scholarly researche  Other \_\_\_\_\_c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

 Yes No**Part IV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

 Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

 Yes No

b If "Yes," explain the arrangement in Part XIV

**Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by

(i) unrelated organizations

(ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI** Land, Buildings, and Equipment. See Form 990, Part 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				
c Leasehold improvements				
d Equipment	4,685.		4,419.	266.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) ►

266.

Schedule D (Form 990) 2010

## THE GREATER ALLIANCE FOUNDATION, INC.

C/O DOUG SCHWARZ

Schedule D (Form 990) 2010

34-1873212 Page 3

**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 valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN LEAD TRUST	862,809.
(2) INVESTMENT IN REMAINDER TRUST	2,649,963.
(3) BENEFICIAL INTEREST IN REMAINDER TR	17,480.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►

3,530,252.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY UNDER GIFT ANNUITY	
(3) PAYABL	424,693.
(4) LIABILITY UNDER UNITRUST	997,600.
(5) AGENCY FUND LIABILITIES	1,129,212.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2,551,505.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053  
12-20-10

Schedule D (Form 990) 2010

THE GREATER ALLIANCE FOUNDATION, INC.

Schedule B (Form 990) 2010

C/O DOUG SCHWARZ

34-1873212 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	1,177,450.
2	454,157.
3	723,293.
4	<74,857. >
5	
6	
7	
8	
9	<74,857. >
10	648,436.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
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
b Other (Describe in Part XIV.)	4b
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

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part 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 complete this part to provide any additional information

**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

**2010**

Open to Public  
Inspection

Name of the organization **THE GREATER ALLIANCE FOUNDATION, INC.**  
C/O DOUG SCHWARZ

Employer identification number  
**34-1873212**

**Part I** General Information on Grants and Assistance

1 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?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to 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 duplicated if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE AREA DOMESTIC VIOLENCE PO BOX 3622 ALLIANCE, OH 44601	34-1329875	501(C)(3)	14,493.	0.			FOR OPERATIONS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD, SUITE B OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	10,000.	0.			FOR OPERATIONS
INDEPENDENCE DAY FIREWORKS COUNCIL 75 W GLAMORGAN, SUITE 110 ALLIANCE, OH 44601	34-1873212	501(C)(3)	16,000.	0.			FOR OPERATIONS
UNITED WAY 4825 HIGHBEE AVENUE NW CANTON, OH 44718	13-4254191	501(C)(3)	16,500.	0.			FOR OPERATIONS
INTERFAITH DAYCARE 470 EAST BROADWAY STREET ALLIANCE, OH 44601	34-1033910	501(C)(3)	53,879.	0.			FOR OPERATIONS
ALLIANCE CAREER CENTER 347 EAST SOUTH TEMPLE ALLIANCE, OH 44601	34-4000040	501(C)(3)	36,482.	0.			FOR OPERATIONS

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

3 Enter total number of other organizations

Schedule I (Form 990) (2010)

THE GREATER ALLIANCE FOUNDATION, INC.  
C/O DOUG SCHWARZ

Schedule I (Form 990)

34-1873212 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA 239 E MARKET STREET ALLIANCE, OH 44601	34-1832697	501(C)(3)		17,353	0.		FOR OPERATIONS
ANGELS GRACE HOSPICE W359 N7430 BROWN ST., COUNTY HWY P OCONOMOWOC, WI 53066	20-0067392	501(C)(3)	10,000.	0.			FOR OPERATIONS
MENDOCINO COAST HOSPITALITY CENTER P.O. BOX 2168 FORT BRAGG, CA 95437	94-3016840	501(C)(3)		5,000.	0.		FOR OPERATIONS
WAUKESHA MEMORIAL HOSPITAL FOUNDATION, INC. - 725 AMERICAN AVENUE - WAUKESHA, WI 53186	39-1314542	501(C)(3)		8,000.	0.		FOR OPERATIONS
ACTORS FUND 729 7TH AVENUE NEW YORK, NY 10019	13-1635251	501(C)(3)		5,500.	0.		FOR OPERATIONS
ALLIANCE FOR CHILDREN AND FAMILIES, INC. - 624 SCRANTON AVENUE - ALLIANCE, OH 44601	34-1590276	501(C)(3)		6,000.	0.		FOR OPERATIONS
BEECH CREEK BOTANICAL GARDEN 11919 BEECH STREET, NE THOUSAND OAKS, CA 91360	34-1964977	501(C)(3)		28,750.	0.		FOR OPERATIONS
CALIFORNIA LUTHERAN COLLEGE 60 OLSEN ROAD THOUSAND OAKS, CA 91360	95-2962604	501(C)(3)		10,000.	0.		FOR OPERATIONS
CALLEN LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH STREET - NEW YORK, NY 10011 LHA	13-3409680	501(C)(3)		5,000.	0.		FOR OPERATIONS

Schedule I (Form 990)

THE GREATER ALLIANCE FOUNDATION, INC.  
C/O DOUG SCHWARZ

Schedule I (Form 990)

C/O DONG SCHWARZ

34-18/3412 Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States [Schedule] (Form 990, Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLASSIC STAGE COMPANY 1136 EAST 13TH STREET NEW YORK, NY 10003	23-7025308	501(c)(3)	5,000	0	FOR OPERATIONS		
EARLY CHILDHOOD RESOURCES 3114 CLEVELAND AVENUE CANTON, OH 44709	34-0714462	501(c)(3)	10,000	0	FOR OPERATIONS		
FRIENDS OF THE PARKS, INC. 2930 SOUTH UNION AVENUE ALLIANCE, OH 44601	35-1351052	501(c)(3)	8,500	0	FOR OPERATIONS		
GRAND RIVER ACADEMY 3042 COLLEGE STREET AUSTINBURG, OH 44010	34-0753533	501(c)(3)	10,000	0	FOR OPERATIONS		
ONE BOOK ONE COMMUNITY 215 EAST BROADWAY STREET ALLIANCE, OH 44601	34-0714687	501(c)(3)	5,300	0	FOR OPERATIONS		
THE UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	34-0714687	501(c)(3)	19,794	0	FOR OPERATIONS		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **THE GREATER ALLIANCE FOUNDATION, INC.** Employer identification number  
**C/O DOUG SCHWARZ** **34-1873212**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**SOMETIMES GO UNMET BY ESTABLISHED CHARITABLE RESOURCES IN THE ALLIANCE  
AREA.**

**FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE  
COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY**

**FORM 990, PART VI, SECTION B, LINE 11: SENT TO BOARD MEMBERS FOR APPROVAL**

**FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
REVIEWED WITH THE TRUSTEES AT THE ANNUAL MEETING**

**FORM 990, PART VI, SECTION B, LINE 15A: MEETING OF THE BOARD OF DIRECTORS**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS AVAILABLE UPON REQUEST AND ITS FINANCIAL STATEMENTS ARE  
AVAILABLE IN ITS ANNUAL REPORT**

**FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:**

**NET UNREALIZED LOSSES ON INVESTMENTS: -74,857.**

**Form 990 - Supplemental Schedules**  
**Greater Alliance Fd**  
For Taxable Year Ending September 30, 2011.

SCHEDULE	-DEPRECIATION	ASSETS			ALLOWANCE FOR DEPRECIATION								
		BEGINNING OF TAXABLE YEAR	ADDITIONS	REDUCTIONS	BEGINNING OF TAXABLE YEAR	END OF TAXABLE YEAR	STRAIGHT LINE	MACRS ACRS	PROVISIONS DEPREC PER BOOK NOT ALLOWED FOR TAX	CHARGES	CREDITS	END OF TAXABLE YEAR	ESTI- MATED LIFE
Software													
PG CALC - 7/29/03	1,215 00				1,215 00							1,215 00	3 yrs
PG CALC - 09/30/04	739 99				739 99							739 99	3 yrs
PG CALC - 07/10/08	565 00				565 00	408 05	156 95					565 00	3 yrs
SAGER SOFTWARE - 10/25/07	554 90				554 90	539 49	15 41					554 90	3 yrs
SAGE SOFTWARE - 07/29/10	292 00				292 00	16 22	97 33					113 55	3 yrs
total	3,366 89				3,366 89	2,918 75	269 69					3,188 44	
Computer Equip													
Dell - 6/22/04	1,222 78				1,222 78	1,222 78						1,222 78	5 yrs
Printer - 04/28/2011	-	95 38			95 38	-	7 94					7 94	5 yrs
total	1,222 78				1,318 16	1,222 78	7 94					1,230 72	
TOTAL	4,589 67	95 38			4,685 05	4,141 53	277 63					4,419 16	

**The Greater Alliance Foundation, Inc.**

EIN: 34-1873212

Bonds - GAF

Year-ended September 30, 2011

Date Acquired	Description	Date of Sale	Proceeds	Cost Basis	Gain/(Loss)
<b>Government Bonds</b>					
1/28/2011	First Trust High Income Ig St Fd	7/21/2011	16,607 28	17,146 52	(539 24)
1/31/2011	First Trust High Income Ig St Fd	7/21/2011	20,545 48	21,199 94	(654 46)
<b>GNMA</b>					
6/15/2008	GNMA 04-10 B		36,036 79	36,036 79	-
10/30/2006	GNMA Pool # 781382		11,519 11	11,519 11	-
	GNMA - 274765		20 27	20 27	-
5/20/2009	GNMA Pool #780378		4,226 55	4,226 55	-
4/15/2008	GNMA 97-8 PN 7 5% DUE 4/16/17		1,416 58	1,416 58	-
12/19/2005	GNMA 2002-47 CL HM		2,702 76	2,702 76	-
8/20/2004	GNMA 2004-47 CL QD		3,665 54	3,665 54	-
2/22/2008	GNMA 04-50 C 5 315 08/16/30		44,546 24	44,546 24	-
7/13/2007	GNMA 05-76 A		29,770 72	29,770 72	-
5/20/2009	GNMA Remic Ser 2003-96 CL D		13,387 38	14,620 13	(1,232 75)
2/22/2008	GNMA 07-68 AE		55,149 22	55,149 22	-
9/25/2009	GNMA Remic ser 2009-77 CL ME	2/22/2011	18,995 30	18,995 30	-
12/20/2007	GNMA 01-65 PH 6 0%		2,890 19	2,890 19	-
6/13/2008	GNMA 03-7 VT 6 0% DUE 12/20/22		9,056 75	9,056 75	-
7/23/2004	GNMA 2003-70 CL MB		20,919 83	21,794 83	(875 00)
3/19/2008	GNR 2003-100 AC 5 5% DUE 2/20/31		9,377 29	9,377 29	-
11/28/2006	GNMA 05-54 BU		2,333 92	2,333 92	-
9/8/2008	GNMA 05-51 DB		4,885 92	4,885 92	-
9/11/2007	GNMA 05-26 BA		12,104 77	12,104 77	-
1/8/2008	GNR 01-61 Z REMIC CPN 6 5% DUE 12/20/31		2,069 14	2,069 14	-
12/3/2008	GNMA 08-48B		74,928 15	74,928 15	-
11/24/2009	GNMA Remic Ser 2009-100 CL MK	10/20/2010	807 39	1,026 13	(218 74)
<b>FNMA</b>					
12/12/2006	FNMA POOL 745251 DTD 1/1/6		8,579 93	8,579 93	-
5/20/2009	FNMA Pool #461647 Balloon		5,340 97	5,340 97	-
3/27/2008	FNBMA 545299 10/01/01		3,423 31	3,423 31	-
2/7/2007	FNMA POOL 545334		1,274 28	1,274 28	-
5/20/2009	FNMA Remic Ser 1993-106 CL Z		10,294 05	10,294 05	-
	FNMA 1993 105D 6 5% DUE 6/25/23		1,145 00	1,145 00	-
9/19/2005	FNMA Remic 1993 Ser 113 CL PK		1,355 21	1,355 21	-
1/23/2008	FNMA POOL 252206 6 0% Due 01/01/19		3,920 06	3,920 06	-
11/20/2006	FNMA 01-4 PC		6,381 20	6,381 20	-
3/25/2008	FNMA 94-65 LL Retail 7 375% DUE 04/25/24		4,000 00	4,060 20	(60 20)
5/23/2008	FNMA 02-78 VB 5 5% DUE 01/25/23		2,886 60	2,886 60	-
12/4/2008	FNMA 02-78 VB 5 5% DUE 01/25/23	8/25/2011	9,819 46	10,105 48	(286 02)
5/20/2009	FNMA Remic Ser 1994-81 CL LL		12,000 00	13,219 70	(1,219 70)
5/20/2009	FNMA Remic Ser 1994-51 CL MM		3,000 00	3,232 94	(232 94)
5/20/2009	FNMA Remic Ser 1994-23 CL PX		17,333 52	17,333 52	-
<b>Corporate Mortgage/Asset Back Securities</b>					
6/27/2006	Wshgtn Mut Mtg Sec CMO Se 2002-S5	7/25/2011	5,734 99	4,800 70	934 29
12/8/2008	Amer Ex Credit Co	9/15/2011	10,000 00	9,693 00	307 00
6/26/2009	Residential accrtd Ins cmo ser 2004-qs11 CL A4		7,299 54	7,299 54	-
6/17/2009	Delta Airlines DEL CMO Ser 2000-1 CL A2	11/26/2010	20,000 00	20,147 99	(147 99)
5/20/2009	El Paso Energy Corp Notes	12/31/2010	28,560 00	27,403 21	1,156 79
7/23/2009	CWALT Inc 2005-6CB	9/27/2011	17,409 33	18,854 70	(1,445 37)
2/26/2010	CWALT Inc 2005-3cb cl	9/27/2011	41,549 22	44,077 17	(2,527 95)
3/31/2010	CWALT Inc 2004-28CB CL		8,399 70	8,399 70	-
7/29/2009	Wells Fargo MBS Tr Ser 2005-12 CL IA1		3,566 18	3,566 18	-
12/29/2009	Banc America FDG remic Ser 2005-8 CL 1A1	8/26/2011	87,584 02	87,729 13	(145 11)
6/29/2010	Residential accrtd Ins cmo ser 2005sp1 CL		19,131 86	18,742 90	388 96
		5/26/2011	69 79	-	69 79
8/9/2010	Structured Asset Sec Remic 2004-21XCL	11/10/2010	24,870 00	24,755 00	115 00
9/27/2011	Structured Asset Sec Remic 2004-20 CL 6A1				

**The Greater Alliance Foundation, Inc.**

EIN: 34-1873212

Bonds - GAF

Year-ended September 30, 2011

Date Acquired	Description	Date of Sale	Proceeds	Cost Basis	Gain/(Loss)
<b>MUNICIPAL BONDS</b>					
7/14/2005	FHLMC #G10430 Gold		384.83	2,233.69	(1,848.86)
2/15/2007	FHLMC Pool A00074		5,432.11	5,432.11	-
12/24/2008	FHLMC 1584L		3,285.09	3,285.09	-
7/18/2005	FHLMC #E20271 Gold		2,147.27	2,147.27	-
5/20/2009	FHLMC Mutcl Remic 2418 CL ME		592.30	1,182.99	(590.69)
2/6/2008	FHLMC 1547II 6.55% 8/15/08		3,000.00	3,128.37	(128.37)
5/20/2009	New Castle PA RFDG Ser C Radian 4.75%	11/1/2010	20,000.00	19,720.60	279.40
5/24/2007	FHLMC 2840 OD		2,084.76	2,084.76	-
5/20/2009	FHLMC Mutcl Remic 1622 CL LL		2,000.00	2,014.32	(14.32)
6/1/2009	Mastr Alternative In Tr Remic Set 2003-2 CL 6A1		9,802.40	9,802.40	-
11/27/2009	Master Alternative LNS Remic Ser 2004-1 CL 4A1		12,738.60	12,738.60	-
3/31/2010	Master Alternative LNS Remic Ser 2005-3 CL	2/28/2011	48,280.39	48,054.11	226.28
5/19/2010	Master Alternative LNS Remic Ser 2005-4 CL		3,982.78	3,982.78	-
8/30/2010	Master Alternative LNS Remic Ser 2005-5 CL	8/26/2011	28,909.65	29,017.88	(108.23)
2/8/2011	FHLMC Remic 3693 CL CB		11,170.86	11,170.86	-
	FHLMC Remic 3888 CL ND		3,320.17	3,320.17	-
<b>Corporate Bonds</b>					
4/22/2009	Nat City Corp Convertible BE	2/1/2011	25000	23,806.36	1,193.64
4/27/2009	Nat City Corp Convertible BE	2/1/2011	25000	23,939.72	1,060.28
4/27/2009	National Rural Utilities Intrnotes	10/15/2010	25000	25,000.00	-
7/16/2009	CMS Energy Corp Senior Note 6.3%	12/20/2010	24,396.22	23,000.00	1,396.22
9/16/2009	CWMBS Inc Remic series 2005-5 CL A1	8/26/2011	21,164.15	21,522.18	(358.03)
9/24/2009	Massey Energy Company Senior Note B/E	7/1/2011	25,429.75	24,755.00	674.75
10/5/2009	NRG Energy Inc Sr Note	2/25/2011	20,175.58	20,555.00	(379.42)
1/26/2010	Wash Mut Mtg Sec CMO 2005-1 CL		2,219.34	2,219.34	-
6/10/2010	Transocean Inc BE Cpn	11/17/2010	26,747.50	21,580.00	5,167.50
6/25/2010	Banc America CMO Ser 2004-6 CL	8/26/2011	44,706.75	45,860.78	(1,154.03)
6/29/2010	Indymac MBS Remic Ser 2004-a1 CL		9,121.10	9,121.10	-
9/27/2010	Banc America Alt Loan CMO 2005-2 CL	8/26/2011	31,772.43	32,549.99	(777.56)
11/24/2010	Banc America mtg sec CMO 2005-4 CL2A1	8/26/2011	25,432.76	25,929.56	(496.80)
<b>Total Assets Sold/Gain/(Loss)</b>			<b>1,226,215.50</b>	<b>1,228,659.46</b>	<b>(2,443.96)</b>

**The Greater Alliance Foundation, Inc.**

EIN: 34-1873212

Bonds - Gift Annuity

Year-ended September 30, 2011

<b>Date Acquired</b>	<b>Description</b>		<b>Proceeds</b>	<b>Cost Basis</b>	<b>Gain/ (Loss)</b>
<b>GNMA</b>					
12/18/2006	GNMA POOL 780921 dtd 11/01/98		2,596 05	2,596 05	-
9/25/2009	GNMA Remic Ser 2009-77 CL ME	2/22/2011	8,140 84	8,140.84	-
9/15/2004	GNMA 2002-51 CL D		3,907.54	3,907.54	-
1/18/2008	GNMA 2002-56B REMIC 5 134% 12/15/26	4/18/2011	5,990.30	5,752.98	237.32
12/20/2007	GNMA 01-65 PH 6.0%		6,743 81	6,743.81	-
1/7/2005	GNMA 2003-106 CL WH		9,534 65	9,534 65	-
4/27/2005	GNMA 2005-30 CL DA		10,641 50	10,641 50	-
	GNMA 2003-86 CL		10,675.88	10,675.88	-
2/6/2008	GNMA 07-47 4 419% 5/16/39		41,842 01	41,842 01	-
<b>FNMA</b>					
7/12/2005	FNMA REMIC 1992-125 CL L		2,318 97	2,318.97	-
11/14/2006	FNMA G 93 17K		2,586 90	2,586 90	-
11/20/2006	FNMA 01-4PC		9,198.86	9,198.86	-
10/27/2006	FHLMC 2627 EV		2,137.94	2,137.94	-
5/16/2005	fhlmc ser 1326 CL J		957.19	957.19	-
	FHLMC #C80342		1,190 26	1,190 26	-
6/3/2004	FHLMC #C01120		473.03	473.03	-
6/7/2005	FHLMC POOL G30175		502 52	502.52	-
1/7/2005	FHLMC REMIC 2891 CL MX	10/15/2010	1,762 30	1,838 27	(75.97)
6/1/2005	FHLMC REMIC 1681 CL PK		490 77	490 77	-
9/20/2005	FHLMC REMIC Ser 2610 CL VB		607.90	607.90	-
<b>CMO</b>					
6/26/2009	CWMBS Inc ser 2004-J1 CL 1A1		11,265.28	11,265.28	-
6/26/2009	Master Alt LN TR Remic Ser 2003-2 CL 6 A		5,414 40	5,414 40	-
7/23/2009	CWALT INC 2005-6CB CL 1A1	9/27/2011	15,065 11	16,317 23	(1,252.12)
12/29/2009	Master FINL Asset Secur Tr Mtg 2003-6 CL 8A		6,878 53	6,878.53	-
1/26/2010	Wash Mut Mtg Sec cmo 2005-1 CL		2,219 34	2,219 34	-
2/26/2010	CWALT INC Remic 2005-3cb cl	9/27/2011	16,549 13	17,559 21	(1,010.08)
4/23/2001	CWALT Inc Remic 2004-28CB CL		2,013.57	2,013.57	-
5/19/2010	Master Alt Ln Tr Remic Ser 2005-4 CL		1,911.73	1,911.73	-
8/10/2010	Structured asset Remic 2004-21X CL	11/10/2010	24,870 00	24,755.00	115.00
9/27/2010	Banc america alt Loan Tr CMO 2005-2 CL	8/26/2011	27,232 78	27,899.99	(667.21)
11/24/2010	Bank of America MTG sec CMO 2005-4 CL 2a1	8/26/2011	25,432 76	25,929.56	(496.80)
11/29/2010	CWALT Inc Remic 2004-28CB CL		1,882 06	1,882.06	-
<b>Total Assets Sold/Gain/(Loss)</b>		A/C 1105	<b>263,033.91</b>	<b>266,183.77</b>	<b>(3,149.86)</b>

**The Greater Alliance Foundation, Inc.**

EIN: 34-1873212

Stock Investments

Year-ended September 30, 2011

Date Acquired	Name	Date Sold	Proceeds	Cost Basis	Gain
<b>Common Stock</b>					
12/30/2003	Bristol Meyer	6/23/2011	14,506.26	13,055.40	1,450.86
12/23/2009	Bristol Meyer	7/14/2011	14,388.35	12,954.09	1,434.26
3/5/2008	Diebold Inc	10/25/2010	16,173.31	18,585.00	(2,411.69)
10/19/2005	Dupont E I De Nemour	10/8/2010	23,020.10	9,477.73	13,542.37
5/20/2009	Energy Conv Devices	4/15/2011	980.77	2,104.06	(1,123.29)
7/10/2009	Energy Conv Devices	4/15/2011	392.31	2,519.35	(2,127.04)
10/9/2009	Energy Conv Devices	4/15/2011	588.47	3,385.00	(2,796.53)
3/28/2007	Nisource, Inc	7/20/2011	20,657.90	24,500.00	(3,842.10)
12/27/2005	PFIZER INC	6/23/2011	2,034.97	2,382.00	(347.03)
12/20/2004	Pfizer Inc	6/23/2011	18,314.74	23,825.00	(5,510.26)
10/28/2005	Pfizer Inc	6/23/2011	2,034.97	2,129.64	(94.67)
5/20/2009	Verizon Communications	3/21/2011	22,267.07	17,565.73	4,701.34
2/22/2010	Kimberly Clark Corp	1/25/2011	16,342.80	15,137.66	1,205.14
4/12/2010	Babcock & Wilcox	3/4/2011	17,072.94	14,096.27	2,976.67
9/16/2010	Kinross Gold Corp	9/29/2011	21,378.97	27,995.94	(6,616.97)
12/22/2010	Covidien PLC	12/22/2010	1,000.33	1,051.91	(51.58)
12/23/2010	JP Morgan chase	12/23/2010	5,941.35	6,097.25	(155.90)
12/27/2010	Gree Mountain Coffee Roaster inc	12/28/2010	102,452.62	103,232.00	(779.38)
12/27/2010	Joy Global inc	12/28/2010	103,837.97	103,488.00	349.97
1/10/2011	Sanofi Aventis ADR	4/15/2011	55,555.62	47,699.90	7,855.72
1/19/2011	Huntington Bancshares Inc	1/27/2011	9,852.36	9,912.00	(59.64)
1/19/2011	Silver Wheaton Corp	1/20/2011	30,232.37	33,010.00	(2,777.63)
1/19/2011	Yamana Gold Inc	1/20/2011	11,008.11	11,530.00	(521.89)
2/16/2011	Aargas Inc	6/23/2011	40,126.17	38,168.89	1,957.28
2/15/2011	International Rectifier	2/17/2011	32,981.54	32,960.00	21.54
4/5/2011	American Superconductor Corp	8/22/2011	5,199.89	25,017.72	(19,817.83)
6/22/2011	Schlumberger LTD	6/28/2011	34,186.21	34,542.08	(355.87)
<b>Preferred and mutual funds</b>					
5/20/2009	Mylan, Inc 6.5% PFD	10/22/2010	28,297.43	23,240.25	5,057.18
11/23/2009	Mylan, Inc 6.5% PFD	10/22/2010	39,616.41	38,988.95	627.46
5/19/2009	Templeton emerging Markets Income Fun	10/5/2010	16,601.46	10,785.24	5,816.22
<b>Total Assets Sold/Gain(Loss)</b>			<b>707,043.77</b>	<b>709,437.06</b>	<b>(2,393.29)</b>

**The Greater Alliance Foundation, Inc.**

**EIN: 34-1873212**

**Investments - Gift Annuity**

**Year-ended September 30, 2011**

<b>Date Acquired</b>	<b>Name</b>	<b>Date of sale</b>	<b>Proceeds</b>	<b>Cost Basis</b>	<b>Gain</b>
<b>Common Stock</b>					
7/19/2007	Nisource, Inc.	9/19/2011	21,929.57	24,770.00	(2,840.43)
9/20/2010	Kraft Foods	2/2/2011	15,135.50	15,974.95	(839.45)
9/21/2010	Kinross Gold corp	8/29/2011	5,232.39	5,665.00	(432.61)
12/28/2010	Kinross Gold corp	8/29/2011	5,232.40	5,741.97	(509.57)
5/20/2011	Microchip Technology Inc	6/2/2011	15,150.74	16,252.96	(1,102.22)
9/9/2011	Cooper Tire & Rubber Company	8/22/2011	8,643.07	15,026.56	(6,383.49)
<b>Preferred</b>					
2/6/2008	Mylan Inc	11/8/2010	23,265.60	20,389.40	2,876.20
2/6/2008	Mylan Inc	11/8/2010	18.33	4.11	14.22
<b>Total Assets Sold/Gain(Loss)</b>			<b>94,607.60</b>	<b>103,824.95</b>	<b>(9,217.35)</b>

***The Greater Alliance Foundation, Inc.***

**EIN: 34-1873212**

**Unrelated Business Income**

**Year-ended. September 30, 2011**

<b>Date Acquired</b>	<b>Name</b>	<b>Date Sold</b>	<b>Proceeds</b>	<b>Cost Basis</b>	<b>Gain</b>
5/17/2010	Niska Gas Storage LLC	3/24/2011	21,601 26	18,925 68	2,675 58
12/23/2010	Nustar energy LP	4/20/2011	32,896 36	34,326 60	(1,430 24)
<b>Total Assets Sold/Gain(Loss)</b>			<b>54,497.62</b>	<b>53,252.28</b>	<b>1,245.34</b>