

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



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)

20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Α | For the | 2012 cale | ndar year, or tax year beginning , 2012, and endi | ng | | , 20 | | | |
|-------------------|-------------|--------------|--|---------------------|-------------------------------|--------------------------------|--|--|--|
| В | Check if | applicable | C Name of organization The Foundation of the Great Lakes Conference, Chur | ches of God | D Employe | er identification number | | | |
| | Address | change | Doing Business As | | 31-1610743 | | | | |
| $\bar{\Box}$ | Name cl | - | Number and street (or P O box if mail is not delivered to street address) Room/s | uite | E Telephor | ne number | | | |
| $\overline{\Box}$ | Initial ref | - | 700 E. Melrose Avenue | | | 419-425-9602 | | | |
| \exists | Termina | | City, town or post office, state, and ZIP code | | | 410 120 0002 | | | |
| = | | | | | G Gross receipts \$ 1,494,112 | | | | |
| | Amende | ' | Findlay, OH 45840 | 1 | l <u> </u> | | | | |
| Ш | Applicat | ion pending | F Name and address of principal officer Robert Fry | | for affiliates? Yes V No | | | | |
| | | | Same as above. | | | cluded? Yes No | | | |
| <u></u> | Tax-exe | mpt status | 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 | | io," attach a | list (see instructions) | | | |
| <u>J</u> | Website | e: ▶ | | H(c) Grou | p exemption | number > | | | |
| K | Form of | organization | ✓ Corporation Trust Association Other ► L Year of forms | ation 1998 | M State | of legal domicile OH | | | |
| P | art I | Summ | ary | | | | | | |
| | 1 | Briefly de | escribe the organization's mission or most significant activities: To pro | ovide funds fe | or the vari | ous religious purposes | | | |
| • | | - | eat Lakes Conference, Churches of God, General Conference and its mem | | | | | | |
| ဦ | | | | | | | | | |
| Governance | | | | | | | | | |
| Ver | 2 | Check th | us box ▶☐ if the organization discontinued its operations or disposed | of more than | 25% of | its net assets. | | | |
| မွ | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | | | | |
| ≪ | 1 | | | | i | | | | |
| Activities & | 4 | | of independent voting members of the governing body (Part VI, line 1b | , | | | | | |
| .₹ | 5 | | mber of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | | | | |
| Ę | 6 | | mber of volunteers (estimate if necessary) | | . 6 | | | | |
| _ | 7a | Total unr | elated business revenue from Part VIII, column (C), line 12 | | . 7a | 0 | | | |
| | b | Net unre | lated business taxable income from Form 990-T, line 34 | 7 | 7b | 0 | | | |
| | | | //St APA | Prior Y | ear | Current Year | | | |
| Revenue | 8 | Contribu | tions and grants (Part VIII, line 1h) | | 250 | 250 | | | |
| | 9 | | service revenue (Part VIII, line 2g) | | 0 | 0 | | | |
| | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 185,893 | 249,535 | | | |
| æ | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 183,833 | 240,000 | | | |
| | 1 | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | - · | 240.705 | | | |
| | 12 | | | | 186,143 | 249,785 | | | |
| | 13 | | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 206,155 | 204,847 | | | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | | |
| es | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 31,533 | 24,372 | | | |
| Expenses | 16a | Profession | onal fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | | |
| 8 | b | Total fun | draising expenses (Part IX, column (D), line 25) ▶0 | | | | | | |
| ũ | 17 | Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 18,305 | 17,221 | | | |
| | 18 | | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 255,993 | 246,440 | | | |
| | 19 | | less expenses. Subtract line 18 from line 12 | | (69,850) | 3,345 | | | |
| _ 8 | + | | | Beginning of C | | End of Year | | | |
| ts o | 20 | Total acc | sets (Part X, line 16) | | 6,086,406 | 6,425,347 | | | |
| ASSE | 21 | | bilities (Part X, line 26) | | 646,688 | 608,579 | | | |
| Net Assets or | 22 | | | | | - | | | |
| | | | ets or fund balances. Subtract line 21 from line 20 | <u></u> | <u>5,439,718</u> | 5,816,768 | | | |
| _ | art II | | ture Block | | | | | | |
| | | | .ry, I declare that I have examined this return, including accompanying schedules and stat lete. Declaration of preparer (other than officer) is based on all information of which prepar | | | my knowledge and belief, it is | | | |
| | de, correc | I, and comp | | Ci ilas arīj kriori | // / | | | | |
| | | | Robert E. Stephenson | | <u>"4//</u> | 0/13 | | | |
| | gn | Sign | nature of officer | | ate ' | • | | | |
| Не | ere | R | BERT E. STEPHENSON - FINANCIAL CONTROLLER | ٠ | | | | | |
| | | Тур | e or print name and title | | | | | | |
| D | d | Print/Ty | pe preparer's name Preparer's signature | Date | Check | T if PTIN | | | |
| | aid | | | | self-em | — 1 | | | |
| | epare | 1 | name • | E.e | m's EIN ▶ | | | | |
| U | se On | עוי עיי | | | one no | | | | |
| 14 | av the l | | address ► s this return with the preparer shown above? (see instructions) | | IOTHE TIO | Yes No | | | |
| _ | | | | · · · · | <u> </u> | | | | |
| Fo | r Paper | work Redu | uction Act Notice, see the separate instructions. Cat | No 11282Y | | Form 990 (2012) | | | |

| Part | 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: |
| ľ | Support the various ministries of The Great Lakes Conference, Churches of God, General Conference and its member churches and |
| | agencies through the issuance of grants from investment income. |
| | agencies through the issuance of grants from hivestinent income. |
| | |
| 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 organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 80,000 including grants of \$ 80,000) (Revenue \$ 0) |
| | Grant to The Great Lakes Conference, Churches of God, General Conference Otyokwah Camp & Retreat Center for the purpose of |
| | building a new shower house. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 73,000 including grants of \$ 73,000) (Revenue \$ 0) |
| | Grant to Seville Community Church of God for the purpose of construction of a worship center. |
| | Charle to Devine community charles of course action of a wording content |
| | ······ |
| | |
| | |
| | ······································ |
| | ••••••••••••••••••••••••••••••••••••••• |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 23,347 including grants of \$ 23,347) (Revenue \$ 0) |
| 40 | Grant to The Great Lakes Conference, Churches of God, General Conference for a hospital pastori care endowment. |
| | Oranic to The Great Lakes Connectice, Charcines of God, General Connectice for a hospital pastor Gale Checkmicht. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Oil Control of Control |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 28,500 including grants of \$ 28,500) (Revenue \$ 0) Total program service expenses \$ 204,847 |

| 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)? If "Yes," complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | - | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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, | - | | <u> </u> |
| | 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV | 9 | √ | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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)? If "Yes," complete Schedule D, Part X. | 11f | | ✓ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | | 14a | | ✓ |
| b | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 45 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ✓ |
| 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 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | The same and the s | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |

| Part I | V Checklist of Required Schedules (continued) | | | |
|----------|---|------------|----------|-----------------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | √ |
| | 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 | | |
| | 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 | | √ |
| 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | ** |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | * " | <i>**</i> ✓ <i>**</i> |
| 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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | √ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | 1 | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | √ |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | ✓ |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | |

Form **990** (2012)

| art | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|---------|--|------|----------|--|
| | Check if Schedule O contains a response to any question in this Part V | | | |
| 4 | | | 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 | | | |
| С | reportable gaming (gambling) winnings to prize winners? | 1c | √ | - |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | V | |
| 2.0 | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | - 1 | 1 |
| 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 | | | ١. |
| | account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | √ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | V |
| c 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| Va | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | - Ou | | - |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | , |
| | required to file Form 8282? | 7c | | V |
| d e | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | 7 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | 1 |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | <u></u> |
| . b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | <u> </u> | ļ |
| 10 a | Section 501(c)(7) organizations. Enter: 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 | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | _ | ļ | |
| 12a | | 12a | ļ | ļ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10- | - | - |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| 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 | | | |
| С | Enter the amount of reserves on hand | 1 | | |
| 14a | | 14a | | 1 |
| h | If "Ves " has it filed a Form 730 to report these payments? If "No " provide an evaluation in Schedule O | 14h | Ī | |

| Form 99 | 0 (2012) | | | P | age 6 |
|-------------------|---|------------------|-------------|----------|-------------|
| Part ' | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche | | | | |
| | Check if Schedule O contains a response to any question in this Part VI | · · · · | <u> </u> | | <u> </u> |
| Section | on A. Governing Body and Management | | | | |
| | | F | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 7 | | | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee? | [| 2 | ~ | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person | | 3 | | ✓ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was fill Did the organization become aware during the year of a significant diversion of the organization's associated the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body? | ets? . | 4 5 6 | | √ √ √ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) mostockholders, or persons other than the governing body? | embers, | 7b | | √ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following: | during | | | |
| а | The governing body? | [| 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | | ✓ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reather 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 Intern | <u>al Revenu</u> | ie Co | | |
| | | г | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | napters, | 10a 10b | | √ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the | | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | · | 110 | V | |
| 12a b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | <u></u> | 12a 12b | √ ✓ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? Idescribe in Schedule O how this was done | f "Yes," | 12c | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | [| 13 | √ | |
| 14 15 | Did the organization have a written document retention and destruction policy? | roval by | 14 | √ | |
| _ | The organization's CEO, Executive Director, or top management official | | 15a | ~ · | · ` |
| a b | Other officers or key employees of the organization | | 15b | <u>,</u> | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar | | | | |
| b | with a taxable entity during the year? | - | 16a | ì | ✓ . |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safegiorganization's exempt status with respect to such arrangements? | Jard the | 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- available for public inspection. Indicate how you made these available. Check all that apply. | · | 501(| c)(3)s | only) |
| 19 | Own website Another's website V Upon request Other (explain in Schedule O Describe in Schedule O whether (and if so, how), the organization made its governing documents, and financial statements available to the public during the tax year. | conflict of | | | olicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and organization: ► Robert E. Stephenson 700 E. Melrose Avenue, Findlay, OH 45840 419-424-1961 | d records o | of the | · | |

| · · · · · · · · · · · · · · · · · · · | | | | |
|---------------------------------------|-------------------------------------|---------------------------|----------------------------|-------------|
| Part VII | Compensation of Officers, Directors | , Trustees, Key Employees | s, Highest Compensated Emp | loyees, and |
| | Independent Contractors | | • | |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization nor | any relate | d orga | aniz | atio | n c | ompe | nsa | ited any curren | t officer, director | , or trustee. |
|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-------------|--|---|---|
| (A) Name and Title | (B) Average hours per | (do n | ot ch | Pos neck ss pe | tion more | than o | one n an | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Robert A. Fry | 0.3 | | | | | | | | | |
| Chairman | | ✓ | | ✓ | _ | | | 0 | . 0 | 0 |
| (2) Kerry D. Samples | 0.3 | | | , | | | | _ | | _ |
| Vice-Chairman | | ✓ | | ✓ | _ | | | 0 | 0 | 0 |
| (3) C. Berniece Asel | 0.3 | , | | / | | | | _ | | |
| Secretary | | ✓ | | - | | | | 0 | 0 | 0 |
| (4) Daniel N. Kennard Treasurer | 0.3 | ✓ | | 1 | | | | 0 | 0 | 0 |
| (5) Randy K. Dammeyer | 0.3 | | | | | | | | | |
| Board Director | | ✓ | | | | | | 0 | 0 | |
| (6) Rodney L. Stover | 0.3 | | | | | | | | | |
| Board Director | | ✓ | <u> </u> | | | | | 0 | 0 | 0 |
| (7) Terry A. Steinhauer, Sr. | 0.3 | | | | | | | | | |
| Board Director | | ✓ | | | | | | 0 | 0 | 0 |
| (8) Robert E. Stephenson | 4.25 | | | | | | | | | |
| Financial Controller | | | | ✓ | ļ | | | 6,000 | 0 | 0 |
| (9) | ļ | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | <u> </u> | | | | | | - | | | |
| (14) | | | | | | | | | | - |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | , ar | nd H | lighes | st C | ompensated E | mployees (c | ontinue | ed) | | |
|---------|--|--|----------|-----------------------|---------------|--------------|--|------------------|--|--------------------------------------|------------|----------------------------|--|-------------|
| | (C) (A) (B) Position (D) (E) (F) | | | | | | | | | | | | | |
| | Name and title | Average hours per week (list any | box, to | unles r and | s pe l a d | rson | than one of the thick that the thick | an ee) | Reportable compensation from | Reportable compensation from related | | Esti amo | mated ount of ther | |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatior (W-2/1099-MI | | comp fro orga and | ensatio m the nization related nization: | 1 |
| (15) | | | | | | | ted | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | _ | | | | | | | | | - | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | Sub-total | VII, Sectio | on A | • | | | • | > | 6,000 | | 0 | | | 0 |
| d_ 2 | Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic | | | | | | above | ▶ e) w | ho received m | | 0,000 | of | | 0 |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete to | ficer, direc | | | | | | emp | oloyee, or high | nest comper | sated | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of re | portal | ble d | com | nper | nsatio | | | | | *** | | , |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or indi | vidual | 5 | | - ; |
| Section | on B. Independent Contractors | . ,, , , , , , | | | | | | - | | · | · · | 1 3 | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | • | | | | | | | | | | | | ax |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compens | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ | |
| 2 | Total number of independent contractor | | _ | | | | | th | nose listed ab | ove) who | _ | <u>-</u> | | |

| Form 9 | 90 (2012 | 2) | | | | | Page 9 |
|---|-------------------|--|--|---------------------------------------|--|---|---|
| Part | VIII | Statement of Revenue | | | | | _ |
| | | Check if Schedule O contains a response to | any ques | tion in this Part V (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Program Service Revenue and Other Similar Amounts | 1a b c d e f g h | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f | 0 0 0 0 250 0 | 250 | | | |
| Program Se | d e f g | All other program service revenue . Total. Add lines 2a–2f | > | 0 | | | |
| | 4 5 6a | and other similar amounts) | ceeds > ceeds of the ceeds of t | 161,548 0 0 | 151,548 0 0 | 0 0 | 0 0 0 |
| | b c d 7a | Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory 1,332,314 | 0 0 ► Other | 0 | 0 | 0 | 0 |
| | b c d | Less cost or other basis and sales expenses . 1,244,327 Gain or (loss) . 87,987 Net gain or (loss) | 0 0 | 87,987 | 87,987 | | |
| Other Revenue | b | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a | 0 0 . ► | 0 | | 0 | |
| | b c 10a | Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a | 0 | 0 | 0 | 0 | |
| | b c | Net income or (loss) from sales of inventory Miscellaneous Revenue Busin | ► ess Code | 0 | 0 | 0 | |
| | 11a b c | All other revenue | | | | | |

0

249,785

249,785

Total. Add lines 11a–11d **Total revenue.** See instructions.

0

Part IX Statement of Functional Expenses

| Section | n 501(c)(3) and 501(c)(4) organizations must con | | | s must complete co | lumn (A). | | | | | |
|---|--|-----------------------|--|-------------------------------------|---------------------------------------|--|--|--|--|--|
| Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | |
| | t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21 | 204,847 | 204,847 | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | |
| | the United States. See Part IV, line 22 | 0 | 0 | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | |
| | organizations, and individuals outside the | | | | \ | | | | | |
| | United States. 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 | 6,000 | 0 | 6,000 | 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) | 0 | . 0 | 0 | 0 | | | | | |
| 7 | Other salaries and wages | 16,548 | 0 | 16,548 | 0 | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 | | | | | |
| 9 | Other employee benefits | 99 | 0 | 99 | 0 | | | | | |
| 10 | Payroll taxes | 1,7 <u>2</u> 5 | 0 | 1,725 | 0 | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | |
| а | Management | 0 | 0 | 0 | 0 | | | | | |
| b | Legal | 877 | 0 | 877 | 0 | | | | | |
| С | Accounting | 3,910 | 0 | 3,910 | 0 | | | | | |
| d | Lobbying | 0 | 0 | 0 | 0 | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 | | | | | |
| f | Investment management fees | 0 | 0 | 0 | 0 | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | _ 0 | 0 | 0 | . 0 | | | | | |
| 12 | Advertising and promotion | 107 | 0 | 107 | 0 | | | | | |
| 13- | Office expenses | 2,206 | 0 | 2,206 | 0 | | | | | |
| 14 | Information technology | 488 | 0 | 488 | 0 | | | | | |
| 15 | Royalties | 0 | 0 | 0 | 0 | | | | | |
| 16 | Occupancy | 6,183 180 | 0 | 6,183 180 | 0 | | | | | |
| 17 18 | Travel | 180 | U | 100 | 0 | | | | | |
| 10 | for any federal, state, or local public officials | 0 | 0 | 0 | 0 | | | | | |
| 19 | Conferences, conventions, and meetings . | 0 | 0 | 0 | 0 | | | | | |
| 20 | Interest | 0 | 0 | 0 | 0 | | | | | |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 | | | | | |
| 22 | Depreciation, depletion, and amortization . | 662 | 0 | 662 | 0 | | | | | |
| 23 | Insurance | 1,655 | 0 | 1,655 | 0 | | | | | |
| 24 | Other expenses. Itemize expenses not covered | .,,300 | | -,300 | <u></u> | | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | * | | | * | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | | | | | | |
| а | Dues & Memberships | 400 | 0 | 400 | 0 | | | | | |
| b | Recognition Awards | 528 | 0 | 528 | 0 | | | | | |
| С | Non-Profit Renewal Fee | 25 | 0 | 25 | 0 | | | | | |
| d | | | | | | | | | | |
| е | All other expenses Total functional expenses. Add lines 1 through 24e | 0 | 0 | 0 | _0 | | | | | |
| 25 | | 246,440 | 204,847 | 41,593 | 0 | | | | | |
| 26 | Joint costs. Complete this line only if the | | | | | | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | | | | | | |
| | fundraising solicitation. Check here 🕨 🔲 If | | | | | | | | | |
| | following ŠOP 98-2 (ASC 958-720) | İ | i | ı | 1 | | | | | |

33

34

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 1 o 0 2 2 160.203 297.398 3 3 0 0 4 8.000 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 O. 0 Loans and other 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). Complete Part II of Schedule L. 6 n 0 **Assets** 7 7 521.000 521,000 8 8 0 0 9 Prepaid expenses and deferred charges . ol 9 0 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 9,950 Less: accumulated depreciation 10b 10c b 9.840 772 110 Investments – publicly traded securities 5,594,855 11 5.383.884 11 12 Investments - other securities. See Part IV, line 11 0 12 13 Investments - program-related. See Part IV, line 11 13 ol 0 14 14 0 0 15 15 12,547 11,984 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,086,406 6,425,347 17 Accounts payable and accrued expenses 17 9,337 2,956 18 18 3,000 0 19 19 ol 0 20 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 634,351 605,623 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . ol 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 ol 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 n 0 26 Total liabilities. Add lines 17 through 25 646,688 26 608,579 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 5,439,718 5,816,768 28 28 ol 0 29 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 0

Total liabilities and net assets/fund balances

5,816,768

6.425.347

5,439,718

6.086.406

33

34

| Part | XI Reconciliation of Net Assets | | | | |
|------|---|-------------|-------------|--------------|----------------|
| | Check if Schedule O contains a response to any question in this Part XI | <u>.</u> | | | ✓ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 24 | 9,785 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 24 | 6,440 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 3,345 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 5,43 | 9,718 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 40 | 4,187 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | (30 |),482 <u>)</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 5,81 | 6,768 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response to any question in this Part XII | <u> </u> | | | |
| | | | | Yes | No |
| 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," ex | plain in | 1 | , | |
| _ | Schedule O. | | - | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: | pilea or | | | |
| | · | | * | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | , | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: | ed on a | | l | |
| | · | | ٠, | 1 | 2 R |
| _ | Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | vorciabt | | | |
| С | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | | , |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | √ |
| | Schedule O. | piaiii iii | 33 - 1 | *12- | * 3 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | ** |
| oa | the Single Audit Act and OMB Circular A-133? | | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | erao the | Ja | - | |
| J | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | зь | | |
| | ,,,,,,,,,, | | | n 990 | (2012) |
| | | | . 5,,, | | ,,, |

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

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 Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e 🗸 By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? UST (see instructions)) Yes Yes Yes Nο No No (A)The Great Lakes 103,347 Conference 34-1176574 (B)Seville Community 38-2113089 73,000 Church of God (C)Pine River Church of 16,000 38-2744620 God (D)Tekonsha Area Church of God 68-0578425 6,500 Ney Church of God 34-1407504 6,000

Total

204,847

| Part | Support Schedule for Organiza (Complete only if you checked th | | | | | | |
|----------------|---|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------------|---|-------------------------|
| | Part III. If the organization fails to | | | | | | |
| Secti | on A. Public Support | | | | · · · · · · · · · · · · · · · · · · · | | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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) | | | , | | , d | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | | I | 1 | | 1 | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he | ne organization | n's first, secor | d, third, fourth | | | |
| Sect | ion C. Computation of Public Suppor | | | | | · · · · | |
| 14 | Public support percentage for 2012 (line 6 | | | 11. column (fl) | | 14 | % |
| 15 16a | Public support percentage from 2011 Sch 331/3% support test—2012. If the organic | nedule A, Part | II, line 14 . | | | 15 | % |
| | box and stop here. The organization qua | | | | | | |
| b | 33 ¹ / ₃ % support test—2011. If the organ check this box and stop here. The organ | | | | | e 15 is 33½% · · · · · | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization | ets the "facts- acts-and-circ | -and-circumsta umstances" te | ances" test, ch | eck this box a cation qualifies | nd stop here. as a publicly s | Explain in |
| b | 10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization in the control of the c | tion meets the neets the "fact | e "facts-and-c s-and-circums | arcumstances" stances" test. 7 | ' test, check t The organization | his box and s on qualifies as | top here. a publicly |
| 18 | Private foundation. If the organization di | | | | | | |

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | | | | | | l |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | i | | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | . - |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| ь | Amounts included on lines 2 and 3 | | 1 | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | 1 | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | * s s | | ` w | |
| | line 6.) | | <u> </u> | | <i>'</i> | | <u> </u> |
| | on B. Total Support | | T | | 1 | | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | } | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| - | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | 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 | | 1 | | | | |
| 12 | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 1 | | | | |
| 14 | First five years. If the Form 990 is for the | ne organizatio | l n's first secon | d third fourth | or fifth tax v | ear as a sectio | L 501(c)(3) |
| • • | organization, check this box and stop he | | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | <u></u> |
| 15 | Public support percentage for 2012 (line 8 | | | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 Sch | | | <u> </u> | <u> </u> | 16 | % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2012 (| | | | | | % |
| 18 | Investment income percentage from 2011 | | | | | | <u>%</u> |
| 19a | 331/3% support tests—2012. If the organ | | | | | | |
| 1 | 17 is not more than 331/3%, check this box | | | | | - | |
| b | 33 ¹ / ₃ % support tests—2011. If the organize line 18 is not more than 33 ¹ / ₃ %, check this line 18 | | | | | | |
| 20 | Private foundation. If the organization di | | | | | | |
| 20 | iodinaction ii tile organization ti | a not oneon a | DUA ULI IIITE 14 | , 130,01130,6 | STIGOR HIES DOX | wild see Histiu | ULIUI - 🗀 |

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|--------------|--|
| Part 1, Line | 11h, Column iv - Although Seville Community Church of God, Pine River Church of God, Tekonsha Area Church of God, |
| Ney Church | of God are not listed by name in our governing documents, they are inferred because our governing documents state we exist to |
| support The | Great Lakes Conference, Churches of God, General Conference and its member churches and agencies. These churches are |
| member ch | urches. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Open to Public Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| The Fo | undation of the Great Lakes Conference, Churches of God, General Conference | 31-1610743 |
|--------|---|---|
| Par | | nds 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 | |
| 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 donor advisors in writing that the assets | _ |
| | funds are the organization's property, subject to the organization's exclusive legal cont | _ |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grantees | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or | |
| | conferring impermissible private benefit? | · · · · · · · · · · · · · · · · · · · |
| Part | 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) | |
| | ☐ 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 contribut | ion in the form of a conservation |
| | easement on the last day of the tax year. | <u> </u> |
| | | Held at the End of the Tax Year |
| а | 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 no | I I |
| _ | historic structure listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or te | rminated by the organization during the |
| _ | tax year ► | |
| 4 | Number of states where property subject to conservation easement is located | anastian bandling of |
| 5 | Does the organization have a written policy regarding the periodic monitoring, in violations, and enforcement of the conservation easements it holds? | |
| • | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation | n easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas | nomente during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. • \$ | sements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements | of section 170(h)(4)(B) |
| 0 | (i) and section 170(h)(4)(B)(ii)? | |
| 0 | In Part XIII, describe how the organization reports conservation easements in its revenu | |
| 9 | balance sheet, and include, if applicable, the text of the footnote to the organization's f | |
| | organization's accounting for conservation easements. | manda diatemente that addended the |
| Part | | 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 i | |
| | works of art, historical treasures, or other similar assets held for public exhibition, | |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements th | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its | s revenue statement and balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, 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 simil | ar assets for financial gain, provide the |
| | following amounts required to be reported under SFAS 116 (ASC 958) relating to these | |
| а | Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b | Assets included in Form 990, Part X | > \$ |

| Part | | | | | | | |
|---------|--|------------------------|-----------------------|--------------------------|-----------|-------------------------|---------------------------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and oth | ner records, chec | k any of the | e follow | ving that are a sig | gnificant use of its |
| а | ☐ Public exhibition | | d 🗌 Loan | or exchange | e progr | rams | |
| b | ☐ Scholarly research | | e 🗌 Other | | | | |
| С | ☐ Preservation for future generations | | | | | | **** |
| 4 | Provide a description of the organizat | | nd explain how th | nev further t | the ora | anızation's exem | pt purpose in Part |
| • | XIII. | | | • | | | , , , |
| 5 | During the year, did the organization | solicit or receive o | donations of art | historical tre | easure | s or other similar | • |
| • | assets to be sold to raise funds rather | | | | | | |
| Part | | | • | - | | | |
| rait | line 9, or reported an amoun | t on Form 990, F | art X, line 21. | | | | |
| 1a | Is the organization an agent, trustee, | | | | | | |
| | included on Form 990, Part X? | | | | | | ☐ Yes ☑ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | te the following ta | able: | | Δη | nount |
| | Day's and below | | | | - | | |
| C | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| е | Distributions during the year | | | | 1e | | |
| f | Ending balance | | | | 1f | | |
| 2a | Did the organization include an amour | | | | | | |
| | If "Yes," explain the arrangement in Pa | | | | | | |
| Par | t V Endowment Funds. Comple | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | (a) Current year | (b) Prior year | (c) Two years | s back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 5,438,946 | 5,700,036 | 5,3 | 53,288 | 4,588,849 | 6,439,050 |
| b | Contributions | 250 | 250 | | 0 | 0 | 0 |
| С | Net investment earnings, gains, and | | | | | - | |
| | losses | 612,179 | (16,066) | | 76,427 | 986,176 | (1,524,886) |
| d | Grants or scholarships | 204,847 | 189,073 | | 75,360 | 414,259 | |
| e | Other expenditures for facilities and | 204,047 | 103,073 | | 73,300 | 717,200 | 113,320 |
| · | programs | (11.001) | 7 100 | ,, |) E 070\ | (249,967) | 141 024 |
| | · - | (11,061) | 7,106 | _ | 55,979) | | |
| f | Administrative expenses | 40,931 | 49,095 | | 50,298 | | |
| g | End of year balance | 5,816,658 | 5,438,946 | | 00,036 | | 4,588,849 |
| 2 | Provide the estimated percentage of t | - | - | j, column (a |)) neia i | as: | |
| a | Board designated or quasi-endowmer | | <u>0</u> % | | | | |
| b | Permanent endowment > | 0% | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | | | | | |
| 3а | Are there endowment funds not in the | e possession of th | e organization the | at are held | and ad | ministered for the | • |
| | organization by: | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) ✓ |
| | (ii) related organizations | | | | | | 3a(ii) |
| b | If "Yes" to 3a(ii), are the related organ | izations listed as re | equired on Sched | ule R? . | | | 3b |
| 4 | Describe in Part XIII the intended uses | | | | | | |
| Par | VI Land, Buildings, and Equip | ment. See Form | 1990, Part X, lin | e 10. | | | |
| | Description of property | (a) Cost or oth | her basis (b) Cost of | or other basis other) | | Accumulated epreciation | (d) Book value |
| | Land | | 0 | 0 | | | 0 |
| b | Buildings | | o | 0 | | 0 | 0 |
| c | Leasehold improvements | | 0 | 0 | | 0 | 0 |
| d | Equipment | • | 0 | 3,065 | | 3,065 | 0 |
| u e | Other | | 0 | 6,885 | | | |
| | Add lines 1a through 1e. (Column (d) ri | nust equal Form 9 | | |)(c).) | 6,775 | <u>110</u> 110 |
| ı vıalı | Trad mice ra unough re. (Ocialili (a) in | ,,aar aquar i viiil de | ,, 00141111 | . , _,, | 1-1-1 | | 110 |

| Part VII | Investments - Other Securities | s. See Form 990, Part X, | line 12. | |
|-----------------------|---|---------------------------------|---|----------------|
| (2 | a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year ma | |
| (1) Financia | l derivatives | | | |
| (2) Closely-l | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | <u> </u> | |
| (D) | | | | |
| (E) (F) | | | | |
| (G) | | | | |
| () (H) | | | - | |
| \(\) | | | <u> </u> | |
| | (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments—Program Relate | d. See Form 990. Part X | i. line 13. | |
| | (a) Description of investment type | (b) Book value | (c) Method of value | ation |
| | (4) | (., | Cost or end-of-year ma | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | <u> </u> |
| (10) | A) must a suel Form 000 Part V and /D) inn 101 b | | | |
| Part IX | (b) must equal Form 990, Part X, col (B) line 13) ► Other Assets. See Form 990, P. | art V. lino 15 | | |
| Partix | | (a) Description | | (b) Book value |
| (1) Interes | t & Dividends Receivable | | | 11,967 |
| | its Receivable | | | 17 |
| (3) | KS Nedervable | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | 45 45 45 | (6) (1) | | |
| | umn (b) must equal Form 990, Part X, o | | | 11,984 |
| Part X | Other Liabilities. See Form 990 | (b) Book value | | |
| 1. (1) Fodoro | (a) Description of liability I income taxes | (b) Book value | 4 | |
| (2) | TillCome taxes | | \dashv | |
| (3) | | | - | |
| (4) | | | - | |
| (5) | | | ┪ | |
| (6) | | | 1 | |
| (7) | | <u> </u> | 7 | |
| (8) | | | 7 | |
| (9) | | | 7 | |
| (10) | | | | |
| (11) | | | | |
| | (b) must equal Form 990, Part X, col (B) line 25) ▶ | | <u> </u> | |
| | SC 740) Footnote. In Part XIII, provide the | | | |
| liability for u | ncertain tax positions under FIN 48 (ASC | 740). Check here if the text of | of the footnote has been provided in Pa | ırt XIII |

| Page | 4 |
|------|---|
|------|---|

| JU. 1000 | 6 D (1 0111 000) 20 12 | | rage r |
|----------|--|----------|-----------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 612,429 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | 37 | |
| b | Donated services and use of facilities | 0 | |
| C | Recoveries of prior year grants | 0 | |
| d | Other (Describe in Part XIII.) | 3) | |
| е | Add lines 2a through 2d | 20 | e 362,644 |
| 3 | Subtract line 2e from line 1 | 3 | 3 249,785 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 0 | |
| b | Other (Describe in Part XIII.) | 0 | |
| С | Add lines 4a and 4b | 4 | c0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | E-10,103 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per F | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 1 246,440 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 0 | |
| b | Prior year adjustments | 0 | |
| С | Other losses | 0 | |
| d | Other (Describe in Part XIII.) | 0 | |
| е | Add lines 2a through 2d | 2 | |
| 3 | Subtract line 2e from line 1 | 3 | 3 246,440 |
| 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 | 0 | |
| b | Other (Describe in Part XIII.) | <u> </u> | |
| C | Add lines 4a and 4b | 4 | _ |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 246,440 |
| | XIII Supplemental Information | | |
| | blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | | |
| | /, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part nation. | to pr | ovide any additional |
| | | _ | |
| Part IV | /, 2b - Investment Facilitator Agreement with The Great Lakes Conference, Churches of God, General Con | teren | ce - \$402,524; Funds |
| : | the few distribution to The Court Labor Conference Chinester of Cod Consert Conference and its months | | |
| avallal | ble for distribution to The Great Lakes Conference, Churches of God, General Conference and its member | cnur | rcnes and agencies - |
| ¢170 7 | 752; Escrow for The Great Lakes Conference, Churches of God, General Conference to fund an endowmen | nt con | nmitment for the |
| φ1/5,/ | 52, Escrow for the Great Lakes Conference, Charcies of God, General Conference to fund an endowner | | innunent for the |
| DEOMIC | ion of hospital pastoral care education - \$23,347. | | |
| PIOVIS | ion of nospital pastoral care education - 420,547. | | |
| | | | |
| | ······································ | | |
| Part V | , Line 4 - Generate income and growth for supporting the ministries of The Great Lakes Conference, Chur | ches | of God, General |
| | | | |
| Confe | rence and its member churches and agencies. | | |
| | | | |
| | | | |

| Schedule D (Fo | orm 990) 2012 | Page 3 |
|----------------|---|--------|
| Part XIII | Supplemental Information (continued) | |
| Part YI I ino | 2d - Investment facillitator agreement (\$41,543) | |
| | 20 - Investment lacintator agreement (p-1,0-0) | |
| - | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | • | |
| | | •••••• |
| | | |

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

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.

| 2 | Ė |
|------------|---|
| _ | |
| \bigcirc | ľ |
| \otimes | |
| | |

OMB No 1545-0047

Open to Public Inspection

Employer identification number

▶ Attach to Form 990.

| The Fo | The Foundation of The Great Lakes Conference, Churches of God, General Conference | 31-1610743 | |
|--------|--|---------------------|---------------|
| Par | Part I General Information on Grants and Assistance | | |
| - | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | stance, and | |
| | the selection criteria used to award the grants or assistance? | . · · · · ✓ Yes | % □ |
| 8 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | |
| Part | Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, | answered "Yes" to F | orm 990, |

Bathhouse Construction Worship Center Constr. (h) Purpose of grant or assistance **Endowment Funding** Mosaic Art Ministry Parking Lot Constr. Roof Replacement s) (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-cash assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73,000 16,000 6,500 6,000 23,347 (d) Amount of cash grant 80,000 (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 34-1176574 38-2113089 38-2744620 68-0578425 34-1407504 (D) EIN (3) Seville Community Church 8360 9970 Crystal Rd. Vestaburg, MI 48891 985 N. Main St. Tekonsha, MI 49092 1 (a) Name and address of organization (5) Tekonsha Area Church of God 700 E. Melrose Findlay, OH 45840 03413 State Rt. 15 Ney, OH 43549 (1) The Great Lakes Conference W. Monroe Rd. Elwell, MI 48891 (4) Pine River Church of God (6) Ney Church of God (2) Ѕате N 8 8 9 9 2

Schedule I (Form 990) (2012)

Cat No 50055P

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

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

| Schedule I (F | Schedule I (Form 990) (2012) | | | | | Page |
|---------------|--|--------------------------|--------------------------|-----------------------------------|---|---|
| Part III | Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed. | | Jnited States. Con | plete if the organiz | ation answered "Yes" to | the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. seded. |
| | (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 |
| - | | | | | | |
| 7 | | | | | | |
| ო | | | | | | |
| 4 | | | | | | |
| က | | | | | | |
| ဖ | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Complete this part information. | | wide the informatio | n required in Part I, | line 2, Part III, column (b | to provide the information required in Part I, line 2, Part III, column (b), and any other additional |
| Part I, Line | 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 | ndation of the Grea | at Lakes Conference, C | thurches of God, Gene | ral Conference and the recipi | ant require the recipient to provide |
| periodic w | 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 | on the program/acti | vity being funded by th | ne grant, copies of exp | enses and financial statemen | ts. The Foundation reserves the |
| right to ma | right 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 | view of performand | se and activities as we | ll as completed financi | al statements. Agreements re | quire recipients to use the grants |
| for the agre | for the 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 ho | s must be returned | and The Foundation r | eserves the right to ter | minate the grant if the recipie | nt has misused or misrepresented ho |

the grant was to be used.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

| The Foundation of The Great Lakes Conference, Churches of God, General Conference | 31-1610743 |
|---|---|
| Form 990 Part III, Line 4d: | |
| \$16,000 grant to Pine River Church of God for the purpose of completion of a parking lot. | |
| \$6,500 grant to Tekonsha Area Church of God for the purpose of putting a new steel roof on the chur | rch. |
| \$6,000 grant to Ney Church of God for the purpose of creating a mosaic art ministry. | |
| 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., Fındlay, OH 45840 | |
| Kerry D. Samples - 10080 Kleinhen Rd., Defiance, OH 43512 | |
| Daniel N. Kennard - 714 Deer Valley Ct., Findlay, OH 45840 | |
| C. Berniece Asel - 2625 Hollybrook Dr., Findlay, OH 45840 | |
| Randy K. Dammeyer - 8350 St. Rt. 219, Celina, OH 45822 | |
| Rodney L. Stover - 3424 Tama Rd., Rockford, OH 45882 | |
| Terry A. Steinhauer, Sr 3542 W. Co. Rd. 48, Tiffin, OH 44883 | |
| Form 990 Part VI, Line 11a - Each voting board member is provided a complete written copy of Form 9 | 90 and its supporting schedules for |
| review and discussion. A vote of approval for filing Form 990 and its related schedules is taken. | |
| Form 990 Part VI, Line 12c - An annual disclosure form is distributed to all board members and employ | yees. The disclosure forms are |
| collected and reviewed by the President and Board Chairman. Board members with a conflict of interest | est are not permitted to vote on matters |
| related to that conflict - for example a grant request. | |
| Form 990 Part VI, Line 15a and 15 b - The governing board reviews the compensation of its President | and Financial Controller as a part of its |
| annual budget establishment. This review includes a review of performance and formal and/or inform | al gathering of appropriate compensa- |
| tion rates. | |

| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| The Foundation of The Great Lakes Conference, Churches of God, General Conference | 31-1610743 |
| Form 990 POart VI, Line 19 - The organization's governing documents, conflict of interest policy, Form 990 | filing, and audited financial |
| statements are available to the public upon request. | |
| | · |
| | |
| Form 990 Part XI, Line 9: | |
| Investment Facillitator Agreement (\$41,543); SFAS No. 136 adjustment for year 2012 activity \$11,061. | |
| investment racinitator Agreement (\$41,543), 5rA5 No. 136 adjustment for year 2012 activity \$11,061. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ••••• |
| | |
| | ••••• |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► See separate instructions. ▶ Attach to Form 990.

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

| N | Public |
|---|---------|
| | Open to |

OMB No 1545-0047

Inspection

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity **Employer identification number** Yes No Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had 31-1610743 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity one or more related tax-exempt organizations during the tax year.) (b) Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part I Part II 9 Ξ 2 ල € 3 E 8 ල € 9 9 8

(i) Section 512(b)(13) controlled (k) Percentage ŝ ownership entity? 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.) Yes 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.) Ŷ managing partner? General or (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Code V-UBI (g) (h)
Share of end-of- Disproportionate year assets allocations? Yes No (f) Share of total Income year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization (1) (a)
Name, address, and EIN of related organization Part III Part IV E 6 E <u>8</u> ල 9 8 ල € 3 9 ₹ Ð

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

| Note. | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | ž |
|------------|--|--------------------------|-------------------------|---------------------------------------|--------------|-------------|
| _ | | more related organiz | rations listed in Parts | -II-IV? | | |
| e T | Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity | | | | 1 a | > |
| g | Gift, grant, or capital contribution to related organization(s) | | | | 1b < | |
| ပ | Gift, grant, or capital contribution from related organization(s) | | | | 10 | > |
| | l oans or loan a jarantaas to or for related organization(s) | | | • | 77 | \ |
| | Loans of loan guarantees to of forested organization(s) | | | | 2 , | •\ |
| e P | Loans or loan guarantees by related organization(s) | | | | 1e | > |
| , | | | | | • | • |
| - | Dividends from related organization(s) | | | | = | > |
| 6 | Sale of assets to related organization(s) | | | - - - | 1g | > |
| ᇁ | Purchase of assets from related organization(s) | | | | 1h | > |
| . <u>-</u> | Exchange of assets with related organization(s) | | | | ;= | > |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | > |
| حـ | lease of facilities equipment or other assets from related organization(s) | | | | | |
| . <u>.</u> | Performance of services or membership or fundraising solicitations for related organization(s) | | | | = | <u> </u> |
| . E | Performance of services or membership or fundraising solicitations by related organization(s). | | | | 1 E | <u> </u> |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | • | • | | - | |
| | Sharing of paid employees with related organization(s) | | · · · | | 9 | <u> </u> |
| | | • | | | | |
| σ. | Reimbursement paid to related organization(s) for expenses | | | | 1p < | - |
| | Reimbursement paid by related organization(s) for expenses | | | | 19 | > |
| | | | | | | , |
| | Other transfer of cash or property to related organization(s) | | | | > | <u> </u> |
| s | | | | | 18 | > |
| 7 | 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. | nplete this line, includ | ling covered relations | ships and transactio | on thresho | olds. |
| | (a) | (q) | (0) | (P) | | |
| | Name of other organization | Transaction type (a-s) | Amount involved | Method of determining amount involved | g amount inv | olved |
| | | | | | | |
| (E) | | | | | | |
| ı | | | | | | |
| 8 | | | | | | |
| • | | | | | | |
| ම | | | | | | |
| 9 | | | | | | |
| | | | | | | |
| (2) | | | | | | |
| 9 | | | | | | |
| | | | | Schedule R (Form 990) 2012 | R (Form 99 | 0) 2012 |

Part VI Unrelated Organizations Taxable

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| County Coun | (a) (b) (c) (c) Name, address, and EIN of entity (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | (b) Primary activity | (c) Legal domicile | (d) Predominant | (e) Are all partners | (f) Share of | (g) Share of | (h) Disproportionate | (i) (code V—UBI | (k) Percentage |
|--|---|-------------------------|--------------------|---|--|-----------------|-----------------|-------------------------|--------------------|-----------------------|
| No No No No No No No No | | | | uncome (related, unrelated, excluded from tax under | section 501(c)(3) organizations? | total income | | anocanons | <u>5</u> 5 | |
| 10 | | | | section 512-514) | Yes No | | | | | |
| (3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | (1) | | | | | | | | | |
| (4) (4) (19) (19) (19) (19) (19) (19) (19) (19 | (2) | | | | | | | | | |
| (6) (6) (7) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | (6) | | | | | | | | | |
| (6) (6) (7) (10) (10) (10) (10) (10) (10) (10) (10 | (4) | | | | | | | | | |
| (6) (7) (8) (9) 11) 12) 13) 14) 15) 16) 16) 16) 16) | (9) | | | | | | | 1 | | |
| (9) (9) (10) (11) (12) (13) (14) (14) (15) (15) (16) | (9) | | | | | | | | | |
| (10) (10) (11) (12) (13) (14) (15) | (7) | | | | | | | | | |
| (9) 11) 12) 13) 14) 15) 16) | (8) | | | | | | | | | |
| 10) 11) 12) 13) 14) 16) | (6) | | | | | | | | | |
| 12) 13) 14) 15) 16) | 10) | | | | | | | | | |
| 12) 13) 14) 15) 16) | 11) | | | | | | | | | |
| 13) | 12) | | | | | | | | | |
| 15) | 13) | | | | | | | | | |
| 15) | 14) | | | | | | | | | |
| 16) | 15) | | | | | | | | | |
| | 16) | | | | | | | | | |

| Part VII | Complete this part to provide additional information for responses to questions on Schedule R (see instructions). |
|---------------|---|
| Part II - Rel | ated organizations that received grants but are not listed in this part have either provided evidence they have a letter of |
| eterminat | ion of 501(c)(3) status received from the IRS, or they have provided evidence they are a subordinate of federal group tax exemption |
| umber 42 | 56 of which Churches of God, General Conference (23-6424046) is the central organization. |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |