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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending		, 20		
В	Check if	applicable	C Name of organization The Foundation of the Great Lakes Conference, Churches of God,	D Employer identification number			
	Address	change	Doing business as		31-1610743		
	Name cl	_	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number			
$\overline{\Box}$	Initial re	•	700 E. Melrose Avenue	•	419-425-9602		
		ım/terminated			710-720-3002		
				<b>C</b> Cuasa va	2 242 00T		
			Findlay, OH 45840	<b>G</b> Gross re			
ப	Applicat	tion pending			subordinates <sup>9</sup> Yes No		
					s included? LYes No		
<u> </u>		mpt status	✓ 501(c)(3)	o," attach a	a list (see instructions)		
J	Website	e: ► ww	w.foundationglc.org H(c) Group	exemption	number ▶		
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1998	M State	of legal domicile OH		
P	art l	Summ	nary	-			
	1	Briefly de	escribe the organization's mission or most significant activities: To provide funds fr	om inves	tments for the various		
e	ļ	reliaious	purposes of Great Lakes Conference, Churches of God, General Conference and any aff	iliated or	controlled corporations		
Governance			es related to Great Lakes Conference, Churches of God, General Conference.				
e.	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of more than	25% of	its net assets.		
ò	3		of voting members of the governing body (Part VI, line 1a)	3	7		
<u>م</u>	4		of independent voting members of the governing body (Part VI, line 1b)	4	7		
C S	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)	5	<del></del>		
J ZU					2		
Cti.	6		mber of volunteers (estimate if necessary)	6	7		
	7a		related business revenue from Part VIII, column (C), line 12	7a	0		
<b>&gt;</b>	b	Net unre	lated business taxable income from Form 990-T, line 34	7b	0		
			Prior Ye	ar	Current Year		
ت ق	8		tions and grants (Part VIII, line 1h)	700	105		
SC AN Revenue	9	Program	service revenue (Part VIII, line 2g)	0	0		
Šě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	366,752	810 <u>,819</u>		
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0		
4	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	367,452	810,924		
Ç	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	209,740	237,187		
U	14		paid to or for members (Part IX, column (A), line 4)	0	0		
w	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,657	33,434		
Expenses	16a		onal fundraising fees (Part IX, colu <u>mn (</u> A), line 11e)	0	00/101		
Ser.	b		(C) + (V) +	· (***);::-	* * * * * * * * * * * * * * * * * * * *		
Ä	17	Otheray	penses (Part IX, column (A), lines 11a 114 114 114 216 114 114 114 114 114 114 114 114 114 1		* > ^ '		
		Takal au	penses (Fart IX, Column (A), lines 11 penses. Add lines 13–17 (must equal Part IX, column (A), line (3))	18,096	16,361		
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line (A)	256,493			
	19	Revenue	less expenses. Subtract line 18 rom line 1/12 0 5 2015 . C	110,959			
S OF			Dispute the second seco	rrent Year	End of Year		
Net Assets or Fund Balances	20		sets (Part X, line 16)	,098,537	7,226,277		
A A	21		ollities (Part X, line 26)	811,478	992,991		
				5,287,0 <u>59</u>	6,233,286		
P	art II	Signa	ture Block				
			ury, I declare that I have examined this return, including accompanying schedules and statements, and to t		my knowledge and belief, it is		
tru	ie, correc	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge 			
		7	Robert E. Stephenoon	if -5	29-15		
Si	gn		nature of officer Da		· · · · · · · · · · · · · · · · · · ·		
He	ere	1	BASERT E. STEALENSON - F, NANGIAL CONTROLLER				
		1 <b>-</b> -	e or print name and title		<del></del>		
_	ســـــــــــــــــــــــــــــــــــــ	Print/Ty	pe preparer's name Preparer's signature Date	Ch. I	D , PTIN		
	aid			Check self-em			
	epare	1		_1	· · · · · · · · · · · · · · · · · · ·		
Us	se On		- <del> </del>	n's EIN ▶	<del></del>		
Ma	v the II		address ► Pho s this return with the preparer shown above? (see instructions)	ne no	Yes No		
_				<u> </u>	Form <b>990</b> (2014)		
FOI	raper	work Redi	iction Act Notice, see the separate instructions. Cat No 11282Y		Form 330 (2014)		

Part	Ш	Statement of Program Service Accomplishments		[7]
4	Dura	Check if Schedule O contains a response or note to any line in this Part III		<u>(1</u>
1		my describe the organization's mission. port the various ministries of Great Lakes Conference, Churches of God, General Conference and any affiliated c	r control	ed corp.
		ions and entities related to Great Lakes Conference, Churches of God, General Conference.		
2		the organization undertake any significant program services during the year which were not listed on the		
		r Form 990 or 990-EZ?	☐ Yes	<b>☑</b> No
3		the organization cease conducting, or make significant changes in how it conducts, any program		
-		rices?	☐Yes	√ No
	If "Y	es," describe these changes on Schedule O.	_	_
4		scribe the organization's program service accomplishments for each of its three largest program services,		
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the second of the	cations to	others,
	tne	total expenses, and revenue, if any, for each program service reported.		
4a		de: ) (Expenses \$ 72,353 including grants of \$ 72,353 ) (Revenue \$		0)
70		nt to Gethsemane Christian Discipleship Church for building plans and construction of a worship and fellowship		<u></u> ,
	010	into occusionatio official processing official to building plans and construction of a worship and tenowship	.idointy.	
4b		de:) (Expenses \$ 60,000 including grants of \$ 60,000 ) (Revenue \$		<u>o</u> )
	Gra	nt to Great Lakes Conference Churches of God, General Conference for building construction of classrooms.		
_,				
4c	(Co			0)
	Gra	nt to Timberlake Community Church of God for the purchase of a building.		
				••
4d	Oth	er program services (Describe in Schedule O.)		
		penses \$ 71,900 including grants of \$ 71,900) (Revenue \$ 0)	-	
4e	Tot	al program service expenses ► 237,187	·	-

Part			'	age <b>O</b>
			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		,	
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
2 3	Did the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		✓_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
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? <i>If "Yes," complete Schedule D, Part II</i>	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? If "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	<b>✓</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1.8
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		<b>√</b>
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>	11d		<b>✓</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>✓</b>
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	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	m <b>99</b> 0	<b>0</b> (2014

Part I	V Checklist of Required Schedules (continued)			
		]	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
С	Schedule L, Part IV	28b 28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	<b>✓</b>
b	If "Yes" to line 35a, 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	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37		<b>  √</b>
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			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	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	
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 2	ΛL.		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-, -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<del></del>
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O .</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	144		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
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>  √</b>
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		
		10		<b>V</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		'
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	<u> </u>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	,		
11	Section 501(c)(12) organizations. Enter:		~	
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
_	against amounts due or received from them.)		ļ	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	<del> </del>	+
b		-		`
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del> </del>	+
а	Is the organization licensed to issue qualified health plans in more than one state?	134	<del>                                     </del>	+
b	- , , , , , , , , , , , , , , , , , , ,			
IJ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	1
b		14b		
		For	m <b>99</b>	0 (2014)

Form **990** (2014)

Part		•					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				_		
Soction	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · · ·	<u>· ·</u>	<u> </u>	✓		
Secu	on A. Governing Body and Management		-	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7					
	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.				1		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	•					
2	any other officer, director, trustee, or key employee?		2		<b>✓</b>		
3	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		1		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	•	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization		5		<b>√</b>		
6							
7a							
	one or more members of the governing body?		7a		✓		
b	Are any governance decisions of the organization reserved to (or subject to approval				1		
stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken during					
а	The governing body?		8a	./			
b	Each committee with authority to act on behalf of the governing body?		8b		1		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				- <u>`</u>		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	✓			
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>-</b>		
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor	• •	11a	1	ļ		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3		^ ^			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	✓			
С	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"		_			
40	describe in Schedule O how this was done		12c				
13 14	Did the organization have a written whistleblower policy?		13	<b>√</b>			
15	Did the process for determining compensation of the following persons include a review a		14	<b>V</b>			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation						
а	The organization's CEO, Executive Director, or top management official		15a	\(\frac{1}{\sqrt{1}}\)			
b	Other officers or key employees of the organization		15b	<b>✓</b>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil						
h	with a taxable entity during the year?		16a		<b>V</b>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to						
	organization's exempt status with respect to such arrangements?		16b		'		
Secti	on C. Disclosure			·			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, all	nd 990-T (Section	า 501(	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.						
10	Own website Another's website Upon request Other (explain in Sch		Au1				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ins, conflict of int	erest	holic	y, and		
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	corde				
	Pohert F. Stephenson, 700 F. Molroso Avenue, Findley, OH, 45940, 419, 424, 1961	ii a books and le	JUIUS	. –			

orm	990	(2014)	

Page 7

•				
Part VII	Compensation of Officers, Directo	rs, Trustees, Key Empl	loyees, Highest Compensated	Employees, and
	Independent Contractors			

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

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

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

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

☐ Check this box if neither the organization noi	r any related	d orga	anız	atio	n co	ompe	nsa	ated any curren	t officer, director,	or trustee.
				(0	_					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
1.00.00	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	악方	<u> </u>	Q	줐	요포	F	from the	related organizations	other compensation
	related	divid	<u>\$</u>	Officer	уе	황	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	l to	_	npl	yee c	۳,	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	alt		Key employee	) mp				and related organizations
		stee	Institutional trustee		"	Highest compensated employee				J
			ě			ated				
(1) Berniece Asel	0.3									
(1) Berniece Asei Board Director, Chairman	0.3	1		/						
(2) Daniel ( Daniel )	0.3	<u> </u>		l- <del>`</del>						
(2) Randy K. Dammeyer  Board Director, Vice-Chairman	<u> </u>	1		1						
(3) Terry A. Steinhauer, Sr.	0.3			Ė			<del> </del>			
Board Director, Secretary	<u>0.5</u>	1		1			ļ			
(A) Dadway L. Chaven	0.3	,		Ť				<del></del>		A
Board Director, Treasurer	<del></del>	1		1						
(5) Galen O King	0.3							-		
Board Director		<b>✓</b>								
(6) J. Lance Finley	0.3									
Board Director		✓								
(7) Alberta V. Prichard	0.3									
Board Director		✓								
(8) Thomas D. Weaver	18.0									
President			ļ	1				24,500	10,710	
(9) Robert E. Stephenson	4.25									
Financial Controller			<u> </u>	✓	<u> </u>	ļ		6,500		
(10)										
(11)										-
(12)			-	-						
S	<b>†</b>				<u> </u>					
(13)										
(14)			<del>                                     </del>	$\vdash$	<del>                                     </del>		+			
	T	1	1	1	1	]				

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (cor	itinued)			<u> </u>
					-	C)								
	(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)		(F)		
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation fro		Estima amour		
		week (list any		1		Т —		<del></del>	from	related		othe	er	
		hours for related	Individual trustee or director	stitu	Officer	Key employee	npla	Former	the organization	organizations (W-2/1099-MISC		mpens from t		
		organizations	dual	tion	٦	힐	st co	"	(W-2/1099-MISC)			rganiz		
		below dotted line)	trus	al tr		уее	mpe					and rela ganıza		
			tee	Institutional trustee			Highest compensated employee							
						<u> </u>	ed.	<u> </u>						
(15)			1											
(4.6)			-	<u> </u>	-			-						
(16)		<del> </del>	-			ĺ								
(17)				<u> </u>		1			-		-			
X:::/		†	1											
(18)														
(19)			-											
(20)			<del> </del>		<del>                                     </del>	├-		-			+			
(20)			1											
(21)											_			
35			1			<u> </u>								
(22)														
			ļ	<u> </u>	<u>.                                    </u>	<u> </u>					$\bot$			
(23)			-											
(24)			<u> </u>	$\vdash$	<u> </u>	$\vdash$		$\vdash$						
127)		<del> </del>	1											
(25)								†						
			1				<u> </u>							
1b	Sub-total							▶	31,000	10,7	10			0
C	Total from continuation sheets to Part			•	•	•		<b>•</b>	0	<del>                                     </del>	0			0
d	Total (add lines 1b and 1c)							<u>\</u>	31,000	· · · · · · · · · · · · · · · · · · ·			-	0
2	Total number of individuals (including bu reportable compensation from the organ			nose	e IIS	tea	above	e) w	no receivea m	ore than \$100	,000 ot			
	repertable compensation from the organ	ization p	One							-		Y	'es N	10
3	Did the organization list any former of	fficer, direc	tor, o	or ti	rust	ee,	key e	emp	oloyee, or high	nest compens	ated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3		
4	For any individual listed on line 1a, is the													
	organization and related organizations individual									nedule J for s	1			,
-	Did any person listed on line 1a receive of										<u> </u>	4		_
5	for services rendered to the organization										-	5		/
Section	on B. Independent Contractors	<u> </u>	<u>'</u>						<u> </u>					
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than S	\$100,000	) of		
	compensation from the organization. Re	port compe	ensati	on f	or tl	he c	alenc	lar y	year endıng wi	th or within the	organiz	ation	's tax	
	year.							1		•				
	(A) Name and business add	iress							(B) Description of s	services		(C) censat	เดก	
	rane and business aut							├-	2030112101101101					
	<del>-</del>													
								T			-			
									<del>-</del>					
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	tne c	orgai	nıza	ttion				[				

Form **990** (2014)

Part	VIII	Statement of Reve				5	•	
		Check if Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
nts nts	1a	Federated campaigns	s 1a	0		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	O				
s, G	С	Fundraising events .	1c	0				
Sift ar /	d	Related organizations	s 1d	0				
is, (	е	Government grants (con	tributions) 1e	0				
tion r S	f	All other contributions, gi	ıfts, grants,					
but		and similar amounts not inc	luded above 1f	105	:			
ntri d O	g	Noncash contributions includ	ded in lines 1a-1f <sup>.</sup> \$	0				!
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f	🕨	105			
ue				Business Code			***************************************	
ven	2a							
Program Service Revenue	b							
vice	С							
Ser	d							
E	е							_
ogri	f	All other program ser	vice revenue .					
P	g	Total. Add lines 2a-2		•	0			
	3	Investment income		ends, interest,				
		and other similar amo	ounts)	🕨	164,748	164,748	0	0
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties		▶	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents .	0	0		** *	, *	<u>'</u>
	b	Less. rental expenses	0	0	*	₹ ,	ه	
	С	Rental income or (loss)	0	0				
	d	Net rental income or	(loss)		0	0	0	0
	7a	Gross amount from sales of	(ı) Securities	(II) Other	***	į		
		assets other than inventory	3,147,152	0	₹ *	**		
	b	Less, cost or other basis						,
		and sales expenses	2,501,081	0				
	С	Gain or (loss)	646,071	0		4		
	d	Net gain or (loss) .		▶	646,071	646,071	_0	
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions report See Part IV, line 18		0				
Ę	Ь.	Less: direct expenses	_					
0	)	Net income or (loss) f		events .	o		0	
		Gross income from ga	aming activities.					
		See Part IV, line 19 .		0				
	b	Less: direct expense						
		Net income or (loss) f		ıvıtıes ▶	0	0	o	0
	10a	Gross sales of in	-					
		returns and allowanc	_	0				
		Less: cost of goods s						
	С	Net income or (loss) t			0	0	c	)(
		Miscellaneous F	Revenue	Business Code				
	11a			ļ				
	b							
	С	***************************************						
	d	All other revenue .						
	е	Total. Add lines 11a-	-11d	>	0			
	112	Total revenue See	netructions	<b></b>	040.004	010.004		

	0 (2014)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	177,187	177,187		İ
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	60,000	60,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	31,000	0	31,000	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	o	0
7	Other salaries and wages [	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	62	0	62	0
10	Payroll taxes	2,372	0	2,372	0
11	Fees for services (non-employees):				
а	Management	o	o	o	0
b	Legal	0	0	0	0
c	Accounting	4,290	0	4,290	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	<u> </u>		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	0	0	0	0
13	Office expenses	1,582	0	1,582	
14	Information technology	518	0	518	
15	Royalties	0	0	0	0
16	Occupancy	6,183	0	6,183	0
17 18	Payments of travel or entertainment expenses	. 1,413	0	1,413	0
	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 .	0	0	0	0
23	Insurance	1,656	0	1,656	0
24	Other expenses. Itemize expenses not covered 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
þ	Training & Education	79	0	79	0
С	Resource Materials	240	0	240	0
d					
е	All other expenses o	0	0	_0	0
25	Total functional expenses. Add lines 1 through 24e	286,982	237,187	49,795	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 SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u></u> 🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	334,602	2	269,895
	3	Pledges and grants receivable, net	0	-	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			ı
		Complete Part II of Schedule L	0	5	0
	6	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			
S		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	521,000	7	521,000
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 9,950	!		!
	b	Less: accumulated depreciation 10b 9,950	0	10c	0
	11	Investments—publicly traded securities	6,233,527	11	6,425,218
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	9,408	15	10,164
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,098,537	16	7,226,277
	17	Accounts payable and accrued expenses	2,029	17	2,317
	18	Grants payable	0	18	80,434
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	809,449	21	910,240
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and	man nom n nome o man n n		
Liabilities		disqualified persons. Complete Part II of Schedule L	0	<del></del>	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	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			
		of Schedule D	0	-	0
	26	Total liabilities. Add lines 17 through 25	811,478	26	992,991
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			<b>4</b>
auc	27	Unrestricted net assets	6,287,059	27	6,233,286
3al	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	1	34	

_	4	•
Page		-

<b>Part</b>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			V
1	Total revenue (must equal Part VIII, column (A), line 12)			81	0,924
2	Total expenses (must equal Part IX, column (A), line 25)			28	6,982
3	Revenue less expenses. Subtract line 2 from line 1	1		52	23,942
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			6,28	37,059
5	Net unrealized gains (losses) on investments			(45	1,643)
6	Donated services and use of facilities				C
7	Investment expenses				
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain in Schedule O)	,		(120	6,072)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	<u>)                                     </u>		6,23	33,286
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		•	
		r		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			
	Schedule O.	İ			
2a			2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or	* 1	/ \	
	reviewed on a separate basis, consolidated basis, or both:			š.	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	✓_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	on a			
	separate basis, consolidated basis, or both:			4 ·	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			\$ '	
С					
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	_	2c		<b>  ✓</b>
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in in			
За		th in		~ ~	- m- m
Ju	the Single Audit Act and OMB Circular A-133?		3a		1
ь		L			Ť
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
				990	(2014
			. 0.11		,,

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Name o	of the organization	_	· <del>-</del>			Employer identification	number		
The Fo	oundation of the Great Lakes Conference					31-16 <u>1</u>			
Pari							ns.		
	rganization is not a private foundat				-				
	A church, convention of church			oed in <b>se</b>	ction 170	)(b)(1)(A)(i).			
	A school described in section			••	470(1-)/4	\/ <b>A</b> \/ !!!\			
	<ul><li>☐ A hospital or a cooperative hos</li><li>☐ A medical research organization</li></ul>						iii) Enter the		
4	hospital's name, city, and state		injunction with a nosp	ilai uesci	ibed in S	ection 170(b)(1)(A)(i	my. Linter the		
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described in		
	☐ A federal, state, or local govern ☐ An organization that normally a described in section 170(b)(1)(	receives a subst	tantial part of its supp				the general public		
8	☐ A community trust described in		•	Part II.)					
					rom cont	ributions, membersl	nip fees, and gross		
	9 ☐ An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
	An organization organized and								
11	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
а	a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.								
b	☐ Type II. A supporting organize control or management of the organization(s). You must co	ation supervised supporting org	d or controlled in conr janization vested in th						
С	Type III functionally integra its supported organization(s)	ted. A supportin	ng organizatıon operat				y integrated with,		
d	☐ Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstributi	on requirement and			
е	Check this box if the organization	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III		
f	Enter the number of supported of	rganizations .					43		
g	Provide the following information	about the supp	oorted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			(see instructions))	Yes	No				
	eat Lakes Conference, Churches of od, General Conference	34-1176574	1	/		92,500			
(B) Ar	thur Center Church of God	90-0548511	1			0			
(C)	ukerman Church of God	34-1267215	1			0			
(D)	elina First Church of God	34-6599964	1	,	1	0			
(E)	ollege First Church of God	34-4431294	1		/	0			
Total	i								

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

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

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization 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.) 8 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. 43 Enter the number of supported organizations . Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization listed in your governing other support (see (described on lines 1-9 support (see document? instructions) above or IRC section instructions) (see instructions)) Yes No CrossPoint Church of God 31-1564546 0 Eagle Church of God 38-2227049 (C) Gethsemane Christian Discipleship 72.353 Church 26-3131260 (D) Grace Fellowship 34-1868178 0

34-1219359

n

Hopewell Church of God

#### PAGE 3 OF 9

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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OMB No 1545-0047

2014

Open to Public Inspection

Name o	of the organization			<u> </u>		Employer identification	number			
	oundation of the Great Lakes Confer					31-161				
Par							ns			
	rganization is not a private founda									
	A church, convention of church			oed in <b>se</b>	ction 170	D(b)(1)(A)(i).				
	A school described in <b>section</b>			_						
	A hospital or a cooperative hos						·····			
4	A medical research organizatio		onjunction with a hosp	ital desci	ribed in <b>s</b>	ection 1/U(D)(1)(A)(	III). Enter the			
5	hospital's name, city, and state  An organization operated for t	he benefit of a	college or university	owned or	r operate	d by a government	al unit described in			
	section 170(b)(1)(A)(iv). (Comp	•								
	<ul> <li>☐ A federal, state, or local govern</li> <li>☐ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its supp				the general public			
8										
а	✓ Type I A supporting organize the supported organization(s) organization. You must come	) the power to re	egularly appoint or ele-	led by its ct a majo	supporte rity of the	ed organization(s), ty e directors or trustee	pically by giving s of the supporting			
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the control organization (s).	e supporting org	janization vested in th							
С	☐ Type III functionally integra  its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally integrated is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty						I, Type III			
f	Enter the number of supported of	organizations .					43			
g	Provide the following information						<u></u>			
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			(see instructions))	Yes	No	1				
(A) Ma	adison Church of God	34-1600751	1		·	0				
(B)										
M	ovement Church	46-5546781	1		✓	0				
(C) MI	Carmel Church of God	34-1058639	1		/	0				
(D) MI	. Tabor Church of God	34-1329655	1		1	0				
(E) <u>Ne</u>	w Creations Church of God	34-1438228	1		1	0				
Total										

**Public Charity Status and Public Support** 

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

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Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization					Employer identification	number			
The Foundation of the Great Lakes Confe	rence, Churches o	of God, General Conference	ence		31-161				
Part I Reason for Public Cha						ns.			
The organization is not a private founda									
1 A church, convention of churc			oed in <b>se</b>	ction 170	J(D)(1)(A)(I).				
2 A school described in section		-	acation	170/b\/1	\/ <b>A</b> \/ ;;;\				
<ul><li>3  A hospital or a cooperative ho</li><li>4  A medical research organization</li></ul>						iii) Enter the			
4		injunction with a nosp	itai ucsci	ibca iii s		my Entor the			
5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university of	owned or	operate	d by a governmenta	al unit described in			
6 A federal, state, or local gover	nment or governi	mental unit described	ın <b>sectio</b>	n 170(b)(	(1)(A)(v).				
7 An organization that normally described in section 170(b)(1)			ort from	a goverr	nmental unit or from	the general public			
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 An organization organized and									
one or more publicly supporte	1 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
the supported organization(s	a <b>Type I</b> . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B</b> .								
b Type II. A supporting organic control or management of the organization(s). You must c	ne supporting org	janization vested in th	ection w e same p	ith its sup ersons th	oported organization nat control or manag	n(s), by having te the supported			
c Type III functionally integrates its supported organization(s						y integrated with,			
d Type III non-functionally in that is not functionally integ- requirement (see instruction	rated. The organi	zation generally must	satisfy a	dıstrıbuti	on requirement and	ed organization(s) an attentiveness			
e Check this box if the organic functionally integrated, or Ty						I, Type III			
f Enter the number of supported	organizations .					43			
g Provide the following information	n about the supp	ported organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		(GGG MGM GGMGMG))	Yes	No					
(A) New Haven Church of God	39-2053023	1		1	0				
(B) Ney Church of God	34-1407504			<b>→</b>	0				
(C)	01:1707007	-							
Ohio City Community Church of God	34-1404022	1		<b>√</b>	0				
(D) Olive Branch Church of God	34-6543763	1		1	0				
(E) Ottawa River Church of God	34-1206216	1		<b>✓</b>	0				
Total									

OMB No 1545-0047

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

Department of the Treasury

Name of the organization

**Public Charity Status and Public Support** 

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

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Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public Inspection

The Foundation of the Great Lakes Conference, Churches of God, General Conference 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☑ Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 43 Enter the number of supported organizations . Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see document? instructions) above or IRC section instructions) (see instructions)) Yes No Pathway Community Church 34-1201501 0 Pine River Church of God 38-2744620 Ridgeway First Church of God 34-1263914 16,000 (D) Risingsun Church of God 0 34-0948399 Seville Community Church of God 38-2113089

Total

Department of the Treasury Internal Revenue Service

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

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

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OMB No 1545-0047

2014

Open to Public Inspection

Name o	of the organization					Employer identification	number			
The Fo	oundation of the Great Lakes Confer				_	31-161				
Part	<del>-</del>						ns.			
	rganization is not a private founda									
	A church, convention of church			bed in <b>se</b>	ction 17	0(b)(1)(A)(i).				
	A school described in section				470(h)/4	\(A\(\);;;\				
	<ul><li>☐ A hospital or a cooperative hos</li><li>☐ A medical research organizatio</li></ul>						iii) Enter the			
	hospital's name, city, and state	e:					· ·			
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in			
	<ul><li>☐ A federal, state, or local goverr</li><li>☐ An organization that normally</li></ul>	receives a subs	tantial part of its supp				the general public			
	described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	9 An organization that normally receives: (1) more than 33 <sup>1</sup> / <sub>3</sub> % 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 <sup>1</sup> / <sub>3</sub> % 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		•	•		•	•				
а	a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
b	organization. You must com  Type II. A supporting organize control or management of the	zation supervise	d or controlled in coni							
	organization(s) You must co					_	, , ,			
С	☐ Type III functionally integra  its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and				
е	Check this box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III			
f	Enter the number of supported of	•		· · · · · · · · · · · · · · · · · · ·	g	•	43			
g	Provide the following information									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			(	Yes	No					
(A)	awnee Church of God	34-1218122	1		<b>✓</b>	0				
(B) So	ma Church of God	45-4256088	1		<b>√</b>	0				
(C)	gar Ridge Church of God	34-1424696	1		/	0				
(D)	konsha Church of God	68-0578425	1		<b>√</b>	0				
(E)	e Catalyst Community Church	34-1962658	1		· ·	8,400				
Total						5,100				

Department of the Treasury Internal Revenue Service

Name of the organization

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

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OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	Foundation of the Great Lakes Confer					31-161				
_	rt I Reason for Public Char						ns			
	organization is not a private foundat		-		-					
1	☐ A church, convention of church			bed in <b>se</b>	ction 170	J(D)(1)(A)(I).				
2	A school described in section				470/5//4	\/A\/:::\				
3	<ul><li>☐ A hospital or a cooperative hos</li><li>☐ A medical research organizatio</li></ul>						iii) Enter the			
4	hospital's name, city, and state	•	принсцоп with a nosp	niai uesci	inea iii S	ection 170(b)(1)(A)(i	m, Linei nie			
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned or	operate	d by a governmenta	al unit described in			
6	☐ A federal, state, or local govern	· ·	mental unit described	ın sectio	n 170(b)	(1)(A)(v).				
7		receives a subst	tantial part of its supp				the general public			
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An organization that normally receives: (1) more than 33½% 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 33½% 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 exclus	sively to test for public	safety. S	ee <b>secti</b>	on 509(a)(4).				
11										
ā	a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
t	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
•	Type III functionally integra its supported organization(s)						y integrated with,			
(	Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and				
•		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III			
1							43			
	Provide the following information		orted organization(s).		-					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o listed in you docur	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			(see instructions))	Yes	No					
	imberlake Community Church of	34-1776977	1		<b>√</b>	32,934				
B)										
٠, ر	Inion Chapel Church of God	34-1409137	1		<b>*</b>	0				
C)										
<u>'\</u>	/anlue Community Church	46-2294428	1		/	15,000				
D) \	Wharton First Church of God	34-1413371	1			0				
E) <sub>V</sub>	Vooster First Church of God	34-1363889	1		<b>4</b>	0	<u> </u>			
'ot:	al									

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

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OMB No 1545-0047

Open to Public Inspection Employer identification number

The I	Foundation of the Great Lakes Confer					31-161				
	rt I Reason for Public Char						าร.			
The	organization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only on	e box.)				
1	A church, convention of church	nes, or association	on of churches descri	bed in <b>se</b>	ction 170	)(b)(1)(A)(i).				
2	☐ A school described in <b>section</b>	170(b)(1)(A)(ii). (	(Attach Schedule E.)							
3	☐ A hospital or a cooperative hos	spital service org	janization described ir	n section	170(b)(1)	)(A)(iii).				
4	A medical research organization	n operated in co	onjunction with a hosp	ntal descr	ibed in <b>s</b> e	ection 170(b)(1)(A)(i	ii). Enter the			
	hospital's name, city, and state									
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described in			
6	A federal, state, or local govern									
7	An organization that normally described in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public			
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	rom cont	ributions, membersh	nip fees, and gross			
	receipts from activities related									
	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 exclus	sively to test for public	safety. S	See <b>secti</b>	on 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.									
á	<b>Type I</b> . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B</b> .									
Ł	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
	control or management of the organization(s). You must co	e supporting org	janization vested in th							
C	Type III functionally integral its supported organization(s)						y integrated with,			
(	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstributı	on requirement and				
		•	-				I Type III			
•	functionally integrated, or Ty					- ·	i, i , po iii			
f			oa,og. a = ====		J		43			
	Provide the following information		orted organization(s).							
	(i) Name of supported organization	(II) EIN	(iii) Type of organization		roanization	(v) Amount of monetary	(vi) Amount of			
	(i) Name of Supported Organization	(, 2	(described on lines 1–9 above or IRC section (see instructions))	listed in you	ar governing ment?	support (see instructions)	other support (see instructions)			
			(SOC MISTIGOTIONS))	Yes	No					
	· · · · · · · · · · · · · · · · · · ·		-							
(A)	Vorld Wide Living Word Ministries	26-2873818	_		1	o				
	Toria Wide Elving Word Ministries	20 20 700 10	i	-	-		-			
(B)	Vord of Faith Ministries	56-2673475	11		·	o				
	void Of Falli Ministries	00 20/01/0	·				<del></del>			
(C) <sub>2</sub>	ion Church of God	34-1416451	1		/	o				
		1	i							
(D)	Big Prairie Community Church	51-0618460	1	}	/	o				
	Kingdom Community Christian									
	Inistries	27-0757674	1	<u>L</u>	✓	0				
-		12 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1	· · · · · · · · · · · · · · · · · · ·	1533	i y signi					
Tota	al	is a second of the								

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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OMB No 1545-0047

2014

**Open to Public** Inspection

ame	of the organization				i	Employer identification	number		
he F	oundation of the Great Lakes Confer					31-161		_	
	t Reason for Public Char						ns.	_	
he d	organization is not a private foundat								
1	A church, convention of church			bed in <b>se</b>	ction 170	)(b)(1)(A)(i).			
2	A school described in <b>section</b>		•						
3 4	<ul><li>☐ A hospital or a cooperative hos</li><li>☐ A medical research organizatio</li></ul>						iii). Enter the		
•	hospital's name, city, and state	•	,				•		
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described	in	
6	☐ A federal, state, or local govern	ment or governi	mental unit described	ın <b>sectio</b>	n 170(b)	(1)(A)(v).			
7	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 F	Part II.)					
9	An organization that normally in receipts from activities related support from gross investment acquired by the organization at	I to its exempt int income and	functions-subject to unrelated business t	certain e axable in	exceptior acome (le	ns, and (2) no more ess section 511 tax	than 331/3% of	ıts	
10	☐ An organization organized and								
11	_	operated exclusi l organizations d	vely for the benefit of, escribed in <b>section 50</b>	to perforr <b>09(a)(1)</b> or	n the fund section	ctions of, or to carry <b>509(a)(2).</b> See <b>secti</b>	<b>on 509(a)(3).</b> Che	of ck	
а	Type I. A supporting organization the supported organization organization. You must com	the power to re	egularly appoint or ele					ıg	
b	Type II. A supporting organize control or management of the organization(s). You must control organization	e supporting org	janization vested in th						
c		ted. A supportir	ng organization operat				y integrated with,		
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organı	zation generally must	satisfy a	dıstributı	on requirement and		)	
e		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III		
f	Enter the number of supported of	organizations .					43	$\neg$	
ç	Provide the following information		oorted organization(s).	•					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o listed in you docur	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			(See Mandellons))	Yes	No				
A) <sub>N</sub>	Mendon First Church of God	34-1353636	1		4	0			
B)									
<u>s</u>	Salem Church of God	31-1082532	1		1	0			
C)									
D)									
E)									

18

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	Part III. If the organization fails to on A. Public Support	quality unde	i the tests his	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2011	(6) 2012	(u) 2010	(e) 2014	(i) Total
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)				,		
6	Public support. Subtract line 5 from line 4.	)	¥ <	v	, i.*		
	on B. Total Support						,
	idar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re				rear as a section	
	on C. Computation of Public Suppor					11	
14	Public support percentage for 2014 (line 6		-			14	%
15 16a	Public support percentage from 2013 Sch					15	%
Toa	331/3% support test—2014. If the organization qual						
b	331/3% support test—2013. If the organicheck this box and stop here. The organic	nization did no	ot check a box	x on line 13 o	r 16a, and line		► □ or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd <b>stop here.</b> 1	line 14 is Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the	facts-and-c	ircumstances"	test, check t	his box and st	op here.

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

Section	on A. Public Support	4,,46, 4,6		, р. далес	···	<b>/</b>			
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees	<u> </u>	(1)	,,					
	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								
J	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5						_		
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons .								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from	***	* 4 *	, , ,	,	,, * ,			
	line 6)	A.S.	<u> </u>	2/2.	>	>			
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends,				-				
	payments received on securities loans, rents,			1					
	royalties and income from similar sources .	1							
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975		1				İ		
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	-	-						
14	loss from the sale of capital assets		1		1		1		
	(Explain in Part VI.)						[		
13	Total support. (Add lines 9, 10c, 11,			<del> </del>					
	and 12.)								
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	nd, third, fourth	, or fifth tax v	ear as a section	on 501(c)(3)		
	organization, check this box and stop he								
Secti	on C. Computation of Public Suppo				<del></del>				
15	Public support percentage for 2014 (line		<del></del>	13, column (f))		15	%		
16	Public support percentage from 2013 Sc		<del>-</del>				%		
	on D. Computation of Investment In					· •			
17	Investment income percentage for 2014			by line 13, colui	mn (f))	17	%		
18	Investment income percentage from 201						%		
19a	331/3% support tests—2014. If the organ	nization did no	t check the bo	x on line 14, a	nd line 15 is n	nore than 331/3	%, and line		
	17 is not more than 331/3%, check this box								
b									
	line 18 is not more than 331/3%, check this								
20	Private foundation. If the organization d								
_=-									

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	<b>Organizations</b>
----------------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng D <i>y</i>			
us ed			
er	2	<b>√</b>	
nd he	3a		•
(2)	3b		
lf	3c		
gn o <i>n</i>	4a 4b		
on ed (B)	4c	Ŵ	
s," IN on, on	40		* *
dy	5a 5b	*/ */ */	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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ın	6		·
ial ent	7		
7?	8		<b>✓</b>
ore ed	- 9a		
ch	9b		1
efit	9c		1
3(f) ng	10a		7
to	10b	990-F	7) 2014

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	<b>✓</b>
	A family member of a person described in (a) above?	11b	<u> </u>	<b>√</b>
Soction	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ļ .	<b>✓</b>
Secu	on B. Type I Supporting Organizations			
1	Did the directors trustees or membership of any or more supported examinations have the newer to		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		✓
Section	on C. Type II Supporting Organizations		,	r
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			i
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			!
	the supported organization(s).		······································	
Section	on D. All Type III Supporting Organizations	1		
	5.7 5.7 M. Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F .	103	110
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			'
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.		ļ	
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)·
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		-	
<b>L</b>	·	<u>2a</u>	ļ	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		Į	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	<u> </u>	<del> </del>
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vas " describe in Part W the role played by the organization in the roads	35		1

Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must constitute the same of the constitution of the c	trus	st on Nov. 20, 1970 See i	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	10		
a Average monthly value of securities	1a 1b		
b Average monthly cash balances c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	iu	, , ,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	in the second se	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	, , , , , , , , , , , , , , , , , , , ,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	*	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	itegrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions	<u></u>	<del></del>	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nızatione	
4	Amounts paid to acquire exempt-use assets	poses of supported orga	IIIZAUOIIS	<del> </del>
5	Qualified set-aside amounts (prior IRS approval required)			<del> </del>
6	Other distributions (describe in Part VI). See instructions.		<del></del>	<del></del>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
10	Distributable amount for 2014 from Section C, line 6		<del></del>	<del></del>
	Line 8 amount divided by Line 9 amount	<del> </del>	/::\	(:::)
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iíi) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2014:			
a	·			
b				
<u>c</u>				
<u>d</u> _				
<u>e</u> _	From 2013			
f_	Total of lines 3a through e			 
<u>g</u> h	Applied to underdistributions of prior years  Applied to 2014 distributable amount			
<u>''</u>	Carryover from 2009 not applied (see instructions)			
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		······································	
8	Breakdown of line 7:			
a			-74 14 14 14	
b				
С				· · · · · · · · · · · · · · · · · · ·
d	Excess from 2013			··
е	Excess from 2014			

Part VI	Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part I, Line	11g and Part IV, Section A, Line 1:
The govern	ning documents state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conference	e and any affiliated or controlled corporations and entities related to Great Lakes Conference, Churches of God, General
Conference	e. Thus, member churches of Great Lakes Conference, Churches of God, General Conference are inferred as supported organi-
zations alti	nough not specifically named.
Part IV, Sec	ction A, Line 2 - Current practice is to provide support through the issuance of grants. The grant process requires the requesting
supported	organization to provide a copy of its letter of determination of status from the IRS, or proof of participation in a group exemption
held by Ch	urches of God, General Conference (23-6424046), the parent denomination as a central organization.
Part IV, Se	ction A, Line 5a:
	of new member churches of Great Lakes Conference, Churches of God, General Conference: Kingdom Community Christian
17	Vanlue Community Church 46-2294428, Venue, Word of Faith Ministries 56-2673475, World Wide Living Word Ministries
26-2873818	3. These additions are within the listed class of related entities of Great Lakes Conference, Churches of God, General Conference
found in th	e Articles of Incorporation.
Removal o	f member church of Great Lakes Conference, Churches of God, General Conference due to its closing and ceasing of operations:
Neptune C	hurch of God 34-1380891.
Part IV, Se	ction B, Line 2:
The govern	ning documents state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conferenc	e and any affiliated or controlled corporations and entities related to Great Lakes Conference, Churches of God, General
Conferenc	e. The supported organizations that do not directly control this reporting supporting organization are affiliated entities of Great
Lakes Con	ference, Churches of God, General Conference because they are member churches of Great Lakes Conference, Churches of God,
General Co	onference Furthermore, the governing board of Great Lakes Conference, Churches of God, General Conference is elected by its
member cl	nurches.

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	f the organization	-	Employer identification number
The Fo	undation of the Great Lakes Conference, Churches of	God, General Conference	31-1610743
Par		ised Funds or Other Similar Fun	ds 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gra fit of the donor or donor advisor, or f	nt funds can be used or any other purpose
Pari			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	<ul><li>Preservation of land for public use (e.g., recrea</li><li>Protection of natural habitat</li></ul>	•	f a historically important land area f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	······································
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/17/06, and not	· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	ements during the year
	<b>▶</b> \$	<b>0</b> .	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fi	
Part			Other Similar Assets.
	Complete if the organization answered		
	If the organization elected, as permitted under SF		s revenue statement and balance sheet
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, e	ducation, or research in furtherance of
b	If the organization elected, as permitted under 5 works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, e ting to these items:	ducation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	<ul><li>(i) Revenue included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works of an following amounts required to be reported under \$	t, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the foll	owing that are a si	gnificant use of its		
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	ograms			
b	☐ Scholarly research		e 🗌 Othe	r				
С	□ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections a	nd explain how t	hey further the o	organization's exem	npt purpose in Part		
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 mainta	ined as part of th	e organization's	collection?	☐ Yes ☐ No		
Part								
	Complete if the organization 990, Part X, line 21.				·			
1a	Is the organization an agent, trustee, included on Form 990, Part X?				or other assets no	ot ☐ Yes ☑ No		
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able: _				
					Aı	mount		
С	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	nt on Form 990, Pa	art X, line 21, for e	escrow or custod	dial account liability	? ✓ Yes 🗌 No		
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been prov	ided in Part XIII .	🔽		
Par	V Endowment Funds.	·						
	Complete if the organization	answered "Yes'	' to Form 990, F	Part IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four years back		
1a	Beginning of year balance	6,287,059	5,816,658	5,438,94	5,700,030	5,353,288		
b	Contributions	105	700	25	50 250			
С	Net investment earnings, gains, and							
	losses	335,934	783,520	612,17	79 (16,066	576,427		
d	Grants or scholarships	227,187	209,740	1	l .			
е	Other expenditures for facilities and							
	programs	112,830	57,436	(11,06	7,10	6 (95,979)		
f	Administrative expenses	49,795	46,643	T	<del>- 1</del>			
g	End of year balance	6,233,286	6,287,059					
2	Provide the estimated percentage of t							
а	Board designated or quasi-endowmer	•	0%					
b	Permanent endowment ►	0%						
С	Temporarily restricted endowment ▶	0%						
	The percentages in lines 2a, 2b, and 2	2c should equal 10	0%.					
3a	Are there endowment funds not in the			at are held and	administered for th	е		
	organization by:	•	J			Yes No		
	(i) unrelated organizations					3a(i) ✓		
	——————————————————————————————————————					3a(ii) ✓		
b	If "Yes" to 3a(II), are the related organ					3b		
4	Describe in Part XIII the intended uses	s of the organization	n's endowment f	unds.				
Part								
	Complete if the organization		" to Form 990. F	Part IV. line 11a	a. See Form 990.	Part X. line 10.		
	Description of property	(a) Cost or ot	1	1	c) Accumulated	(d) Book value		
	Lond	(investm	,	other)	depreciation			
1a	Land	•	0	0		0		
b	Buildings	•	0	0	0	0		
C	Leasehold improvements	•	0	0	0	0		
d	Equipment	•	0	3,065	3,065	0		
E Total	Add lines 1a through 1e. (Column (d) n	rust ocual Form Of	0 Part Y colum	6,885	6,885	0		
I OTOL	ALL THE IS INTOLOR OF IL OILIMN ICI N	oost anna Form U	er Part trouing	una una luci				

	Investments – Other Securities.  Complete if the organization answered "Yes" to	Form 990. Part IV. line	11b. 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
) Financial	derivatives		
	neld equity interests		
O41	· · · · · · · · · · · · · · · · · · ·		
(A)			
(B)			·
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	7) - 1 - 2 - 200 D - 1 V - 1 / D 1 - 40 1 h		
art VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.		
art VIII	Complete if the organization answered "Yes" to	Form 000 Part IV line	11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
1)			
2)			
3)			
1)			
<del></del>	A control of the second of the		
<del></del>			
7)			
3)			
9)			
	b) must equal Form 990, Part X, col (B) line 13 ) ▶		
Part IX			
	Other Assets.	5 000 D 1841	44 LO E 000 D LV L 45
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	
4)		o Form 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
1)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4) 5)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4) 5)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4) 5) 6)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4) 5) 6) 7)	Complete if the organization answered "Yes" to	o Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8)	Complete if the organization answered "Yes" to (a) Description	o Form 990, Part IV, line	
2) 3) 4) 5) 6) 7) 8)	Complete if the organization answered "Yes" to (a) Description		(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Complete if the organization answered "Yes" to (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu	Complete if the organization answered "Yes" to  (a) Description  mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value
2) 33) 44) 55) 66) 77) 33) 99) otal. (Colu	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 3) 4) 5) 7) 3) 9) <b>Part X</b>	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.	o Form 990, Part IV, line	(b) Book value
2) 3) 4) 5) 5) 7) 3) otal. (Colu Part X	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 3) 4) 5) 6) 7) 3) 9) otal. (Colu Part X	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 89) otal. (Colu Part X  1) Federal II 22) 33) 44)	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 88) 99) otal. (Columnation (Column	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 78) 99) Otal. (Colu Part X  1) Federal II 2) 33) 44) 55)	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 31) 99) Otal. (Colu Part X  1) Federal in 2) 33) 44) 55) 66)	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu Part X  1) Federal II 22) 33) 44) 55) 66) 77) 88)	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value
2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu Part X  11) Federal II 22) 33) 44) 65) 66) 77) 88)	mn (b) must equal Form 990, Part X, coi. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to line 25.  (a) Description of liability (b) Book	o Form 990, Part IV, line	(b) Book value

	Complete if the organization answered "Vee" to Form 990 [	2art IV/ lun	o 12a		
1	Complete if the organization answered "Yes" to Form 990, F Total revenue, gains, and other support per audited financial statements	art IV, IIII	e 12a.	1	246 020
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		• • •	<del>'</del>	346,039
	Net unrealized gains (losses) on investments	2a	(451 642)		
	Donated services and use of facilities	2b	(451,643) 0	*	
	Recoveries of prior year grants	2c	10,000	İ	
d	, , ,	2d	(23,242)		
	Add lines 2a through 2d			2e	(464,885)
3	Subtract line 2e from line 1			3	810,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>			010,324
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
	Add lines <b>4a</b> and <b>4b</b>		<u>_</u>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	810,924
Part				r Return.	0.0,02.
	Complete if the organization answered "Yes" to Form 990, I				
1	Total expenses and losses per audited financial statements			1	286,982
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			· · · · · · · · · · · · · · · · · · ·	
а	Donated services and use of facilities	2a	0	*	
b	Prior year adjustments	2b	0	h	
С	Other losses	2c	0	<b>x</b> ,	
d	Other (Describe in Part XIII.)	2d	0	Î Í	
е	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	286,982
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.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18.) .     .		5	286,982
Part :	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Part Part IV	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part, line 2b and Part XI, line 2d - Investment Faciliator Agreements with Great Lab	to provide ces Confere	any additional in	formation. God, Gener	al Conference

Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
		•••••
		•••
•••••		

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

The Fo	oundation of the Great Lakes Co					<u>1-1610743</u>
Part	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	olete if the organization ans	wered "Yes" on
1	For grantmakers. Does the					
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?					
	grants or assistance?					☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of its gran	ts and other
3	Activities per Region (The fo	llowing Part	l, line 3 table c	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
	····			!		
(2)						
(3)						
(4)	+ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(5)						
(6)						
(7)	-					
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						-
(14)						
(15)						
(16)						
(17)						
За	Sub-total					
b	Total from continuation sheets to Part I					
с	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2014 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organizations Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is ne (a) Name of (f) Manner of 1 (b) IRS code (g) Amount of (c) Region (d) Purpose of (e) Amount of organization cash non-cash section and EIN grant cash grant disbursement assistance (if applicable) C. America & Carib Building Classrooms 60,000 Check 0 (2) (3) (4)(5) (6) (7) (8) (9) (10) (11) (12)(13) (14) (15)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

(16)

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	of
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)			· · · · · ·			
_(11)						
(12)					_	
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						

rant	Μ	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign coration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, remation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621).	☐ Yes	✓ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713; do not file with Form 990)	☐ Yes	✓ No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
	mormation (see instructions).
<b></b>	

SCHEDULEI (Form 990)

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

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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	<b>F</b> =
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OMB No 1545-0047

**Employer identification number** 31-1610743 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and The Foundation of the Great Lakes Conference, Churches of God, General Conference General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Partl

Schedule I (Form 990) (2014)		Cat No 50055P	Ö		ns for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990
9 0			ne 1 table	tions listed in the li	vernment organizat d in the line 1 table	ı 501(c)(3) and gov ırganızations lıstec	<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>
							(12)
							(11)
							(10)
							(6)
							(8)
Education Membership	:		0	8,400	501(c)(3)	34-1962658	(7) The Catalyst Comm. Church 620 Lynn Street Findlay, OH 45840
Bld. Renovation & Repair			0	15,000	501(c)(3)	46-2294428	(6) Vanlue Community Church 101 Main St. Vanlue, OH 45890
Purchase Van			0	15,000	501(c)(3)	34-1263914	(5) Ridgeway First Church of God 1380 Park Ave. E. Mansfield, OH44905
Church Assess & Renewal			0	7,500	501(c)(3)	34-1176574	(4) Great Lakes Conference 700 E. Melrose Ave. Findlay, OH 45840
Building Construction			0	25,000	501(c)(3)	34-1176574	(3) Great Lakes Conference 700 E. Melrose Ave. Findlay, OH 45840
Purchase Building			0	32,934	501(c)(3)	34-1776977	(2) Timberlake Comm. Church 6936 Spring Valley Dr. Holland, OH. 43528
Planning & Building Constr.			0	72,353	501(c)(3)	26-3131260	(1) Gethesemane Christian Disciple PO Box 595 Holland, OH 43528
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	f the organization answ space is needed.	unizations and Domestic Governments. Complete If the organization than \$5,000. Part II can be duplicated If additional space is needed	lestic Governm Il can be duplica	ations and Dom	mestic Organiz received more the	ssistance to Do	Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more
· · · / Yes   No		States.	nds in the United	the use of grant fur	or assistance? res for monitoring	award the grants ization's procedur	the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
				ı	or accictance?	award the grants	of bean engine actioned eat

Schedule I (Form 99	orm 990) (2014)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be diministed if additional space is peeded

	(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
-						
2						
ဗ						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information	the information re	equired in Part I, lin	e 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

Part 1, Line 2 - Signed grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference and the grant recipient require the recipient to provide 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 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 how the grant was to be used.

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 for

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** 

Inspection

The Foundation of the Great Lakes Conference, Churches of God, General Conference	31-1610743
Form 990 Part III, Line 4d:	
\$25,000 grant to Great Lakes Conference, Churches of God, General Conference for building construction	on at church camp.
\$15,000 grant to Ridgeway First Church of God for the purchase of a van.	
\$15,000 grant to Vanlue Community Church for building renovation and repairs.	
\$8,400 grant to The Catalyst Community Church for membership to a Christian education organization.	
\$7,500 grant to Great Lakes Conference, Churches of God, General Conference for conducting member	church assessments and renewal.
\$1,000 grant to Ridgeway First Church of God for the purchase Christian education materials for children children children children children children children children children children children children children children	en.
Form 990 Part VI, Line 8b - There were no committees with authority to act on the entity's behalf.	
Form 990 Part VI, Line 9:	
C. Berniece Asel - 2625 Hollybrook Drive, Findlay, OH 45840	
Randy K. Dammeyer - 8350 State Route 219, Celina, OH 45822	
Terry A. Steinhauer, Sr 3542 W. County Road 48, Tiffin, OH 44883	
Rodney L. Stover - 3424 Tama Road, Rockford, OH 45882	
J. Lance Finley - 826 Nutmeg Lane, Findlay, OH 45840	
Alberta V. Prichard - 2412 Sweetwater Road, Findlay, OH 45840	
Galen O. King - 4792 S. State Route 53, Tiffin, OH 44883	
Form 990 Part VI, Line 11b - Each voting board member is provided a complete written copy of Form 99	00 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	ees. The disclosure forms are
collected and reviewed by the President and Board Chairman. Board members with a conflict of intere	st are not permitted to vote on matters
related to that conflict - for example a grant request.	

Name of the organization

Name of the organization	Employer identification number
The Foundation of the Great Lakes Conference, Churches of God, General Conference	31-1610743
Form 990 Part VI, Line 15a and 15b - The governing board reviews the compensation of its President and F	inancial Controller as a part of its
annual budget establishment. This review includes a review of performance and formal and/or informal ga	thering of appropriate compensa-
ion rates.	
Form 990 Part VI, Line 19 - The organization's governing documents, conflict of interest policy, Form 990 fi	ling, and audited financial
statements are available to the public upon request.	
Form 990 Part XI, Line 9:	
Investment Facilitator Agreements (\$23,242); SFAS No. 136 adjustment for year 2014 activity (\$112,830); (	Grants Returned \$10,000.
	<del></del>
	•••••••••••••••••

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization The Foundation of the Great Lakes Conference, Churches of God, General Conference

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

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**Employer identification number** Inspection

31-1610743

(g) Section 512(b)(13) controlled entity? ž (f) Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f) Direct controlling (e) End-of-year assets Church N/A Church N/A Church N/A Church N/A Church N/A Church N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Ohio Ohio Ohio Ohio Ohio Ohio (b) Primary activity Church HQ/Admin. Church Church Church Church (1) Great Lakes Conference, Churches of God, General Conference (3) Timberlake Community Church 6936 Spring Valley Dr. Holland, (5) Vanlue Community Church 101 Main Street Vanlue, OH 45890 (6) The Catalyst Community Church 620 Lynn Street Findlay, OH (4) Ridgeway First Church of God 1380 Park Avenue East (a) Name, address, and EIN (if applicable) of disregarded entity (2) Gethsemane Christian Discipleship Church PO Box 595 (a)Name, address, and EIN of related organization 700 E. Melrose Ave. Findlay, OH 45840 34-1176574 Mansfield, OH 44905 34-1263914 Holland, OH 43528 26-3131260 OH 43528 34-1776977 46-2294428 34-1962658 Part (9) Part II ₹ ß Ξ 2 ල

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

Cat No 50135Y

**Schedule R (Form 990) 2014** 

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2014 (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. entity? Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (J) General or managing partner? Yes No (h) Percentage ownership (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (g) (h)
Share of end-of- Disproportionate Ŷ allocations? (f) Share of total Yes uncome year assets (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 (a)
Name, address, and EIN of related organization Part III Part IV € 3 9 5 ල E (£) 8 ල 4 <u>0</u> 9 Ξ 2

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Notes	Note Complete line 1 if any entity is listed in Parts II II or IV of this schadule			3	<del>&gt;</del>	Yes No	0
100c	. Complete line in any chirty is listed in a control of the following transactions with one or more related organizations listed in Parts II-IV?	more related organ	iizations listed in Parts	S II–IV?			
. "	December of (i) interest (ii) annuities (iii) rovalties or (iiv) rent from a controlled entity	,	•		1a	_	
	Gift grapt or capital contribution to related organization(s)				<b>a</b>		
	Gift arant or capital contribution from related organization(s)				100	>	L
	drity grant, or expiration to or for related preparation(c)				9	>	L
5	Loans of loan guarantees to of 101 letated organization(s)						1
<b>-</b>	Loans or loan guarantees by related organization(s)				อ	>	
••	Dividends from related organization(s)				=	_	
	Sala of assets to related organization(s)				1g	_	
	Durchase of assets from related organization(s)		•		두	>	l
		•			÷		L
	Exchange of assets with related organization(s)				;=		
-							
_ ·	Lease of facilities, equipment, or other assets from related organization(s)				<u> </u>		┈
	Performance of services of membership of fundraising solicitations for related organization(s).				٤	`	
Ē 6	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				두	>	I.
					9	_	
	Statility of paid eniployees with related organization(s)	•				ļ <u>.</u>	
Δ.	Reimbursement paid to related organization(s) for expenses				9		
	Reimbursement paid by related organization(s) for expenses				4	_	
					4		
-	Other transfer of cash or property to related organization(s)				÷	}	
S	(s)				18	`	$\backslash$
7	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete this line, incli	complete this line, including covered relationships and transaction thresholds.	iships and transaction	on thres	holds.	
İ	(a)	(g)	(2)	(p)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount i	nvolved	_
Ξ							
5							
5							
(9)					į		
9							
(2)							
(9)					į,	100	خ ا
l				Schedule R (Form 990) 2014	R (Form	99U) 20	Š

## Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

Foundary   Foundation   Foundation	(a) (b) (b) (c) (c) (c)	(b)	(c)	(b) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(e)	(f) Share of	(g) Share of	(h) Disproportionate	(i) (ii) Code V—UBi	(J) General or	(k) Percentage
Section 5/2-2-3-0 Yes   No	Name, address, and Env of enury	Primary activity	(state or foreign country)	income (related, unrelated, excluded from tax under		total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)		
				sections 512-514)	Yes No					Yes No	
	(1)										
	(2)										
	(6)									:	
	(4)										
	(9)										
	(9)										
	(2)										
(9)       (1)       (1)       (2)       (2)       (3)       (4)       (5)       (6)	(8)								,		
1)	(6)										
11)       12)       12)       13)       13)       14)       14)       14)       15)       15)       16)       1	(0)										
13)       14)       15)       16)	11)									_	
13)       14)       15)       16)	12)										
5)	(3)										
(9)	(4)										
(9)	(5)										
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