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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public

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.

For Paperwork Reduction Act Notice, see the separate instructions.

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

Inspection

<u> </u>	For the 2	2015 cale	ndar year, or tax year beginning , 2015, and endi	ng		, 20_	
В	Check if ap	pplicable	C Name of organization The Foundation of the Great Lakes Conference, Churc	ches of God,	D Employ	er identification n	umber
	Address ch	hange	Doing business as			31-1610743	
	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telephoi	ne number	
	Initial retur	m	700 E. Melrose Avenue			419-425-9602	
	Final return/	terminated/	City or town, state or province, country, and ZIP or foreign postal code				
	Amended i	return	Findlay, OH 45840		G Gross re	eceipts \$	2,103,739
			F Name and address of principal officer Thomas D. Weaver	H(a) Is this a o		subordinates? Yes	
	, ,		700 E. Melrose Avenue, Findlay, OH 45840			s included? Tes	_
1	Tax-exem	nt status	✓ 501(c)(3)			a list (see instruction	
.i	Website:		w.foundationglc.org	H(c) Groun	exemption	number >	•
<u>-</u>			✓ Corporation Trust Association Other ► L Year of forma			of legal domicile	ОН
	art I	Summ		1990	101 Otato	or legal dorrable	011
			escribe the organization's mission or most significant activities To pro	wide funds fr	om inves	tments for the	/arious
ø							
Governance			purposes of Great Lakes Conference, Churches of God, General Conference		illiated of	controlled orga	anization
Ë			es related to Great Lakes Conference, Churches of God, General Conferences box ▶☐ if the organization discontinued its operations or disposed		25% of	ite not accote	
Š	1		·	or more than	1 - 1	115 HEL ASSELS.	
رن معر	1		of voting members of the governing body (Part VI, line 1a)	 \	3		
SS	1		of independent voting members of the governing body (Part VI, line 1b))			5
ΞĘ	1		mber of individuals employed in calendar year 2015 (Part V, line 2a)		5		2
Activities &	1		mber of volunteers (estimate if necessary)		6		10
4	1		elated business revenue from Part VIII, column ©, line 12-1.		7a		0
	<u> b N</u>	Net unre	lated business taxable income from Form 990-T, line 34	· · · · ·	7b		0
]		tions and grants (Part VIII, line 1h)	Prior Y		Current Y	
Revenue	1				105		1,005
		_	service revenue (Part VIII, line 2g)	·	0		0
ě			ent income (Part VIII, column (A), lines 3, 4, and 7d)		810,819		467,501
_	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12 T	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		810,924		468,506
	(nd similar amounts paid (Part IX, column (A), lines 1-3)		237,187		350,017
	14 E	3enefits	paid to or for members (Part IX, column (A), line 4)		0		0
S	15 8	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		33,434		34,498
Expenses	16a F	Profession	onal fundraising fees (Part IX, column (A), Ilne 11e)	i	0		0
ğ	b 7	Total fun	draising expenses (Part IX, column (D), line 25) o		<i>``.</i> }\$\;``	3-12	- 3.88
ú	17 (Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,361		15,155
	18 1	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		286,982		399,670
	19 F	Revenue	less expenses. Subtract line 18 from line 12		523,942		68,836
70 8	3			Beginning of C	urrent Year	End of Y	ear
ets	20 7	Total ass	sets (Part X, line 16)		7,226,277		6,949,610
Net Assets or	21	Total liab	pilities (Part X, line 26)		992,991		1,066,988
25	22 1	Net asse	ets or fund balances. Subtract line 21 from line 20	_	6,233,286		5,882,622
Р	art II		ture Block				
Ur	nder penalti	ies of perit	ury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to	the best of	my knowledge an	d belief, it is
tru	ue, correct,	and comp	lete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge		
_		1	Robert E. Stephenson		5/18	3/16	
Si	gn	Sign	nature of officer		ate		
	ere	R	BERT E. STEPHENSON - FINANCIAL CONTROL	ER			
		Typ	e or print name and title	-		· <u></u>	
_	 -:-!			Date	Ch '	PTIN	
	aid) '			Check self-em		
	eparer		name •	Fir	m's EIN ▶	· · ·	
U	se Only	/			one no		
M	v the IR		address ► s this return with the preparer shown above? (see instructions) .		OUE HO	Ye	s No
				No 11282Y			990 (2015)
ro	racerw	urs nedl	action activities, see the sedarate instructions. (21)	INU 112021		FOILL	(2010)

Part.		
	Check if Schedule O contains a response or note to any line in this Part III	🗸
1	Briefly describe the organization's mission:	
	Support the various ministries of Great Lakes Conference, Churches of God, General Conference and any affiliated or control orations and entities related to Great Lakes Conference, Churches of God, General Conference.	olled corp-
	of allors and entitles related to Great Lakes Conference, Churches of God, General Conference.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	——	s 🗹 No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s 🗸 No
	If "Yes," describe these changes on Schedule O.	S MIMO
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	
4a	· · · · · · · · · · · · · · · · · · ·	
	Grant to Gethsemane Christian Discipleship Church for building construction.	
		•••••
		••••
4b	(Code) (Expenses \$ 80,000 including grants of \$ 80,000) (Revenue \$	0)
	Grant to Great Lakes Conference, Churches of God, General Conference for shower house building construction at Camp C	
		•••••
		•••
	(Code: \(\(\Gamma\)\(\Gamma\)\(\Gamma\)	
4c	(Code:) (Expenses \$ 72,000 including grants of \$ 72,000) (Revenue \$ Grant to Great Lakes Conference, Churches of God, General Conference for building construction in Uluberia, India.	0)
	Grant to Great Lakes Conference, Charcies of God, General Conference for banding construction in Glaberia, india.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 105,370 including grants of \$ 105,370) (Revenue \$ 0)	
4e	Total program service expenses ► 350,017	

Part !	V Checklist of Required Schedules	-		
,			Yes	No
	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	✓	
	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
	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		√
	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		✓
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
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	*	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		***	
a	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
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	1	
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	صحا	
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part .	V Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			_
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			š,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_
29	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? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31	├	/
32	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,			
0.5	or IV, and Part V, line 1	34	/	1
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,	<u> </u>	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	<u>L</u> _

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			
4.	Fatantha annih annin antal in Ban O af Fama 1000 Fatan O af ant annih abb	2 2 8 3	Yes	No
1a L	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<i>2 (</i>	. *	'
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			, ا
·	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	; 9 (7	V	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	;		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	/
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	SL1 . M	** .	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ]
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		4 -{st.*	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	W.		
	(FBAR).	\$ \ \$\		#.* ****** - =
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ. —	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	90		8***
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· -		1
_	required to file Form 8282?	7c		Į.
d	If "Yes," indicate the number of Forms 8282 filed during the year		197 199	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, 3	*	
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	<u>.</u> .		K
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	<u> </u>	` ,
10	Section 501(c)(7) organizations. Enter:	\$ '.	\$* *	i
а	Initiation fees and capital contributions included on Part VIII, line 12	1	*	
b		-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand . . .

14a

14b

13b 13c

Part \				
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 7		162	110
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	./	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14	•	
D	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode)	V
Secu	on B. Policies (This Section B requests information about policies not required by the internal neven	uc O	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		ļ
b	Other officers or key employees of the organization	15b	/	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
16a	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			†
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L_		
	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	. E01	(0)(2)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	11 501	(C)(J)	s only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	polic	y, and
	financial statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s: >	
	Robert F. Stephenson, 700 E. Melrose Avenue, Findlay, OH, 45840, 419-424-1961			

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

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

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

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

Check this box if neither the organization noi	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
	(C)									
(A) Name and Title	(B) Average	officer and a director/trustee)		(D) Reportable	(E) Reportable	(F) Estimated				
Traine and Tries	hours per			compensation	compensation from	amount of				
	week (list any hours for	_	_					from the	related organizations	other compensation
	related	Individual trustee or director	titut	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual t	IONE		gl	èe co	`	(W-2/1099-MISC)		organization and related
	line)	rust	tru		yee	npe				organizations
		ee	Institutional trustee			Highest compensated employee				
					-	-				
(1) C. Berniece Asel	0.3									
Board Director- Chairperson		✓	<u> </u>	✓		ļ		0	6,934	0
(2) Randy K. Dammeyer	0.3	,		_ ا						
Board Director - Vice Chairperson	ļ		ļ	1			_	0	0	0
(3) Terry A. Steinhauer, Sr.	0.3	,		١,						
Board Director - Secretary	<u> </u>	✓	<u> </u>	✓				0	73,162	0
(4) Rodney L. Stover	0.3	,		١,						
Board Director - Treasurer	<u> </u>	1	<u> </u>	V	<u> </u>		_	0	0	0
(5) Galen O. Kıng	0.3	,								
Board Director	ļ		-	ļ	-	-	<u> </u>	0	0	0
(6) J. Lance Finley	0.3		1	ĺ	ĺ	1			[
Board Director		/	ļ	ļ	_	ļ	<u> </u>	0	0	0
(7) Alberta V. Prichard	0.3			1						
Board Director	<u> </u>	✓		 	L	<u> </u>	<u> </u>	0	0	0
(8) Mark G. Walls	0.3			İ						i
Board Director	ļ <u>.</u>	✓	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	0	12,700	0
(9) Barbara E. Meyers	0.3			ļ		}				
Board Director	ļ <u>-</u>	✓	<u> </u>	<u> </u>	ļ	↓	ļ	0	0	0
(10) Thomas D. Weaver	18.0	ļ								
President			_	/	<u> </u>	<u> </u>	ļ	25,250	11,817	0
(11) Robert E. Stephenson	5.0				i	ļ				
Financial Controller				1			$oxed{oxed}$	6,750	0	. 0
(12)	}	-								
(13)		<u> </u>					\vdash			
(14)			}	_	-	-	╀			
(14)	 	1								_

Part	Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees			lighes	st C	ompensated E	mployees (c	ontinue	ed)	
•	(A) Name and title	(B) Average hours per week (list any	officer and a director/tru					an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		comper from organiz and re organiz	sation the ation lated
(15)							u.						
(16)										 -			<u> </u>
(17)										 i			
(18)													
(19)										i			
(20)								_					
(21)						_							
(22)	·····									<u> </u>			
(23)			ļ									<u> </u>	
(24)									 				
(25)					 					-			
1b c	Sub-total			•	<u>.</u>			> > >	32,000		,613		0
d	Total (add lines 1b and 1c)	t not limited					above	e) w	ho received m		, 613 00,000	of	0
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>	fficer, direc							oloyee, or high	•	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000)? [f "Ye	s,"	complete Sch	nedule J for	r such		
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
Section	on B. Independent Contractors											<u> </u>	<u> </u>
1	Complete this table for your five highest compensation from the organization. Rej year.												n's tax
	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compensa	tion
								-			<u>. </u>		
	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who			

Part	VIII	Statement of Revenue									
	. <u></u>	Check if Schedule O contains a response or note	to any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections					
Contributions, Gifts, Grants and Other Similar Amounts	1a b		<u>)</u>	revenue	10701140	512-514					
S, E	С	·	ี้ อ			 					
Gifts,	d	Related organizations 1d 355	5		1	;					
in l	е	3.5	0								
tior S r	f	All other contributions, gifts, grants,				i !					
ibu		and similar amounts not included above 1f 65	0								
Contributions, and Other Sim	g		9								
	<u>h</u>	Total. Add lines 1a–1f	1005								
Program Service Revenue		Business Code									
eve	2a										
e e	b										
, vic	0		 								
n Se	d					 					
grar	f	All other program service revenue .			-						
Pro	g	Total. Add lines 2a–2f	0								
	3	Investment income (including dividends, interest,									
	ŀ	and other similar amounts) ▶	153,604	153,604	0	0					
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0					
	5	Royalties	0	0	. 0	0					
		(i) Real (ii) Personal	_ ^ %"		ìř						
	6a	dross reme	0								
	ь	2000: 10:1141: 01:1501	0								
	C	Rental income or (loss) 0	0								
	d	Net rental income or (loss)	0	0	/						
	7a	GIOSS MITOURI HOLL BUILD OF	0 * * * * * * * * * * * * * * * * * * *	/ : A	**************************************	· · · · · · · · · · · · · · · · · · ·					
	ь	Less cost or other basis	<u> </u>	4	**	7.42.#					
	"	and sales expenses . 1,635,233	0			,					
	C	Gain or (loss)	0								
	d	Net gain or (loss)	313897	313,897	0	C					
	"			·							
Other Revenue	8a	Gross income from fundraising events (not including \$ 0				<u>.</u>					
er Re		of contributions reported on line 1c). See Part IV, line 18	0			***					
¥	Ь	Less: direct expenses b	0	_							
		Net income or (loss) from fundraising events . •	·		0						
	9a	Gross income from gaming activities See Part IV, line 19 a	0								
	b		0	_	<u> </u>						
	C	Net income or (loss) from gaming activities	. (0	0						
	10a	Gross sales of inventory, less returns and allowances a	0								
	b	Less [·] cost of goods sold b Net income or (loss) from sales of inventory •	0								
	<u>c</u>	Miscellaneous Revenue Business Code			<u>, </u>	,					
	11a				1						
	b										
	C										
	d	All other revenue									
	e	= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0							
	12	Total revenue. See instructions	468,50	6 467,50	1 0						
		<u> </u>				Form 990 (2015					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	233,017	233,017							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0							
3	Grants and other assistance to foreign				2 4 7 7					
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	117,000	117,000							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors,	. •	<u>_</u>	3 2						
	trustees, and key employees	32,000	0	32,000	0					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			_						
_	persons described in section 4958(c)(3)(B)	0	0	0	0					
7 8	Other salaries and wages	0	0	0	0					
0	section 401(k) and 403(b) employer contributions)		•	_						
9	Other employee benefits	50	0	50	0					
9 10	Payroll taxes	2,448	0	2,448						
11	Fees for services (non-employees):	2,440	<u> </u>	2,440						
'' a	Management	o	o	0	0					
b	Legal	0	0	0	0					
C	Accounting	4,420	0	4,420	0					
d	Lobbying	0	0	<u> </u>	0					
е	Professional fundraising services See Part IV, line 17	0	# /		0					
f	Investment management fees	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	 	<u> </u>					
12	Advertising and promotion	0	0							
13	Office expenses	1,573	0	· · · · ·						
14	Information technology	479	0							
15 16	Royalties	0 103	0							
16 17	Occupancy	6,183 831	0	1"						
18	Payments of travel or entertainment expenses	831		- 531	<u> </u>					
	for any federal, state, or local public officials	0	l o	ď	o c					
19	Conferences, conventions, and meetings	0	0							
20	Interest	0	0		0					
21	Payments to affiliates	0	0	0	00					
22	Depreciation, depletion, and amortization .	0	o							
23	Insurance	1,665	0		6					
24	Other expenses. Itemize expenses not covered) séa	* * *	\$ · \$,					
	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										
b				ļ	 					
С			ļ							
d			-							
е	All other expenses	4			1 (
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	399,670	350,017	49,653	<u> </u>					
26	organization reported in column (B) joint costs									
	from a combined educational campaign and			1						
	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 Par	tX <u></u> .		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	.0
	2	Savings and temporary cash investments	269,895	2	290,551
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		i, i	\$*
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	* * * * * * * * * * * * * * * * * * * *	ta .	* ,* , * , * ,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			2 * 1 * 1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			<u> </u>
şţ		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	521,000	7	521,000
4	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	<u>*</u> ,	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9.950			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		10c	
ļ				11	6,128,232
	11	Investments—publicly traded securities	6,425,218 0		0,120,232
	12 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	10,164		9,757
Ì	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,226,277	16	6,949,610
-	17	Accounts payable and accrued expenses	2,317	17	2,652
	18	Grants payable	80,434	18	211,117
	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 .	910,240	21	853,219
es	22	Loans and other payables to current and former officers, directors,	***	3%,	
ii ti		trustees, key employees, highest compensated employees, and			,
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	. 0		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	25	o
	26	Total liabilities. Add lines 17 through 25	992,991		1,066,988
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			** *^\
es		complete lines 27 through 29, and lines 33 and 34.	Ť.		
J.	27	Unrestricted net assets	6,233,286	27	5,882,622
Jala	28	Temporarily restricted net assets	. 0		0
d E	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
SO	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Jet	33	Total net assets or fund balances	6,233,286	33	5,882,622
_	34	Total liabilities and net assets/fund balances	7,226,277	34	6,949,610
					Form 990 (2015)

_	-4	•
Page	ı	4
·ugo	•	-

	<u> </u>				
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46	<u>8,506</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	9,670
3	Revenue less expenses. Subtract line 2 from line 1	3		ε	8,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,23	3 <u>,286</u>
5	Net unrealized gains (losses) on investments	5		(47	2,286 <u>)</u>
6	Donated services and use of facilities	6		_	0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	9	_		<u> 2,786</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5,88	32,622
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		_Ц
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_	_ .		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın 🕌 🤄	,	* 3-
	Schedule O.			~	»
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or	*	
	reviewed on a separate basis, consolidated basis, or both.		* ,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				L E.J
b	Were the organization's financial statements audited by an independent accountant?	• . •	. 2b	1	\%*
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a ,		7
	separate basis, consolidated basis, or both:		,		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لمگ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	nt	i	,
	of the audit, review, or compilation of its financial statements and selection of an independent account				 ✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın j		à
	Schedule O.	¢ 41-		_	
3a		torth			,
	the Single Audit Act and OMB Circular A-133?	• •	· 3a	+	├
b		ergo ti	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.			1 (05 1 =
			Fo	rm 99 () (2015)

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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.

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

Name of the organization | Employer identification number

OMB No 1545-0047

2015

	oundation of the Great Lakes Confer					31-161				
Par					<u>-</u> _		ns.			
	rganization is not a private foundat				-					
1	A church, convention of church									
	A school described in section		·			• •				
	A hospital or a cooperative hos						:::\ Futartha			
4	A medical research organization hospital's name, city, and state	· ·	injunction with a nosp	mai desci	ibea in s	ection 170(b)(1)(A)(iii). Enter the			
5	An organization operated for the		college or university	owned or	operate	d by a government	al unit described in			
	section 170(b)(1)(A)(iv). (Comp									
	A federal, state, or local govern									
7	An organization that normally		•	oort from	a govern	imental unit or from	the general public			
_	described in section 170(b)(1)(· ·							
	A community trust described in									
9	— , a. 3									
	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	· · · · · · ·									
••	one or more publicly supported									
	the box in lines 11a through 11c	•								
а	✓ Type I. A supporting organiza	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), ty	pically 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 organiz	ation supervised	d or controlled in conr	nection w	ith its sup	oported organization	n(s), by having			
	control or management of the	e supporting org	anızation vested in th	e same p	ersons th	nat control or manag	e the supported			
	organization(s). You must co	_								
С	Type III functionally integra						y integrated with,			
	its supported organization(s)									
d	☐ Type III non-functionally int	tegrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)			
	that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	ons A an	d D and	Part V	an attentiveness			
_	Check this box if the organizations						I Type III			
е	functionally integrated, or Tyl						i, rypc iii			
f	Enter the number of supported of	•			_		4:0			
g	Provide the following information		orted organization(s).							
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization	T	rganization	(v) Amount of monetary	(vi) Amount of			
	(,,	, ,	(described on lines 1–9		ir governing ment?	support (see instructions)	other support (see instructions)			
			above (see instructions))	4000	non:	instructions)	instructions			
				Yes	No					
(Δ) Gi	eat Lakes Conference, Churches of									
	od, General Conference	34-1176574	1	1		250,370				
(B)										
	thur Center Church of God	90-0548511	1			0				
(C)				1						
A	ukerman Church of God	34-1267215	1	 		0				
(D) _					,					
B	g Prairie Community Church	51-0618460	1	-		0				
(E)	alia - Firet Church - 5 C - d	24 6500004	1		/					
	elina First Church of God	34-6599964	1	 	-	0				
Tota	1		1		1	1				
	<u> </u>		<u> </u>			<u> </u>				

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

Name of the organization

2015

OMB No 1545-0047

Name	of the organization					Employer identification	number		
	oundation of the Great Lakes Confer	ence, Churches	of God, General Confer	ence	31-1610743				
Par							ns		
The o	rganization is not a private founda				•	•			
1	A church, convention of church								
	A school described in section					• •			
	A hospital or a cooperative hos								
4	A medical research organization		onjunction with a hosp	ıtal desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the		
_	hospital's name, city, and state	*******							
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp.	olete Part II.)			-		al unit described in		
	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	— , , ,								
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its								
	support from gross investme						x) from businesses		
	acquired by the organization a								
	=								
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 11c	•							
2	-		• • • • • • •	_			-		
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 com			ot a majo	inty of the		or the supporting		
b	☐ Type II . A supporting organiz	-		nection w	ith its sur	onorted organization	n(s) by having		
_	control or management of the								
	organization(s). You must co						,		
С	☐ Type III functionally integra	ted. A supportir	ng organizatıon operat	ed in con	nection v	with, and functionally	y integrated with,		
	its supported organization(s)	•	•						
d	☐ Type III non-functionally in								
	that is not functionally integrated requirement (see instructions						an attentiveness		
_	Check this box if the organiz		=				L Type III		
е	functionally integrated, or Ty						i, type iii		
f	Enter the number of supported of	•	•		_	•	. 48		
a	Provide the following information	_		• • •			• • • • • • • • • • • • • • • • • • • •		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		, ,	(described on lines 1–9		ir governing ment?	support (see	other support (see		
			above (see instructions))			instructions)	instructions)		
				Yes	No				
(A)									
<u>''''</u> Cc	ollege First Church of God	34-4431294	1		/	0			
(B)									
<u>`Cı</u>	ossPoint Church of God	31-1564546	1	ļ	/ _	. 0			
(C)					,				
E	agle Church of God	38-2227049	1	<u> </u>	-	0			
	ethsemane Christian Discipleship	20.242422			_	00.047			
	hurch	26-3131260		 -	-	92,647			
(E)	raca Fallowshin	34-1868178	1	[o			
G	ace Fellowship	34-10001/8	1!	l	'				
Tota	•								

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.

Name of the organization Employer identification number

2015

OMB No 1545-0047

The F	oundation of the Great Lakes Confer t I Reason for Public Char				e this n	31-16		
The c 1 2	organization is not a private founda A church, convention of church A school described in section	tion because it is nes, or association 170(b)(1)(A)(ii).	s: (For lines 1 through on of churches descri Attach Schedule E (F	11, chec bed in se orm 990 d	k only on ction 170 or 990-E2	e box.) O(b)(1)(A)(i). Z).)	115.	
3 4	☐ A hospital or a cooperative hos☐ A medical research organizationhospital's name, city, and state	n operated in co					iii). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	antial part of its supp				the general public	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	I to its exempt on the income and	functions—subject to unrelated business t	certain e axable ir	exception acome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its	
10 11	 ☐ 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. 							
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	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.							
С	its supported organization(s)	(see instructions	s). You must comple	te Part IV	, Sectio	ns A, D, and E.		
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 functionally integrated, or Ty						I, Type III	
f	Enter the number of supported o						40	
g	Provide the following information			1		 		
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the o listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No	_		
(A) H	opewell Church of God	34-1219359	1			0		
ι-,	ingdom Community Christian	27-0757674	1		1	0		
(C)	adison Church of God	34-1600751	1		1	0		
(D)	endon First Church of God	34-1353636	1		√	0		
(E) M	ovement Church	46-5546781	1			0		
Tota	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.

▶ Attach to Form 990 or Form 990-EZ.

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. Name of the organization Employer identification number

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2015

	oundation of the Great Lakes Confer					31-161			
Par							ns.		
	organization is not a private founda				•	•			
1 2	☐ A church, convention of church ☐ A school described in section								
3	A hospital or a cooperative hos		•			• •			
4	A medical research organization						iii) Enter the		
•	hospital's name, city, and state		migariotion with a riosp	nai acco	ibed iii 3	COMOII 170(B)(1)(A)(ing. Linter the		
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 government	al unit described in		
6	☐ A federal, state, or local govern	nment or governi	mental unit described	ın sectio	n 170(b)	(1)(A)(v).			
7	An organization that normally described in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public		
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)					
9	An organization that normally i								
	receipts from activities related								
	support from gross investme				,		x) from businesses		
46	acquired by the organization at				•	•			
10	An organization organized and		•	-					
11	An organization organized and								
	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	control or management of the	e supporting org	anızatıon vested in th						
	organization(s). You must co								
С	its supported organization(s)	(see instructions	s). You must comple	te Part IV	, Section	ns A, D, and E.			
d	Type III non-functionally integrated that is not functionally integrated the functional integrated that it is not functionally integrated								
	requirement (see instructions	s). You must con	nplete Part IV, Secti	ons A an	d D, and	Part V.			
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported of	organizations .					40		
9	Provide the following information	about the supp	orted organization(s).		_				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (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)		
				Yes	No				
(A)	t. Carmel Church of God	34-1058639	1		1	o			
	a carner charen or dou	01/1030000	<u> </u>						
(B) M	It. Tabor Church of God	34-1329655	1		1	o			
(C)									
<u>N</u>	ew Creations Church of God	34-1438228	1		1	0			
(D) N	ew Haven Church of God	39-2053023	1 _		_/	0			
(E) N	ey Church of God	34-1407504	1		/	0			
.									
Tota	u	L		<u> </u>			1		

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. Name of the organization

Inspection

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Open to Public

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.) 1 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 (Form 990 or 990-EZ).) 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) 6 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.) Я 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. 40 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 (described on lines 1-9 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No **Ohio City Community Church of God** 34-1404022 0 Olive Branch Church of God 34-6543763 0

34-1206216

34-1201501

38-2744620

Ottawa River Church of God

Pathway Community Church

Pine River Church of God

(D)

0

0

Page & of 8.

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2015

lepartment of the Treasury		► Attac	h to Form 990 or Form		Open to Public				
Internal Revenue Service	► Information about	t Schedule A (Forn	n 990 or 990-EZ) and its	w.irs.gov/form990.	Inspection				
Name of the organizatio	n n					Employer identification	n number		
			of God, General Confer				510743		
Part I Reaso	n for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructi	ons.		
The organization is i	not a private foundat	tion because it is	s: (For lines 1 through	11, chec	k only on	e box.)			
1 A church, o	convention of church	nes, or association	on of churches descri	oed in se	ction 170	D(b)(1)(A)(i).			
2 A school de	escribed in section	170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 d	or 990-EZ	<u>?</u>).)			
3 A hospital of	or a cooperative hos	pital service org	anızatıon described ir	section	170(b)(1)(A)(iii).			
	research organizatio name, city, and state	•	onjunction with a hosp	ital desci	ribed in s	ection 170(b)(1)(A	(iii). Enter the		
	ation operated for t 0(b)(1)(A)(iv). (Comp		college or university of	owned or	operate	d by a governmen	tal unit described ir		
6 🗌 A federal, s	tate, or local govern	nment or governi	mental unit described	ın sectio	n 170(b)	(1)(A)(v).			
	ation that normally in section 170(b)(1)(tantial part of its supp e Part II.)	oort from	a goverr	nmental unit or from	n the general public		
8 🗌 A commun	ity trust described ir	section 170(b)	(1)(A)(vi). (Complete F	Part II.)					
receipts fro support fro	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 33⅓% 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 organiz	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 🗹 An organiza									
the supp) the power to re	supervised, or controll egularly appoint or elece ections A and B.						
control o		e supporting org	d or controlled in conr janization vested in th , Sections A and C.						
			ng organization operat s). You must comple t				lly integrated with,		
that is no requirem	ot functionally integra ent (see instructions	ated. The organi s). You must co i	oorting organization o zation generally must mplete Part IV, Secti	satisfy a ons A an	dıstrıbuti d D, and	on requirement and Part V.	d an attentiveness		
			written determination onally integrated supp				II, Type III		
	mber of supported o						40		
g Provide the	following information	n about the supp	ported organization(s).			, 			
(i) Name of supp	orted organization	(ii) EIN	(ui) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetar support (see instructions)	y (vi) Amount of other support (see instructions)		
]		Yes	No	1			
(A) Ridgeway First C	hurch of God	34-1263914	1		/	7,00	0		
(B) Risingsun Churc	h of God	34-0948399	1		✓		0		
					1				

31-1082532

38-2113089

34-1218122

Salem Church of God

Shawnee Church of God

Seville Community Church of God

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.

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

2015

Name	of the organization					Employer identification	number		
	oundation of the Great Lakes Confer					31-16			
Par					<u>-</u> _		ns.		
_	organization is not a private foundation				-	•			
1	A church, convention of church								
2	A school described in section								
	☐ A hospital or a cooperative hos☐ A medical research organizatio						iii) Enter the		
4	hospital's name, city, and state		injunction with a nosp	ilai uesci	ibea in s	ection 170(b)(1)(A)(iii). Enter the		
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 government	al unit described in		
6	☐ A federal, state, or local govern		mental unit described	ın sectio	n 170(b)	(1)(A)(v).			
7	An organization that normally indescribed in section 170(b)(1)(receives a subs	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	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	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
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	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.								
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	dıstrıbuti	on requirement and			
е	Check this box if the organize functionally integrated, or Tyle						I, Type III		
f	Enter the number of supported of	organizations .					40		
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No	1			
(A) S	ugar Ridge Church of God	34-1424696	1		/	0			
(B)	ekonsha Church of God	68-0578425	1			0			
(C)	he Catalyst Community Church	34-1962658	1		*	0			
(D) U	nion Chapel Church of God	34-1409137	1		1	0			
(E) 	anlue Community Church	46-2294428	1						
Tota	1								

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Employer identification number

The Foundation of the Great Lakes Confer				l	31-161				
Part I Reason for Public Char						ns.			
The organization is not a private founda				_					
1 A church, convention of church									
2 A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990 (or 990-EZ	<u>2</u>).)				
3 A hospital or a cooperative hospital o		•							
4 A medical research organization hospital's name, city, and state	•	onjunction with a hosp	ital desc	rıbed in s	ection 170(b)(1)(A)(iii). Enter the			
5 An organization operated for to section 170(b)(1)(A)(iv). (Comp	olete Part II.)	-			-	al unit described in			
 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its supp				the general public			
8 A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	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 11 An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi I organizations d	vely for the benefit of, escribed in section 50	to perfori 09(a)(1) o	m the fund r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check			
the supported organization(s	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.								
control or management of th	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.								
c Type III functionally integrates supported organization(s)						y integrated with,			
d Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and				
e Check this box if the organiz functionally integrated, or Ty						I, Type III			
f Enter the number of supported of	organizations .					40			
g Provide the following information	n about the supp	oorted organization(s).	ı						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A) Wharton First Church of God	34-1413371	1		/	0				
(B) Wooster First Church of God	34-1363889	1			0				
(C) World Wide Living Word Ministries	26-2873818	1		/	0				
(D) Word of Faith Ministries	56-2673475	1		1	0				
(E) Zìon Church of God	34-1416451	1		1	0	<u></u>			
Total					350,017				

·	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					·	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly					Ž.	
	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.			* * *			L
	on B. Total Support	(-) 0011	(l-) 0010	(-) 0012	(d) 2014	(a) 201E	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(a) 2014	(e) 2015	(i) 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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere	<u> </u>	d, third, fourth			_
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line					14	<u> %</u>
15	Public support percentage from 2014 Sc	chedule A, Part	II, line 14 .	140		15	%
16a	33 ¹ / ₃ % support test—2015. If the organization quality and stop here. The organization quality	alifies as a pub	licly supported	l organization			🕨 🔲
b	33 ¹ / ₃ % support test—2014. If the organic check this box and stop here. The organic	nızatıon qualıfı	es as a publicly	supported org	janization .		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	eets the "facts "facts-and-circ 	-and-circumsta umstances" te: 	ances" test, che st. The organiza	eck this box al ation qualifies 	nd stop here. as a publicly s	Explain in supported ▶ □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th meets the "fact	e "facts-and-c ts-and-circums	ircumstances" stances" test. T	test, check tl	his box and s t	top here.
18	Private foundation. If the organization				a, or 17b, chec	ck this box and	l see

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

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	t 11.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	in the organization rails to quality	under the te	sis listed beig	w, please co	mpiete Part	II.)	
	on A. Public Support		T		 	,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	Í					
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<u> </u>				ļ	
2	sold or services performed, or facilities						
	furnished in any activity that is related to the]	J l	J		J	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					!	
	unrelated trade or business under section 513					ļ	
4	Tax revenues levied for the]			1	
	organization's benefit and either paid						
	to or expended on its behalf				<u> </u>		
5	The value of services or facilities			i			
	furnished by a governmental unit to the		,]	
	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and 3	1	(ł			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	1	, ,			, [
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
8	Add lines 7a and 7b	* · · · · · · · · · · · · · · · · · · ·	8.4%	* * * * * * * * * * * * * * * * * * * *	, ,		
J	line 6.)			~ '] * * * * * * * * *	
Secti	on B. Total Support	3 8 8 8				L ,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 20	(2) 20.12	(5) 20.0	(4) 2011	(6) 20.0	(1) 10(0)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	i	1			1 1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		1			1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets]	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the	•			-		
<u></u>	organization, check this box and stop he			· · · · · · · · · · · · · · · · · · · 	· · · · · ·	· · · · ·	<u> </u>
15	on C. Computation of Public Support percentage for 2015 (line			3 column (fl)		15	%
16	Public support percentage for 2013 (fine		•				
	ion D. Computation of Investment In				<u>····</u>	1.01	
17	Investment income percentage for 2015			v line 13. colur	mn (f))	17	%
18	Investment income percentage from 201	•		-			
19a	331/3% support tests—2015. If the organ						
.00	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organi						
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 C	rganizations	_		

- 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. 1 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 2 ✓ 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 За (b) and (c) below. 183 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. 3b 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. 3с 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. 4a 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. 4b 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) 4c purposes 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 34 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or
 - Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

- B 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

6

7

8

9a

9b

9с

10a

10b

Scheau	Be A (Form 990 of 990-EZ) 2015		-	age o
Part	Supporting Organizations (continued)			
٠		, ; ·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	. 13	, "", ' ' , ' , '	*.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		J* '*	نہا
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		-
	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		-
Secti	on B. Type I Supporting Organizations		Vaa	No.
		,	Yes	No
1	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	i i i		.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	200		÷,.
	controlled the organization's activities. If the organization had more than one supported organization,	- 35		18 4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	x 3 3 3	#.	,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u>`</u>	
		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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	l jää		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		*, '4. '	[sun 3
	or management of the supporting organization was vested in the same persons that controlled or managed		******	ليدف
	the supported organization(s).	1		
Sect	ion D. All 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,	, .	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			·
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
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	l	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			Am²
	significant voice in the organization's investment policies and in directing the use of the organization's	34,35,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ic:		>
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
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)
'				-,
a	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.	in	otruot	ione)
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (566 II I	Siruci	ionsj.
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	2a		
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
	The state of the officers directors or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1
	and a structure of each		T^{-}	†
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	-
	or its supported organizations? It ites, describe in Fait vi the role played by the organization in this regard.	1 20		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
. 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
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)	6		
7 Other expenses (see instructions)	7		
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		-	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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)	* .		
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	f a Malan	
2 Enter 85% of line 1	2		
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	4, 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-ır	tegrated Type III supportin	g organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by Line o amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	·		
3	Excess distributions carryover, if any, to 2015			% :
а	*	√. *		* ***
b				
С	,			
d	From 2013	*		
е	From 2014	**-		* * * * * * * * * * * * * * * * * * * *
f	Total of lines 3a through e			***
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			·
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			* *
4	Distributions for 2015 from Section D. line 7:			·
	D, line 7: \$ Applied to underdistributions of prior years	*		
<u>a</u>				,
b	Applied to 2015 distributable amount		: '/	
С	Remainder. Subtract lines 4a and 4b from 4.		^ **	3%
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	**		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		*	
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
C	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (I	Form 990 or 990-EZ) 2015 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part I, Line	11g and Part IV, Section A, Line 1.
The article	s of incorporation 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 by class as supported
organizatio	ons although not specifically named.
Part IV, Se	ction A, Line 2:
Current pra	actice 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 Churches of God,
General Co	onference (23-6424046), the parent denomination as a central organization.
Part IV, Se	ction A, Line 5a:
Removal o	f member church of Great Lakes Conference, Churches of God, General Conference due to its closing and ceasing of operations -
Soma Chu	rch of God 45-4256088.
Part IV Sec	ction B, Line 2:
The gover	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	hurches.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Name o	the organization		Employer identification number
The Fo	undation of the Great Lakes Conference, Churches of	God, General Conference	31-1610743
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on 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 dono funds are the organization's property, subject to the state of the state o		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor advisor, or t	for any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	of a historically important land area
	 Protection of natural habitat 	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	
	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	nts	2b
C	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in historic structure listed in the National Register		
3	Number of conservation easements modified, tran		
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation e	egarding the periodic monitoring, in	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
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 fil	
Par	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, e	ducation, or research in furtherance of
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts relatively	ar assets held for public exhibition, eating to these items:	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
2	(ii) Assets included in Form 990, Part X. If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila	▶ \$ ar assets for financial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		▶ \$

_Part	Organizations Maintaining	Collections of	Art, Historical '	Treasures,	or Otl	her Similar Ass	ets (continued)			
. 3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot								
а	☐ Public exhibition		d ∏ Loar	or exchange	e proar	ams				
b	Scholarly research									
	☐ Preservation for future generation:	\$	0 🛅 0							
4			and explain how t	they further t	he ora	anization's exemi	nt nurnose in Part			
4 Provide a description of the organization's collections and explain how they further the organization's exempt XIII.										
5	During the year, did the organization	solicit or receive	donations of art,	historical tre	easures	s, or other sımilar				
_	assets to be sold to raise funds rather		uned as part of th	e organizatio	on's co	llection?	☐ Yes ☐ No			
Part	IV Escrow and Custodial Arra	angements.								
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	" on Form 990,	Part IV, line	9, or 1	reported an amo	ount on Form			
1a	Is the organization an agent, trustee included on Form 990, Part X?						☐ Yes ☑ No			
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:	Γ	Δm	nount			
_	Degrana belease				1					
c	Beginning balance				1c		 			
d	Additions during the year				1d					
e	Distributions during the year				1e					
f -	Ending balance				1 <u>f</u>					
2a	Did the organization include an amou									
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the explanation	n nas been j	provide	ed on Part XIII .	🗸			
Pari			" F 000	D = .+ 1) / 1; = =	10					
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four years back			
_										
1a	Beginning of year balance	6,233,286	6,287,059	1	16,658	5,438,946				
b	Contributions	1,005	105	<u> </u>	700	250	250			
С	Net investment earnings, gains, and									
	losses	147	335,934	T	83,520	612,179				
d	Grants or scholarships	309,583	227,187	21	09,740	204,847	189,073			
е	Other expenditures for facilities and			1	i					
	programs	(7,420)	112,830)	57,436	(11,061)	7,106			
f	Administrative expenses	49,653	49,795	i	46,643	40,931	49,095			
g	End of year balance	5,882,622	6,233,286	6,2	87,059	5,81 <u>6,</u> 658	5,438,946			
2	Provide the estimated percentage of	the current year er	nd balance (line 1	g, column (a)) held a	as:				
а	Board designated or quasi-endowme		00%							
b	Permanent endowment ▶	0%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.							
За	Are there endowment funds not in th	ne possession of th	ne organization th	nat are held a	and ad	ministered for the				
	organization by:						Yes No			
	(i) unrelated organizations						3a(i) ✓			
	(ii) related organizations						3a(ii) ✓			
ь	If "Yes" on line 3a(ii), are the related of						3b			
4	Describe in Part XIII the intended use									
Part	VI Land, Buildings, and Equi									
	Complete if the organization		" on Form 990,	Part IV, line	11a.	See Form 990, I	Part X, line 10.			
	Description of property	(a) Cost or of	ther basis (b) Cost	or other basis	(c) /	Accumulated	(d) Book value			
<u> </u>	Land	(investm		other)		epreciation				
1a	Land	•	0	0			0			
b	Buildings	•		0		0	0			
C	Leasehold improvements	•	0	0		0	0			
d	Equipment	•	0	3,065		3,065	0			
Total	Other	must squal Form 0	0 Part X colum	6,885)c 1	6,885	0			
							li i			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	rm 000 Port IV lin	on 11b. Son Form 000. Bort V. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(1,711111111111111111111111111111111111	Cost or end-of-year market value
(1) Financial			
(0) (0)	neld equity interests		
(3) Other			
(A) (B)			
(C)			
(D)		-	
<u>\-'</u> (E)			
(F)		 	
(G)		-	
(H)			
Total. (Column (l	b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)	10 may 10		
Part IX	b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.	1.	
Partix	Complete if the organization answered "Yes" on Fo	orm 990 Part IV lir	ne 11d. See Form 990. Part X. line 15
	(a) Description	7111 550, 1 arc 1v, 111	(b) Book value
(1)			
(2)	,	71	
(3)		-	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) Annual Farm COO Dark V and (D) line 15)		
		<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b) Book value		*
	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			•
(8) (9)			
	(b) must equal Form 990, Part X, col (B) line 25) ▶		
	or uncertain tax positions. In Part XIII, provide the text of the foot	tnote to the organization	on's financial statements that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Cl	neck here if the text of	the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		-	Returi	n.
1	Total revenue, gains, and other support per audited financial statements		, inte 12a.	1	A1 F0C
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				41,586
a	Net unrealized gains (losses) on investments	2a	(472,286)		
b	Donated services and use of facilities	-	(472,280)		
c	Recoveries of prior year grants		40,434		
ď	Other (Describe in Part XIII.)	\vdash	40,434	.	
e	Add lines 2a through 2d			2e	(426,920)
3	Subtract line 2e from line 1			3	468,506
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<i>i</i>		-	400,300
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	468,506
Part	XII Reconciliation of Expenses per Audited Financial Staten				
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	399,670
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				300,010
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	1 	0		
C	Other losses		0	25 - 54	
d	Other (Describe in Part XIII.)			>2	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	399,670
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.)		0		
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	399,670
Part	XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	nd 4; Pa	rt IV, lines 1b and 2b	; Part \	/, line 4; Part X, line
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	ıde any addıtıonal ın	formati	ion.
Part I\	/, Line 2b:				
- Esc	row of grantable support for supported organizations.				
- Inv	estment facilitator agreements with supported organizations.				
Part V	, Line 4:				
Gene	erate income and growth for supporting the ministries of The Great Lakes Con	ference,	Churches of God, Ge	neral C	onference and its
mem	ber churches and agencies.			·	
					
Part X	(I, Line 2d:		••••		
- Ch	ange in investment facilitator agreements with supported organizations.				
					·

Sendatile Dram 990) 2015 Part XIII Supplemental Information (continued)	Schedule D (For	rm 990) 2015	Page 5
	Part XIII	Supplemental Information (continued)	

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			-
	•••••		
			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2015

OMB No 1545-0047

Department of the Treasury

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

► Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number The Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 1 assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? √ Yes
☐ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) is (c) Number of (d) Activities conducted in (f) Total region (by type) (e g , fundraising, program services, investments, offices in the employees, agents, and expenditures for a prográm service, describe specific type of service(s) in region region and investments independent in region contractors grants to recipients located in the region) in region (1) Central America and Caribbean 0 0 Grant 45,000 (2) South Asia 0 0 Grant 72,000 (3)(4) (5) (6)(7) (8)(9) (10)(11) (12) (13) (14)(15)(16)(17)Sub-total 117,000 0 0

0

0

Total from continuation sheets to Part I . .

Totals (add lines 3a and 3b)

0

117,000

. Page 2

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)													:			
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0														
(f) Manner of cash disbursement	Check	Check														
(e) Amount of cash grant	45,000 Check	72,000 Check														
(d) Purpose of grant	Supplies & Equip.	Building Construction														
(c) Region	Cental America	South Asia														
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	Ξ	2	ල	<u> </u>	(2)	9	8	<u>@</u>	6	0	13	(12)	(13)	5	(15)	(16)

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2015

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Page 3

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) (OE) <u>E</u> (12) (13) (14) (15) (16) (17) Ξ (2) ල <u>4</u> (5) 9 \mathbb{E} 6 8

Page	

art	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a F Corporation (see Instructions for Form 926)	Foreign	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organ may be required to separately file Form 3520, Annual Return To Report Transactions With Firusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Firust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	oreign oreign	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If the organization may be required to file Form 5471, Information Return of U.S. Persons With Respective Foreign Corporations (see Instructions for Form 5471)	"Yes," pect to	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment compar qualified electing fund during the tax year? If "Yes," the organization may be required to file Form Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified E Fund (see Instructions for Form 8621)	n 8621, Electing		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Foreign Partnerships (see Instructions for Form 8865)	Certain	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax "Yes," the organization may be required to separately file Form 5713, International Boycott Repullinstructions for Form 5713, do not file with Form 990)	year ⁹ If ort (see 	Yes	☑ No

Schedule F	(Form 990) 2015 Page 5
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).
Part I, Lin	e 2:
Signed o	grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference (reporting organiz-
ation) an	d the grant recipient (supported organization) require the recipient to provide periodic written progress reports that include an
update c	on the program/activity being funded by the grant, copies of expenses and financial statements, pictures when appropriate, etc. The
Foundat	ion reserves the right to make site visits and conduct verification via third party contacts for verification of proper use of grant
funds. A	Agreements require recipients to use the grants for the agreed upon purpose. Unused grant funds must be returned and The
Foundat	ion reserves the right to terminate the grant if the recipient has misused or misappropriated how the grant was to be used.
**	

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••	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

2015

OMB No 1545-0047

Open to Publion Inspection

Employer identification number

► Attach to Form 990.

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

ndati	onference, Churches	s of God, General C	al Conference				31-1610743
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance?	ain records to substants of	stantiate the amou	nt of the grants or	assistance, the gr	antees' eligibility for	eligibility for the grants or assistance, and	e, and
Describe in Part IV the organization's procedures for monitori	nization's procedur	es for monitoring 1	ing the use of grant funds in the United States.	nds in the United S	States.		
	ssistance to Do	mestic Organiz	ations and Domore than \$5,000.	lestic Governmo Part II can be du	ents. Complete if uplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered on Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a) Name and address of organization or government	(a)		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Great Lakes Conference PO Box 1132, Findlay, OH 45839	34-1176574	501(c)(3)	80,000	0			Construct Shower House
(2)			22,070	0			Church Renewal Training
(3)			11,000	0			Clergy Renewal Training
(4)			8,400	0			Clergy Leadership Training
(5)			000'9	0			Ministry Internships
(9)			006'5	0			Computer Tech Internships
(7) Gethsemane Christian Disc. PO Box 595. Holland. OH 43528	26-3131260	501(c)(3)	92,647	0			Building Construction
(8) Ridgeway First Church of God		501(c)(3)	2,000	0			Remodeling of Building
(6)			2,000	0			Football Ministry Program
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	on 501(c)(3) and goverganizations listed	vernment organization of table	tions listed in the l	ine 1 table			0
Pap	, see the Instruction	ıs for Form 990.		් <u>ගී</u>	Cat No 50055P		Schedule I (Form 990) (2015)

Schedule I (F	Schedule I (Form 990) (2015)					Page 2
Part III	Grants and Other Assistance to Domestic Individed Part III can be duplicated if additional space is need	nestic Individual space is needed.	ils. Complete if the	organization answ	luals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ed.	
	(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						
က						
4						
5						
9						
7						
Part IV Part I, Line 2.	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
Signed gra	Signed grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference (reporting organization) and the grant recipient (supported organi-	Great Lakes Confer	ence, Churches of Go	d, General Conference	(reporting organization) and	the grant recipient (supported organi-
zation) req	zation) require the recipient to provide periodic written reports that include an update on the program/activity being funded by the grant, copies of expenses and financial statements,	oorts that include ar	n update on the progra	am/activity being funde	d by the grant, copies of exp	enses and financial statements,
pictures w	pictures when appropriate, etc. The Foundation reserves the right to make site visits and conduct verification via third party contacts for verification of proper use of grant funds.	he right to make sit	te visits and conduct v	rerification via third par	rty contacts for verfication of	proper use of grant funds.
Agreement	Agreements require recipients to use the grants for the agreed upon purpose. Unused grant funds must be returned and The Foundation reserves the right to terminate the grant if the	reed upon purpose	. Unused grant funds	must be returned and	The Foundation reserves the	right to terminate the grant if the
recipient h	recipient has misused or misappropriated how the grant was to be used.	as to be used.				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

Schedule I (Form 990) (2015)

SCHEDULE 0 (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.

2015

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Open to Public Inspection

The Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743 Form 990 Part III, Line 4d: \$45,000 grant to Great Lakes Conference, Churches of God, General Conference for purchasing equipment and supplies in the start-up of a physical therapy school in Frecyneau, Haiti. \$22,070 grant to Great Lakes Conference, Churches of God, General Conference to provide for 6 member churches to attend church renewal Instruction and training. \$11,000 grant to Great Lakes Conference, Churches of God, General Conference to provide for 6 pastors to attend clergy renewal and specialized training. \$8,400 grant to Great Lakes Conference, Churches of God, General Conference to provide for 10 pastors to attend a leadership conference. \$6,000 grant to Great Lakes Conference, Churches of God, General Conference to provide for 2 interns to serve in ministry on the campus of The University of Findlay. \$5,900 grant to Great Lakes Conference, Churches of God, General Conference to provide for 1 intern to assist the conference and its member churches with computers and software for 3 months. \$5,000 grant to Ridgeway First Church of God to provide for remodeling of its church building to conduct a particular ministry. \$2,000 grant to Ridgeway First Church of God to provide a youth sports program with a spiritual emphasis. Form 990 Part VI, Line 2: Galen O. King, board director, has a family relationship with Thomas D. Weaver, President. Form 990 Part VI, Line 6, 7a and 7b: Articles of Incorporation of the reporting organization identify a "Sole Member" comprised of the Executive Board of Great Lakes Conference, Churches of God, General Conference. The "Sole Member" elects the board directors of the reporting organization's governing body, approves changes to the Articles of Incorporation, and receive any remaining net assets at dissolution of the reporting organization. Form 990 Part VI, Line 8b: There were no committees with authority to act on the entity's behalf.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" 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.

Employer identification number

31-1610743

Open to Public

2015

Inspection

OMB No 1545-0047

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 ŝ (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 Yes (f)
Direct controlling entity (e) End-of-year assets ΨX ۷ N ٧ 1 N/A Ϋ́ Ϋ́ 1 NA (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) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Michigan (b)
Primary activity Ohio Ohio Ohio Ohio Ohio Ohio (b) Primary activity one or more related tax-exempt organizations during the tax year Church HQ/Admin. The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (5) Celina First Church of God 850 Fairground Rd., Celina, OH 45822 (4) Big Prairie Community Church PO Box 62, Big Prairie, OH 44611 (1) Great Lakes Conference, Churches of God, General Conference (3) Aukerman Church of God 12292 Franchester Rd., West Salem, (6) College First Church of God 1100 North Main St., Findlay, OH (a)
Name, address, and EIN (if applicable) of disregarded entity (7) CrossPoint Church of God 2019 Broad Avenue, Findlay, OH (2) Arthur Center Church of God Po Box 28, Clare, MI 48617 (a)
Name, address, and EIN of related organization PO Box 1132 Findlay, OH 45839 34-1176574 15840 34-4431294 OH 34-1267215 51-0618460 34-6599964 90-0548511 Partl Part II 3 9 ල € Ξ 0

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.

2015	

OMB No 1545-0047

Employer identification number Inspection

31-1610743

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2015 (f)
Direct controlling entity ² Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f) Direct controlling (e) End-of-year assets entity ž ¥ Z Ϋ́ 1 N/A Ϋ́ ¥ N ž (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) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Michigan (b)
Primary activity Ohio Ohio Ohio Ohio Ohio oho one or more related tax-exempt organizations during the tax year (b) Primary activity Church Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (2) Gethsemane Christian Discipleship Church PO Box 595, Holland (7) Mendon First Church of God PO Box 6, Mendon, OH 45862 (5) Kingdom Community Christian Ministries 5136 St. Aubin Dr., (1) Eagle Church of God 7087 Dover Rd., Clare, MI 48617 (3) Grace Fellowship 2150 TR 585, Loudonville, OH 44842 (4) Hopewell Church of God 3542 W CR 48, Tiffin, OH 44883 (6) Madison Church of God 12613 US 20, Proneer, OH 43554 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Toledo, OH 43615 27-0757674 OH 43528 26-3131260 38-2227049 34-1868178 34-1219359 34-1600751 Partl Part II 2 ල € Ð 9 Ξ

PASE 10F4

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" 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.

2015

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

Schedule R (Form 990) 2015 (g) Section 512(b)(13) ŝ (f) Direct controlling > controlled entity? 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 31-1610743 (f)
Direct controlling entity (e) End-of-year assets 1 N/A 1 N/A 1 N/A 1 N/A ž 1 N/A ž 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. e (d) Exempt Code section 501(c)(3) 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) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Michigan (b) Pnmary activity Ohio Ohio Ohio Ohio Ohio Ohio (b) Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (7) Ohio City Community Church of God 204 E. Carmean St., PO Box (6) Ney Church of God 03413 State Rt. 15, PO Box 69, Ney, OH (4) New Creations Church of God PO Box 387, Rawson, OH 45881 (3) Mt. Tabor Church of God 9744 US 127 N, Celina, OH 45822 (2) Mt. Carmel Church of God 4026 Miller Rd., Celina, OH 45822 (5) New Haven Church of God 11728 W. Olive Rd., Riverdale, MI (a) Name, address, and EIN (if applicable) of disregarded entity (1) Movement Church 216 S. Main St., Findlay, OH 45840 (a) Name, address, and EIN of related organization 186, Ohio City, OH 45874 34-1404022 43549 34-1407504 48877 39-2053023 34-1058639 34-1329655 34-1438228 46-5546781 Part II Partl Ξ 2 ල <u>£</u> Ð 9

PABE 20F4

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" 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.

2015	
(SA)	

Open to Public Inspection

Employer identification number

31-1610743

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 ŝ (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 entity Ϋ́ Y/N 1 N/A 1 N/A Y Y ٤ ž 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) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) Michigan (b) Pnmary activity Ohio Ohio Ohio Ohio Ohio Ohio (b) Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (7) Salem Church of God 5754 DeCliff/Big Island Rd., Marion, OH (6) Risingsun Church of God 326 Maın St., PO Box 7, Risingsun, OH (4) Pine River Church of God PO Box 326, Vestaburg, MI 48891 (5) Ridgeway First Church of God 1380 Park Ave. E, Mansfield, OH (1) Olive Branch Church of God 18275 Rhodes Mill Rd., Rockford, (3) Pathway Community Church 2160 Eastbrook Dr., Toledo, OH (a)
Name, address, and EIN (if applicable) of disregarded entity (2) Ottawa River Church of God 19443 Rd. U, Ft. Jennings, OH (a) Name, address, and EIN of related organization OH 45882 34-6543763 45844 34-1206216 13457 34-0948399 44905 34-1263914 43613 34-1201501 38-2744620 Part Part II 9 2 ල ₹ 3 Ξ

PAGE 3 OF 4

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

he 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.

OMB No 1545-0047

Inspection

Employer identification number 31-1610743

(g) Section 512(b)(13) controlled entitly? Schedule R (Form 990) 2015 ŝ (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 entity Š Ϋ́ Ϋ́ Ž ۲ Ν (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) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Michigan Michigan (b) Primary activity Ohio Ohio Ohio Ohio Ohio (b) Primary activity Church Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (5) The Catalyst Community Church 620 Lynn St., Suite B. Findlay. (1) Seville Community Church of God 8360 W. Monroe Rd. M-46, (4) Tekonsha Church of God 985 Old US 27, PO Box 179, Tekonsha, (6) Union Chapel Church of God 17983 CR A, Bryan, OH 43506 (7) Vanlue Community Church 101 Main St., PO Box 22, Vanlue, OH (3) Sugar Ridge Church of God 18275 Rhodes Mill Rd., Rockford, (2) Shawnee Church of God 3075 Yoakam Rd., Lima, OH 45806 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Elwell, MI 48832 38-2113089 OH 45882 34-1424696 OH 45839 34-1962658 MI 49092 68-0578425 34-1409137 34-1218122 Part Part II ₹ 9 Ξ 2 ල 3

PAGE 40F4

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

2015

OMB No 1545-0047

Open to Public Inspection

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

Employer Identification number

(g) Section 512(b)(13) controlled entity? ŝ (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 Yes 31-1610743 (f)
Direct controlling 'entity (e) End-of-year assets Y/N N/A 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. e (d) Exempt Code section 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity Ohio Ohio one or more related tax-exempt organizations during the tax year (b) Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church (1) Wharton First Church of God 108 Cass St., PO Box 247, Wharton, (a)
Name, address, and EIN (if applicable) of disregarded entity (2) Wooster First Church of God 1953 Akron Rd., Wooster, OH (a)
Name, address, and EIN of related organization OH 43359 34-1413371 Name of the organization 44691 34-1363889 Part Part II

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

Cat No 50135Y

Schedule R (Form 990) 2015

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501(c)(3)

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501(c)(3)

N/A

501(c)(3)

Ohio

Church

(3) World Wide Living Word Ministries 2030 Putnam St., Toledo, OH

(4) Word of Faith Ministries 2911 Stickney Avenue, Toledo, OH

43620 26-2873818

43608 56-2673475

34-1416451

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Ε

(5) Zion Church of God B 975 SR 109, Hamler, OH 43524

Ohio

Church

Ohio

Church

(i) (13) controlled entity? Schedule R (Form 990) 2015 (k) Percentage ŝ ownership 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. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 General or managing partner? ž (h) Percentage ownership Yes amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (g) Share of end-ofyear assets (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total псоте (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (d)
| Direct controlling | entity (b) Pnmary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity (a)Name, address, and EIN of related organization Name, address, and EIN of related organization œ Part IV Part III E 2 ල 9 Ε E ₹ 3 ₹ 9 9 Ξ 2 ල

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2015

Part V Transactio

0) 2015	orm 99	Schedule R (Form 990) 2015
olved	mount in	wetrod of deternining amount involved
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olds.	thresh	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
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		During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
s No	Yes	

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.

Name, address, and EIN of entity Primary activity (state or foreign country) country)	(b) Primary activity		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	in in	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) Percentage ownership
		sections 512-514)	Yes No			Yes No		Yes No	
(1)									
(2)									
(6)									
(4)									
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(13)									
(14)									
(15)									
(16)						_			
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Schedule R (F	orm 990) 2015	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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