1812

Return of Organization Exempt From Income Tax

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

Open to Fuplic Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2018, and ending For the 2018 calendar year, or tax year beginning 20 D Employer identification number Check if applicable: C Name of organization The Foundation of the Great Lakes Conference, Churches of God Address change Doing business as 31-1610743 Room/suite Number and street for P O box if mail is not delivered to street address) E Telephone number Name change initial return 419-425-9602 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer. William H. Reist H(a) is this a group return for subordinates? 🔲 Yes. 🗹 No Application pending H(b) Are all subordinates included? Tes No. 700 E. Melrose Avenue, Findlay, OH 45840 501(c) (If "No." attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status **501(c)(3)** II(c) Group exemption number ▶ Website[,] ▶ www.foundationglc.org L Year of formation: 1998 M State of legal domicile. Part I Briefly describe the organization's mission or most significant activities: To provide funds for the various religious purposes of Creat Lakes Conference, Churches of Cod, Ceneral Conference and any affiliates or controlled organization and entities related to Great Lakes Conference, Churches of God, General Conference. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 SCANNED MAY 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 38 7b 0 Prior Year **Current Year** RCVD 02/01/2021 Contributions and grants (Part VIII, line 1h). 428 Program service revenue (Part VIII, line 2q) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 476,867 418,698 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 477,167 419,126 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 228,810 289,283 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36.099 34,143 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,911 18,080 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 341,506 18 279,820 Revenue less expenses. Subtract line 18 from line 12 19 197,347 77,620 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 7,797,305 7,098,669 1,237,442 21 Total liabilities (Part X, line 26) . 1,121,458 Net assets or fund balances. Subtract line 21 from line 20 6,675,847 5,861,227 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bost of my knowledge and belief, it is true, correct, and complete. Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge. Kobook E phenoon Signature of officer Sign - Financial Controller ROBERT E. Stephenson Here Typo or print name and title Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2018) Cal. NORESEEVED For Paperwork Reduction Act Notice, see the separate instructions. GI FEB 01 2021

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Part	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u> 🗸</u>
1	Briefly describe the organization's mission.	•
	Support the various ministries of Great Lakes Conference, Churches of God, General Conference and any affiliated or co	
	corporations and entitites 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	
_		Yes 🛮 No
	If "Yes," describe these new services on Schedule O.	Tes UNO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		Yes 🗹 No
	If "Yes," describe these changes on Schedule O.	162 (7)140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 100,000 including grants of \$ 100,000) (Revenue \$	0)
	Grant to Word of Faith Ministries church for building renovation.	
		•••••

4b	(Code:) (Expenses \$	0)
	Grant to Wharton First Church of God for building construction	
		•••••
4c	(Code:) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue \$	0)
	Grant to Reflection Ministries church for facility construction.	
	Chant to reflection minates chareful leading construction	
	***************************************	•••••••••••••••••••••••••••••••••••••••

	***************************************	•••

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 64,283 including grants of \$ 64,283) (Revenue \$ 0)	
	Total program service expenses ▶	
		orm 990 (2018)

Form 99	10 (2018) ADIRO			Page
Part	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	1	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		/
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counselling, 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, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	- '
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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.	146		✓
	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		✓
	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		√
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		/
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

If "Yes," complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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19

20a

20b

30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable
	related_organization? If "Yes," complete Schedule R, Part V, line 2
37	Old 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
b	Foter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V

	Elitar in the contract of the		-									
;	Did the organization comply with backup	withholding	rules	for	reporta	ble	рa	yments	to	vendors	a	ınc
	reportable gaming (gambling) winnings to prize	ze winners? .			_•	<u></u>	<u>.</u>					

Yes No

37

1a

1b

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ι.
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			<u> '</u>
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>2b</u>	✓	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	—	7
ь	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,	100		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		41
	Organizations that may receive deductible contributions under section 170(c).			• • •
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		7
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			
-	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			}
a	Initiation fees and capital contributions included on Part VIII, line 12	. 1	ı	ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		1	ì
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			- 1
ь	Gross income from other sources (Do not net amounts due or paid to other sources			Ì
-	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.		j	i i
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1	ł	
			ŀ	1
Ç	Enter the amount of reserves on hand	14a	\dashv	~
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
- b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachule payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.]	I	
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See in		a "No
Secti	on A. Governing Body and Management		<u> </u>	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7		
ь	Enter the number of voting members included in line 1a, above, who are independent	4	1	
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		1
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?	t 3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6	1	1
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	1	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	7Ь	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	1	'
b	Each committee with authority to act on behalf of the governing body?	8b		V
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revo	nue C	ode.	ĵ
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 -	✓
ь	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?	10ь		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	_	1	┼──
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	F	Ť	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	''
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		1	
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	
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	1	↓
Ъ	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen 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	•		
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >	T /844	die-	 601(~\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	-1 (380	AIOH	50 (C)
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its	ntoroni	nolio	u and
19	Describe in Scriedule C whether faild it so, now, the organization indue its governing documents, connect of t		HOUL	J, WIIU

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

financial statements available to the public during the tax year.

Robert E. Stephenson 700 E. Melrose Avenue, Findlay, OH 45840 419-424-1961

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

Check this box if heither the organization h	or arry relate	u org	<u>ai 112</u>		C)	ompe	1130	Ted any correr	it officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box. office	unles er and	Pos neck is pe d a d	more rson firect	s than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Esimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) C. Berniece Asel	0.3 6.0			,	1		1	0	979	o
Board Director - Chairperson	0.3	١·	\vdash	۲	 			<u>-</u>		
(2) Randy K. Dammeyer		1		1		li		۰ ا		o
8oard Director - Vice Chairperson (3) Rodney L. Stover	0.3	Ė	\vdash	Ė	\vdash	-		<u>-</u> -		
(3) Rodney L. Stover Board Director - Treasurer				/				۱ ،	0	0
/4)	0.3	Ť		H	-	 				<u>~</u>
(4) Sean A. Martin Board Director - Secretary		1		1				i o	o	0
(5) J. Lance Finley	0.3				<u> </u>			·		
Board Director		1			l			0	o	_0
(6) Mark G. Walls	0.3		П					· · · · · · · · · · · · · · · · · · ·		
Board Director	21 5	✓ '						0	12,700	0
(7) Craig R. Flack	0.3									
Board Director	40 +	/		1				0	62,000	0
(8) Thomas D. Weaver	18.0									
President	6.0			\				19,400	12,788	0
(9) William H. Reist	20 0									
President	40 +			✓				5,652	65,339	11,780
(10) Robert E. Stephenson	5.25				Γ					
Financial Controller				✓				7,050	0	0
(11)										
(12)										
(13)								•		
(14)										

Part	VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee:	s, a	nd ŀ	lighe	st C	ompensated E	mployees (conti	nued).
					•	C)					
	(A)	(B)	(do r	not ct		noiti non		ane	(D)	(E)	(F)
	Name and title	Average hours per officer and a director/truste							Reportable	Reportable	Estimated
		week (list any				T			compensation from	compensation from related	amount of other
		hours for	Individual trustee or director	Institutional trustce	Officer	Koy employee	Highest compensated employee	Former	the	organizations	compensation
		related organizations	8 6	Ĕ	ğ	9	3 8	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	후	<u> 3</u>		ş	🕳 🖁	l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
		line)	uste	Ş		8	Š	l			organizations
			™	ğ			%	•			
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1b	Sub-total				•	•	-	>	32,102		
C	Total from continuation sheets to Par	=							0		0
d								<u> </u>	32,102		
2	Total number of individuals (including by		to tr	ose	IISI	ea :	above	e) w			JU OI
	reportable compensation from the organ	IIZALION P							None		Yes No
•	Did the acceptant list and former								daid sa acida		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	micer, direc Schedule i	ior, c	or tr	usu indi	ee, widi	κey ∈	mp	noyee, or nign	est compensate	3 - 7
											- 1 - 1 - 1
4	For any individual listed on line 1a, is the organization and related organizations										
	individual	greater th	діі ф	. 50,			, , <u>e</u> ,	.	complete sur		" 4 7
5	Did any person listed on line 1a receive	or accuse co	omne.	nsal	ion	froi	n anv	י טח:	related organiz	ation or individu	
_	for services rendered to the organization	n? If "Yes," o	ompl	ete	Sch	edu	ıle J f	or s	such person		5 7
Section	on B. Independent Contractors										
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than \$10	00,000 of
	compensation from the organization. Re	port compe	nsalio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the o	rganization's tax
	year.										
	(A)								(B)		(C)
	Name and business ac	ldress							Description of s	ervices	Compensation
								<u> </u>			
								<u> </u>			
								<u> </u>			
			 _								
2	Total number of independent contract	ors (includir	ng bu	ıt nı	ot I	imit	ed to	th	ose listed abo	ove) who	. (
	received more than \$100,000 of compen	sation from	the or	gan	ızat	ion	<u>-</u>			l	
											Form 990 (2018)

Par		Statement of Rev		names or note t	a anu lina ia thia	D VIII		
	•	Check If Schedule (ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants lar Amounts	1a	Federated campaign	· · · · ·	0		,		
e g	b	Membership dues	<u>1b</u>	0	<u> </u>			
ş tş		Fundraising events .		0				
'⊑	d	Related organizations		128				
	e	Government grants (cor All other contributions, g		0				
ام کو	'	and similar amounts not in						
5 5	۱ .	Noncash contributions include	سننسا	300				
Contributions and Cther Sir	g h	Total. Add lines 1a-1		<u>-</u>	428	•		
<u> </u>	 ''	TOTAL FROM INCO TO		Business Code	420			
Program Service Revenue	2a							
æ	Ь	***************************************						
<u>Ş</u>	С	***************************************	••••••••					
Sen	ď							
Ë	e							
8	f	All other program ser						
<u>a</u>	9	Total. Add lines 2a-2			0			
	3	Investment income and other similar amo						_
	4	Income from investmen	•		145,223	145,223	0	0
	5		•	•	0	0	0	0
	"	noyalies	(i) Real	(ii) Personal	<u>4</u>			<u>u</u>
	6a	Gross rents .	0	0		ł		f
	b	Less rental expenses	0	0	1		•	1
	С	Rental income or (loss)	0	0				į
	þ	Net rental income or	(loss)	▶	0	0	0	0
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				i
	}	assets other than inventory	1,140,849	0				(
	b	Less. cost or other basis			1		ļ	ì
		and sales expenses	867,374		·			[
	C	Gain or (loss) Net gain or (loss)	273,475	0 ▶	272 475	272.475	0	
	d	Her gain or (1055)			273,475	273,475		
Other Revenue	8a	Gross income from to events (not including \$ of contributions reports See Part IV, line 18	o ed on line 1c).	0				
Ě	Ь	Less: direct expenses	s b	0	ì	ì		ŀ
		Net income or (loss) f		events . 🕨	0		0	0
	9a	Gross income from ga	aming activities					{
		See Part IV, line 19	···a	0				1
		Less: direct expenses						
		Net income or (loss) f		vities ▶	- 0	0		0
	10a	Gross sales of in returns and allowance			{			ì
				0				ļ
	b	Less, cost of goods s Net income or (loss) f		entory ▶	- 0			<u>`</u>
		Miscellaneous R		Business Code			<u>_</u>	
	11a							
	ь							
	c	******************************						
	d	All other revenue .						
	e	Total. Add lines 11a-		▶	0	u .		
	12	Total revenue. See II	nstructions .	<u> ▶</u>]	419,126	418,69B	0	000 100
								Form 990 (2018)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must cor		All other organization	s must comploto co	olumn (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, 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	289,283	289,283		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	o		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	32,102	o	32,102	o
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 495B(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	o	o
7	Other salaries and wages	o	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	o	o	o
9	Other employee benefits	17	0	17	- 0
10	Payroll taxes	2,024	0	2,024	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	1,204	0	1,204	0
C	Accounting	4,875	0	4,875	
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	800	0	0	800
13	Office expenses	1,440	O	1,440	0
14	Information technology	1,375	0	1,375	0
15	Royalties	0	0	0	0
16	Occupancy	6,183	0	6,183	0
17	Travel	252	0	252	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			ì	
		0	<u>o</u>	0	0
19	Conferences, conventions, and meetings	0		0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization	17	0	17	0
		1,665	- 0	1,665	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Equipment Maintenance	175	0	175	
b				1,79	__
c					
ď					
e	All other expenses	94	0	94	. 0
25	Total functional expenses. Add lines 1 through 24e	341,506	289,283	51,423	008
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		ļ		
	fundraising solicitation. Check here ▶ ☐ if		1	1	
	following SOP 98-2 (ASC 958-720)				- 000
					Form 990 (2018)

33

Total net assets or fund balances .

Total liabilities and net assets/fund balances .

Part X Balance Sheet Check If Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 1 2 2 336,846 245,842 3 ol 3 0 4 n 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 6 0 0 7 0 Inventories for sale or use 8 0 0 Prepaid expenses and deferred charges 9 **R4** 62 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,036 Less: accumulated depreciation 10b 10c b 9,965 2,071 investments—publicly traded securities 11 7,451,800 11 6.841.448 12 Investments - other securities. See Part IV, line 11 . 12 ol 0 13 Investments-program-related. See Part IV, line 11. ωl 13 0 14 ol 14 0 15 Other assets. See Part IV, line 11 8,595 15 9,246 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,797,305 16 7,098,669 17 Accounts payable and accrued expenses . . 2,982 17 3,694 Grants payable 18 18 226,901 125,528 Deferred revenue 19 19 0 0 20 20 o 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 891,575 21 1,108,220 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 Unsecured notes and loans payable to unrelated third parties . . . 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 1,121,458 1,237,442 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 27 6,675,847 5,861,227 28 28 Temporarily restricted net assets . . . 0 29 Permanently restricted net assets. 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . o 0 31 32 o 0 Retained earnings, endowment, accumulated income, or other funds. 32

Form 990 (2018)

5,861,227

7.098.669

33

6,675,847

7.797.305 34

Form 99	0 (2018)			Pe	age 12
Parl			٠.		
	' 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		· 4	19,126
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	41 <u>,506</u>
3	Revenue less expenses Subtract line 2 from line 1	3			77,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,67	75,847
5	Net unrealized gains (losses) on investments	5		(88)	0,214)
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(1	<u>2,026)</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		5,86	51,227
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·			
	1			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				I {
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in			
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.		ļ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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	d on a			
	separate basis, consolidated basis, or both.				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın in			1
	Schedule O.				أسمد
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		✓
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Fore	n 990	(2018)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number

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

Pai	Reason for Public Char	ity Status (All	organizations must	comple	te this c	art) See instruction	ากร
	organization is not a private founda						
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos		•			• •	
4	A medical research organization		-				(iii). Enter the
7	hospital's name, city, and state	•	onjunction with a rios	pital ocse	indea iii .	3000001170(0)(1)(1)	inj. Line: the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned c	r operate	ed by a government	tal unit described in
6	☐ A federal, state, or local govern		mental unit described	l in sectio	n 170(b))(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10							
11	An organization organized and	operated exclusi	sively to test for public	safety.	See sect	ion 509(a)(4).	
12	An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fo	unctions of, or to ca	rry 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а	a						
	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		•				supported organizati	on(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 integree its supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	orted organization(s) ad an attentiveness
e	Check this box if the organi functionally integrated, or T	zation received ype III non-fund	a written determinationally integrated sup	on from tl oporting (ne IRS th organizat	at it is a Type I, Typi ion.	e II, Type III
f	Enter the number of supported o						41
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 1–10 above (see instructions))	listed in you	rganization ır governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
				Yes	No		
(A) G	reat Lakes Conference, Churches of						
	od, General Conference	34-1176574	1	_		0	0
(B)				[_	_
<u>. A</u>	rthur Center Church of God	90-0548511	1			0	0
(C)			_		/		o
A	ukerman Church of God	34-1267215	1	 		0	
(D) B	ig Prairie Community Church	51-0618460	1	1	1	0	O
	ng i tame community charen	2,0010400	<u></u>			<u> </u>	
(E) C	elina First Church of God	34-6599964	1		1	0	0
Tota			الكامواليات	Ber Car	国政会公司		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization

Employer identification number

Name of the organization					Employer Identification	n number		
The Foundation of the Great Lakes Confe						10743		
Part I Reason for Public Cha						ons.		
The organization is not a private found				-	•			
1 A church, convention of church								
2 A school described in section								
 3						(iii) Catastha		
hospital's name, city, and state		onjunction with a rios	pilai uesc	indea in s	section 170(b)(1)(A)	(m). Enter the		
•		college or university	owned o	r operate	d by a covernment	al unit described in		
	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.)							
7 An organization that normally						n the general public		
described in section 170(b)(1			•	•		,		
8 A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9 An agricultural research organ				erated in	conjunction with a l	and-grant college		
or university or a non-land-gra	int college of aga	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
university:								
10 An organization that normally receipts from activities related	receives: (1) moi I to its exempt fu	re than 331/3% of its si	upport fro ertain exc	m contri	butions, membershij and (2) no more tha	p fees, and gross		
support from gross investmen	it income and un	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses		
acquired by the organization a		•		•	•			
11 An organization organized and		•	•					
12 An organization organized and of one or more publicly supp								
Check the box in lines 12a thro								
a	=	•	_	-		-		
the supported organization			•					
supporting organization. Y								
b Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
control or management of	the supporting of	organization vested in	the same	persons	that control or man	age the supported		
organization(s). You must	complete Part I	IV, Sections A and C.	•					
c Type III functionally integ						ally integrated with,		
its supported organization		•						
d Type III non-functionally	_		•		• •	•		
that is not functionally inte requirement (see instruction						a an attentiveness		
<u> </u>	•	•				all Tues III		
e	nzation received Type III non-fund	a written determination	on irom ir naortina e	ne iks mi Proanizati	atitisa Typei, Type Ion	эп, туре ш		
f Enter the number of supported	- 1					41		
g Provide the following informatio	•	oorted organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ganization	(v) Amount of monetary	(vi) Amount of		
	1	(described on lines 1-10 above (see instructions))	listed in you	ir governing ment?	support (see instructions)	ather support (see instructions)		
		goove (see instructions))			insudciions)	manuchons)		
· · · · · · · · · · · · · · · · · · ·	<u> </u>		Yes	No				
(A)								
College First Church of God	34-4431294	1		- 1	15,237	0		
B)			•	,	_	_		
CrossPoint Church of God	31-1564546	1			0	0		
(C)				,				
Eagle Church of God	38-2227049	1	 	1		0		
D) Gethsemane Christian Discipleship	25,2424360	 ,			o	o		
Church	26-3131260	<u> </u>		-				
E) Grace Fellowship	34-1868178	1		 	م	0		
Orace i chomony	1	 			-			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

opout

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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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ame of the organization								
The Foundation of the Great Lakes (10743		
Part Reason for Public						ons.		
The organization is not a private for		`	•					
1 A church, convention of c								
2 A school described in sec								
3 A hospital or a cooperative						**** *		
4 A medical research organ hospital's name, city, and	state:							
5 An organization operated section 170(b)(1)(A)(iv). (college or university	owned o	r operate	ed by a governmen	tal unit described in		
6 A federal, state, or local g	overnment or govern	nmental unit described	d in sectio	on 170(b))(1)(A)(v).			
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community trust describ	bed in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9 An agricultural research of university or a non-land university:	rganization describe d-grant college of ag	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	erated in ir the nan	conjunction with a line, city, and state of	and-grant college I the college or		
receipts from activities re support from gross invest								
11 An organization organized	d and operated exclu	sively to test for publi	c safety :	See sect	ion 509(a)(4).			
12 An organization organized	•	•						
	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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
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.								
control or managemen	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 i						ally integrated with,		
d Type III non-function that is not functionally requirement (see instri	ally integrated. A su integrated. The orga	ipporting organization inization generally mu	operated st satisfy	l in conn a distribu	ection with its suppo ution requirement an			
e						e II, Type III		
f Enter the number of suppor	ted organizations .					41		
g Provide the following inform	nation about the supp	ported organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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) Hopewell Church of God	34-1219359	1		1	0	0		
B) Kingdom Community Christian Ministries	27-0757674]1		1	0	0		
C)								
Madison Church of God	34-1600751	1	-		0	0		
D) Mendon First Church of God	34-1353636	1		1	0	0		
E) Movement Church	46-5546781	,		1	o	0		
otal	40-3340701							



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

he i	oundation of the Great Lakes Confe						10743		
Pa	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.		
he (organization is not a private founda	ation because it	is: (For lines 1 through	12, ched	ck only or	ne box)			
1	A church, convention of church	hes, or associati	ion of churches descri	ibed in se	ection 17	O(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)			
3	A hospital or a cooperative ho	spital service or	ganization described i	n sectior	170(b)(1)(A)(iii).			
4	A medical research organization	on operated in c	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). En	ter the	
	hospital's name, city, and stat	e.							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally	_					n the g	eneral pu	blic
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II)	-	Ū		Ū	•	
8	A community trust described in		·	Part II.)					
9	An agricultural research organ				orated in	conjunction with a l	and ar	ant collec	•
3	or university or a non-land-grauniversity:	int college of agr	riculture (see instruction	ons) Ente	r the nan	ne, city, and state of	the co	llege or	
10	□ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organization organized and		-		-	•			
12							rry out	the purpo	ses
-	of one or more publicly suppo								
	Check the box in lines 12a thro								
а	[] =	_	•	-	-				
-	the supported organization								9
	supporting organization. Y								
						uppoded organizati	antal h	w havina	
b	control or management of organization(s). You must	the supporting o	organization vested in	the same					bś
С	True III Arrestina III di Inter	rated. A suppor	ting organization oper	ated in c	onnection	n with, and functions	ally inte	grated wi	th,
							adad a	raanizatio	n(c)
đ	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	d an at	itentivene:	SS
		•	-				all Tur	ne III er	
е	functionally integrated, or	lization received Type III non-fund	a written beterminatit up beternetvi vilkanott	anartina (organizati	atitis a Type 1, Type Ion.	5 II, 1 Y	<i>7</i> C III	
	Enter the number of supported			sporting (,, gu			41	_
	5 1 1) (H	•				· · · · · ·			
g				T		to Amount of manager	4.0	Amount of	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you		(v) Amount of monetary support (see		support (see	8
			above (see instructions))		ment?	instructions)		structions)	
				Yes	No				
				Tes	- 70				
A)									
N	t, Carmel Church of God	34-1058639	1	ļ					0
B)									
, N	It. Tabor Church of God	34-1329655	1		1	20,000		_	0
 C}				[]				
_, N	ew Creations Church of God	34-1438228	1	<u> </u>	✓	0			0
		1		!					
D) N	lew Haven Church of God	39-2053023	1	<u> </u>	✓	0			0
			<u> </u>						
E) V	ley Church of God	34-1407504	1		1	0			0
<u>'`</u>	t Charles of Oos	1		T	·				

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SCHEDULE A (Form 980 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Department of the Troasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

The I	Foundation of the Great Lakes Confe	rence, Churches	of God, General Confe	rence		31-16	10743	
	Reason for Public Cha		 7				ons.	
The	organization is not a private founda		•		-	•		
1	A church, convention of church							
2	A school described in section							
3	☐ A hospital or a cooperative ho☐ A medical research organization						6.3 5 -1 15-	
4	hospital's name, city, and stat		onjunction with a nos	pilai desc	inded in s	section 170(b)(1)(A)	(iii). Enter the	
5			college or university	owned o	r operate	d by a government	al unit described in	
-	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								
7	An organization that normally	-					i the general public	
	described in section 170(b)(1			,	J- 1		3	
8	☐ A community trust described i	n section 170(b)(1)(A)(vi), (Complete	Part II)				
9	An agricultural research organ	-		-	eraled in	conjunction with a l	and-grant college	
	or university or a non-land-grauniversity:							
10	An organization that normally	receives (1) mor	e Ilian 33אמ'e of ils si	upport fro	oni contri	bulions, membershi	p lees, and gross	
	receipts from activities related support from gross investmen	to its exempt for	inctions—subject to c related business taxal	ertain exc ble incom	ceptions, se fless si	and (2) no more tha ection 511 tax) from	n 3314% of its businesses	
	acquired by the organization a							
11	☐ An organization organized and							
12								
	of one or more publicly support							
	Check the box in lines 12a thro	_						
а								
	the supported organization supporting organization. Y					ne directors or trust	ees or the	
-								
Ŀ	 Type II. A supporting orga control or management of 	nization supervis	sed or controlled in co	The came	WILLIUS S	that control or man	on(s), by naving	
	organization(s). You must				persons	that common or man	age the supported	
c					onnection	n with, and functions	ally integrated with.	
·	its supported organization	(s) (see instruction	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	, ,	
d							orted organization(s	
	that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	d an attentiveness	
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.		
е		nization received	a written determination	on from ti	he IRS th	at it is a Type I, Type	e II, Type III	
	functionally integrated, or	Type III non-fund	tionally integrated sup	porting (organizat	ion.		
f	Enter the number of supported						41	
g	Provide the following information	n about the supp		,				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the d	inganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		ļ	above (see instructions))		ment?	instructions)	instructions)	
				Yes	No	{		
					145			
(A)	at the second of Code	24 1404022	.		/	0		
	hio City Community Church of God	34-1404022			<u> </u>			
(B)	live Branch Church of God	34-6543763	,	ŀ	/	a		
	live Branch Church of God	34-0343703				<u>-</u>		
(C)	Mawa River Church of God	34-1206216	 ,	ŀ	1	o		
	Mawa River Charen or God	<u> </u>		· -				
(D)	athway Community Church	34-1201501	1		1	0		
	annual comments and are							
(E) P	ine River Church of God	38-2744620	1		1	0		
Tota		the Contractor	114.64 - 2118747	. : :	·			

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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.

► Attach to Form 990 or Form 990-E2. Open to Pub

Co to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047
2018
Open to Public

Schodulo A (Form 980 or 980-EZ) 2018

Cat. No. 11285F

Department of the Treasury Internal Revenue Service

Employer identification number

101110	or are organization					Embiose, ineutineano	t number
The I	oundation of the Great Lakes Confe					31-16	
	Reason for Public Cha						ons.
The	organization is not a private founda				•	•	
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state						
5			college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com	plete Part II)					
6	A federal, state, or local govern	nment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).	
7	☐ An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	le Part II.)				
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II)			
9	An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-gra						
	university:		•	-		•	•
10	☐ An organization that normally i	eceives: (1) mor	e than 3373% of its st	pport fro	m contril	outions, membership	p fees, and gross
	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	eptions,	and (2) no more tha	n 331/2% of its
	support from gross investment acquired by the organization a	tincome and uni	related business taxal 75. See section 509/2	016 iucom	e (less se	ection 511 tax) from	businesses
11							
11	An organization organized and						rn/ nut the numnees
12	of one or more publicly suppo	operated exclus	ns described in secti	on 509/e	1/11 or se	ection 509(a)(2). Se	e section 509(a)(3)
	Check the box in lines 12a thro						
_	(T) == 1	_		_	-		
а	the supported organization	(c) the sower to	ropulady appoint or o	lact a ma	is suppo iscitu of t	he directors or trust	age of the
	supporting organization. Ye					ine directors or trust	663 OI 1116
		•	•			upper and property	anial by bayes
b	 Type II. A supporting organical control or management of 	hization supervis	sed or controlled in Co	the come	WILLI IIS S	that control or man	on(s), by naving
	organization(s) You must				persons	that control or man	age the supported
	Tuna III 4	•	•		anacha	with and function:	ally integrated with
C	its supported organization(rateo. A suppor	ung organization oper	aleu III U lata Dart	IV Secti	one A.D. and F	any integrated with,
d		ntegrated, A su	pporting organization	operated	in conn	ection with its suppo	orted organization(s)
	that is not functionally integ	grated. The orga	nization generally mus	st satisty	a distribu	illon requirement an	o an attentiveness
	requirement (see instructio	-					
е		ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or I	•	tionally integrated sur	oporting o	organizati	ion.	
1	Enter the number of supported of	•					41
9	Provide the following information	about the supp	onted organization(s).	·		,	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the o	rgenizetion	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur		Instructions)	instructions)
				Yes	No		
(A)						'	
R	lidgeway First Church of God	34-1263914	1			0	0
(B)							
R	isingsun First Church of God	34-0948399	1		_	0	0
	 -						
(C) S	alem Church of God	31-1082532	1		/	0	
(D) S	eville Community Church of God	38-2113089_	lı		1	0	
(E) S	ugar Ridge Church of God	34-1424696	<u> </u>		1	0	
		· · · · · · · · · · · · · · · · · · ·		1		1	i

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

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2018

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	ame of the organization Employer Identification number							
	oundation of the Great Lakes Confe	rence, Churches	of God, General Confe	rence		31-1610743		
Pai							ons.	
	organization is not a private found:		, -	•	•	,		
1	☐ A church, convention of church							
2	A school described in section							
3	A hospital or a cooperative ho							
4	A medical research organization		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	hospital's name, city, and stat An organization operated for	.e.	and an an university					
3	section 170(b)(1)(A)(iv). (Com		college or university	owned c	ог орегац	ed by a governmen	iai unit described in	
6	A federal, state, or local gover							
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university.							
10								
11	An organization organized and				•			
12	✓ An organization organized and		•	-			roy out the purposes	
	of one or more publicly suppo							
	Check the box in lines 12a thro							
а	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
_	supporting organization. Y	•						
ь	Type II. A supporting orgal control or management of organization(s). You must	the supporting o	organization vested in	the same				
С	Type III functionally integ	=			onnection	n with, and functions	ally integrated with.	
·	its supported organization						,,	
đ	Type III non-functionally interest that is not functionally interest (see instructionally interest in the instruction in the in	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е	☐ Check this box if the organ	•	-		-		all Type III	
٠	functionally integrated, or i	Type III non-fund	tionally integrated sur	oportina (organizati	ion.	an, Type III	
f	Enter the number of supported of						41	
g	Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No		,	
(A)								
(A) <u>Te</u>	konsha Church of God	68-0578425	1			0	0	
(B)								
<u> Th</u>	e Catalyst Community Church	34-1962658	1			0	0	
(C)								
The Reflection Ministries 47-4203261 1 50,000					0			
(D)								
Uı	nion Chapel Church of God	34-1409137	1			0	0	
(E)					√	88.54	0	
Va Total	anlue Community Church	46-2294428	<u> </u>			29,046	<u>_</u>	

PASE-8-07-9-OMB NO 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2018

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

	Foundation of the Great Lakes Confe				te this n		10743
	organization is not a private found: A church, convention of church	ation because it i	s. (For lines 1 through	12, chec	k only or	ne box.)	
2	A school described in section						
3	☐ A hospital or a cooperative ho	, , , , ,	•			• •	
4	A medical research organization hospital's name, city, and state	on operated in co					iii). Enter the
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)					
6 7							
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II }			
9	An agricultural research organ or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10	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.)						
11	☐ An organization organized and	d operated exclus	sively to test for public	safety.	See secti	on 509(a)(4).	
12		l operated exclus	sively for the benefit of	i, to perfo	rm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly supported the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g
•	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.						
١	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 integits supported organization	rated. A suppor	ting organization oper	ated in c	onnection IV, Secti	n with, and functions ons A, D, and E.	ally integrated with,
•	d Type III non functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mus	st satisfy	a distribu	itlon requirement an	orted organization(s) d an attentiveness
(Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III
1	Enter the number of supported						41
	g Provide the following information	n about the supp				r	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		ir göverning	(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			75,000	0
(B)	Wonder Ministries	38-3785924	1		1	0	0
(C)	Wooster First Church of God	34-1363889	1		1	0	0
(D)	Word of Faith Ministries	56-2673475	1		1	100,000	0
(E)	World Wide Living Word Ministries	26-2873818	1		1	0	0

Total

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 201**8**

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 3373% 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Enter the number of supported organizations . . 41 Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported organization (iv) to the organization other support (see (described on lines 1-10 listed in your governing support (see document? instructions) above (see instructions)) instructions) Yes No Zion Church of God 34-1416451 (B) (C) (D)

CONTRACTOR OF THE PARTY OF

(E)

289.283

Page	2

Schedule A	(Form	990 or	990	EZ)	2018
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Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		1 11 2015	1 () 0040	1 1 0017	1 (1) 005 0	T 40 T
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>		<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		/				
6	Public support. Subtract line 5 from line 4		/_				
~~~	on B. Total Support				γ		
	dar year (or fiscal year beginning in)	(a) 2014	(b)/2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		<del>  /</del>				
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	l
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · ·		🕨 📋
	on C. Computation of Public Suppor			d ==1 /0\		14	9/
14	Public support percentage for 2018 (line				• •	14	<u>%</u>
15 16a	Public support percentage from 2017 Schedule A, Part II, line 14						
b							
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization di instructions						s <del>u</del> e ▶ ∏

Part							
	(Complete only if you checked the	he box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify	únder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	ion A. Public Support			<u></u>			
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(é) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees				}		
_	received. (Do not include any "unusual grants")			L	/	1	
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities furnished in any activity that is related to the				/	İ	
	organization's tax-exempt purpose					i	
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513	ŀ	ļ	1			
4	Tax revenues levied for the			/			
	organization's benefit and either paid to			/			
	or expended on its behalf			/			
5	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·		
	furnished by a governmental unit to the			/	}		
	organization without charge		<b>j</b>				
6	Total. Add lines 1 through 5	<del></del>		<del>/</del>			<u> </u>
	Amounts included on lines 1, 2, and 3			·	· · · · · · · · · · · · · · · · · · ·		
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified		/				i
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year			}			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	/	,		, <del></del>	·····	
_	line 6.)						
Secti	on B. Total Support	<del></del>		-	,		.1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		, ,		, ,	•	<del>                                     </del>
10a	Gross income from interest, dividends,	/				-	· · · · · · · · · · · · · · · · · · ·
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		!				ŀ
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 . /						
С	Add lines 10a and 10b		_				<del>                                     </del>
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<del></del>			<del></del>	<del></del>
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,					_	1
	and 12.)/						
14	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ar as a secti	on 501(c)(3)
	organization, check this box and stop her	_					. 🕨 🗖
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2018 (line 8			13, column (f))		15	%
16	Public support percentage from 2017 Sch	edule A, Part	III, line 15	. <u> </u>	<u> </u>	16	%
	on D. Computation of Investment Inc	come Percei	ntage				
17	Investment income percentage for 2018 (I	ine 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2017	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2018. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/	3%, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organiza	tion . 🕨 🔲
b	331/23% support tests-2017. If the organize	ation did not ci	hack a box on i	line 14 or line 1	9a, and line 16	is more than	33¹∞%, and
	line 18 is not more than 3312%, check this b						_
20	Private foundation. If the organization did	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instr	uctions 🕨 🔲
				- <del> </del>			90 or 990-EZ) 2018

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S	e	c	lion	A.	All	Supp	orting	<b>Organizations</b>

			V	A1-
1	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		Yes	
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  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	1		<b>/</b>
	organization was described in section 509(a)(1) or (2)	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		J
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		ļ
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		7
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			
c	despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4b 4c		
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).			
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		<u> </u>
	(as 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).	7		لـــا
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		7
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			
b	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		<b>\</b>
С	the supporting organization had an interest? If "Yes," provide detail in Part VI.  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		<b>\</b>
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		✓ ;
0a	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	46-		أــِــا
b	supporting organizations)? If "Yes," answer 10b below  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		. 5
-	determine whether the organization had excess business holdings.)	10b		

Schedule A (F	om 990 or	990-EZY	2018
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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<u> </u>		<b> </b>
h	A family member of a person described in (a) above?	11a	<del>                                     </del>	<b>!</b>
	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.	11b		1
Sect	ion B. Type I Supporting Organizations	TIIC	L	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	<del>  ""</del>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			}
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		 	
2		1	-√	
~	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			l .
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u>-</u> -\	
Sect	on C. Type II Supporting Organizations	1		
		$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			!
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sacti	on D. All Type III Supporting Organizations	_1		
0001	on b. 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	$\overline{}$	res	140
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Ĭ	
	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).			<b>-</b> '
3		2		•••
J	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	l i		l l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1	- 1	1
	supported organizations played in this regard.	3		_ ~~
Secti	on 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 in	nstruc	tions	;).
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.			
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s Activities Test Answer (a) and (b) below.	_		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	···	Yes	No
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	Ì
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 1	
	how the organization was responsive to those supported organizations, and how the organization determined	L		
	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		ſ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u></u> - .		•
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			!
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A	(Form	990 or	990-EZ	2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.			
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)
1 Aggregate fair market value of all non-exempt-use assets (see	1	.,	
instructions for short tax year or assets held for part of year)	1_		
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)	10		1
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		1
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions)

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	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 whic (provide details in Part VI) See instructions.	h the organization is res	ponsive	_
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E-Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
ь	From 2014	•		
	From 2015			
d	From 2016			
С	From 2017 .			
1	Total of lines 3a through e			
9	Applied to underdistributions of prior years	77777		
h	Applied to 2018 distributable amount			·
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7:		<del></del>	
	Applied to underdistributions of pnor years			
	Applied to 2018 distributable amount		<u> </u>	
c	Remainder Subtract lines 4a and 4b from 4.			i
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	;		
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			<del> </del>
b				
<u>c</u>	Excess from 2016			
<u>d</u>	Excess from 2017			
е_	Excess from 2018			<u> </u>

<del> </del>	
Schedule A (	Page Page Page Page Page Page Page Page
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	12g and Part IV, Section A, Line1:
The artitole	es of incorporation state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conference	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	ns although not specifically named.
Part IV, Sec	tion A, Line 2:
Current pra	ctice 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 helf by Churches of God,
General Co	nference (23-6424046), the parent denomination as a central organization.
Part IV, Sec	tion B, Line 2:
The govern	ing documents state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conference	and any affiliated or controlled corporations and entities related to Great Lakes Conference, Churches of God, General

Current practice is to provide support through the issuance of grants. The grant process requires the requesting supported organization
to provide a copy of its letter of determination of status from the IRS, or proof of participation in a group exemption helf by Churches of God,
General Conference (23-6424046), the parent denomination as a central organization.
Part IV, Section B, Line 2:
The governing documents state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conference and any affiliated or controlled corporations and entities related to Great Lakes Conference, Churches of God, General
Conference. The supported organizations that do not directly control this reporting supporting organization are affiliated entities of Great
Lakes Conference, Churches of God, General Conference because they are member churches of Great Lakes Conference, Churches of God,
General Conference. Furthermore, the governing board of Great Lakes Conference, Churches of God, General Conference, is elected by its
member churches.
· · · · · · · · · · · · · · · · · · ·

### 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. ▶ Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number The Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Hold at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . . . . . . 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Assets included in Form 990, Part X

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)	Schedu	te D (Form 990) 2018					Page 2		
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a	Part	III Organizations Maintaining	Collections of	Art, Historical 7	reasures, or O	ther Similar As:	sets (continued)		
a	3	Using the organization's acquisition,	accession, and ot						
b	а			d 🗆 Loan	or exchange prod	ırams			
c   Preservation for future generations 4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5   During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No		<del></del>							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rise funds rather than to be maintained as part of the organization's collection?		<u> </u>	•	e 🗀 Ottilei	***************************************	••••••			
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Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	•	XIII.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather	r than to be mainta	·		•			
1a   St her organization an agent, Irustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		_						
Included on Form 990, Part X?			answered "Yes"	" on Form 990, F	Part IV, line 9, or	reported an am	ount on Form		
b If "Yes," explain the arrangement in Part XIII and complate the following table:  C Beginning balance	1a								
C   Admount     C   Amount     C   Amount     C   Amount     C   Amount   C   Additions during the year   1d	ь								
d Additions during the year    Ending balance   Distributions during the year   Finding balance    _		arran and compre	oto uno tonoming ti		An	nount			
d Additions during the year    Ending balance   Distributions during the year   Finding balance    c	Beginning balance			10					
Distributions during the year   1   Ending balance   2   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		= •				<del></del>	<del></del>		
Ending balance   1th   2a   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   If "Yes," explain the arrangement in Part XIII   Check here if the explanation has been provided on Part XIII   Part V   Endowment Funds.   Complete if the organization   Complete if the organization   Description   Desc		<u> </u>							
2a	-	_ •			—	<del></del>			
Part V							7 V 17 N-		
Part V	_					•			
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   A			an XIII Check here	e ii the explanation	n nas been providi	ed on Part XIII .	· · · · · · · · · · · · · · · · · · ·		
1a   Beginning of year balance   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years   (e) Four	r ar		annuared "Vee!	' on Form 000 f	Port IV line 10				
Beginning of year balance   6,675,847   6,100,755   5,882,622   6,233,286   6,287,059		Complete ii the organization				(d) There are been	1 (-) (-)		
Description   10   10   10   10   10   10   10   1	_						<del></del>		
C Net investment earnings, gains, and losses	_						6,287,059		
losses			428	300	600	1,005	105		
d Grants or scholarships 270,156 204,575 321,030 309,583 227,187 e Other expenditures for facilities and programs 82,367 83,294 113,787 7420 112,830 f Administrative expenses 44,490 51,010 50,484 49,653 49,795 g End of year balance 5,861,227 6,675,847 6,100,755 5,882,622 6,233,286 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100% b Permanent endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations   3a(i)	C						ļ		
e Other expenditures for facilities and programs		losses	(415,035)	913,671	475,260	147	335,934		
Programs   82,367   83,294   113,787   7420   112,830	đ	·	270,156	204,575	321,030	309,583	227,187		
f Administrative expenses 46,490 51,010 50,484 49,653 49,795 5,882,622 6,233,286 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 100%  b Permanent endowment ▶ 0%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	e	Other expenditures for facilities and							
g End of year balance 5,861,227 6,675,847 6,100,755 5,882,622 6,233,286  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100% b Permanent endowment ▶ 0%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		programs	82,367	83,294	113,787	7420	112,830		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100% b Permanent endowment ▶ 0% Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses	46,490	51,010	50,484	49,653	49,795		
a Board designated or quasi-endowment ▶ 0%  C Temporarily restricted endowment ▶ 0%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	9	End of year balance	5,861,227	6,675,847	6,100,755	5,882,622	6,233,286		
b Permanent endowment ▶ 0%  c Temporarily restricted endowment ▶ 0%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as:			
Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	а	Board designated or quasi-endowmen	nt ▶ 10	0%					
Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	ь	-		••					
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	c		0%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations			2c should equal 10	00%.					
organization by:  (i) unrelated organizations	За	•	•		at are held and ad	ministered for the	)		
(i) unrelated organizations				J					
(ii) related organizations		•							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b   4   Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (other) (other) (d) Book value (e) Cost or other basis (other) (other) (other) (d) Book value (e) Cost or other basis (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (other) (ot		.,							
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (d) Book value depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book valu	_								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Book value (e) Book value (f) Book value (e) Book value (f) Book valu	4						30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (e) Equipment  (a) Cost or other basis (other)  (other)  (other)  (d) Book value  (e) Book value  (finvestment)  (other)  (other)  (investment)  (investme				M 3 GINOWINGHI II	/11.03.				
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	Part				Part IV lina 11a	San Form DOD (	Part V line 10		
(investment)         (other)         depreciation           1a Land         0         0         0           b Buildings         0         0         0         0           c Leasehold improvements         0         0         0         0           d Equipment         0         12,038         9,967         2,071           e Other         0         0         0         0			—— <u>;</u>						
b Buildings		Description of property					(a) Book value		
c         Leasehold improvements         0         0         0         0           d         Equipment         0         12,038         9,967         2,071           e         Other         0         0         0         0	1a	Land	,	0	0		0		
c         Leasehold improvements         0         0         0         0           d         Equipment          0         12,038         9,967         2,071           e         Other          0         0         0         0	b	Buildings		0	0	0	0		
d Equipment	Ċ	<del>-</del>		0	0	0			
e Other	d	·				9.967			
		• •					0		
			nust equal Form 99		(B), line 10c.)		2,071		

	Complete if the organization answered "Yes" on Fo.  (a) Description of security or category	(b) Book value		lethod of valuation:
	(including name of security)	(0) Book value		nd-of-year market value
1) Financial	derivatives			
	neld equity interests			
) Other				
(7)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col (B) line 12.) ▶			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See For	m 990, Part X, line 13.
_	(a) Description of Investment	(b) Book value		ethod of valuation nd-of-year market value
1)				
2)				
3)				
4}				
<u>5)</u>				
6}				
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otal. (Column (b	n) must equal Form 990, Part X, col. (B) line 13 ) ▶			
9) otal. (Column (t Part IX	Other Assets.	000 P-+ N/ H-	. 41d Coo Fam	000 Part V Fina 45
otal. (Column (b	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
Part IX	Other Assets.	m 990, Part IV, lin	e 11d. See For	m 990, Part X, line 15.
ptal. (Column (to Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
ptal. (Column (t Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
ptal. (Column (t Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
1) 2) 3)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
1) Part IX 1) 2) 3) 4)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
1) Part IX   1) 2) 3) 4) 5)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
11al. (Column (t. Part IX   11)   12)   13)   14)   15)   16)   17)   18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18    18	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See For	
1) Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Forn	
1) Part IX   1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on For (a) Description	m 990, Part IV, lin	e 11d. See For	(b) Book value
1) Part IX   Part IX   1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  (b) Description  Onn (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, lin		(b) Book value
1) Part IX   Part IX   1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.			(b) Book value
11) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For			(b) Book value
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1) Part IX  1) 2) 3) 4) 5) 6) 7) 88 99 otal. (Colum Part X  1) Federal in 2) 3)	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
1) Federal in (2) (3) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
11) Part IX  11) 22) 33) 44 55) 66) 77) 88 99) otal. (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (Column (	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
1) Federal in (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
1) Federal in 2) 3) 4) 5) 6) 7) Federal in 2) 3) 4) 5) 6) 7) 7)	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
1) Part IX	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value			(b) Book value
13) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (to 1)) (5) (6) (7) (7) (8) (9) otal. (Column (to 1)) (8) (9) otal. (Column (to 1)) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on For (a) Description  Inn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability  (b) Book value	m 990, Part IV, lin	e 11e or 11f. Se	ee Form 990, Part X,

Schedul	e D (Form 990) 2018		•		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents \	With Revenue per	Return.	•
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	(396,480)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			=:-	(000/100)
a	Net unrealized gains (losses) on investments	2a	(880,214)	,	
b	Donated services and use of facilities	2b	(000,214)		
	Recoveries of prior year grants	2c	19,127		
Ç	Other (Describe in Part XIII.)	2d		1 1	
d	•	20	45,481	2e	(045 606)
e	Add lines 2a through 2d	•		3	(815,606)
3		i ı	• • • • • • • • • • • • • • • • • • •	-	419,126
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	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	419,126
Part	•			r Heturr	1.
	Complete if the organization answered "Yes" on Form 990,	Part I	v, line 12a.		
1	Total expenses and losses per audited financial statements			1	341,506
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0	}	
C	Other losses	2c	0		
ď	Other (Describe in Part XIII.)	2d	. 0	_	
· e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	. · .		3	341,506
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	3	
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u> </u>	5	341,506
Part	XIII Supplemental Information.			•	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Pa	art IV, lines 1b and 2b	; Part V, I	ine 4; Part X, line
2; Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to pro	ivide any additional in	formation	i <b>.</b>
Part IV	, Line 2b:	<b></b>			
	<u> </u>			•••••	
- Escro	ow of grantable support for supported organizations				
	or an extraord of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the				
- Inves	tment facilitator agreements with supported organizations.				
				• • • • • • • • • • • • • • • • • • • •	
		•••••			
Dart V	Line 4:				
Fait V.	LINE 4.				
Canar	ate income and growth for supporting the ministries of the Great Lakes Confer	rence. (	Churches of God. Gene	eral Confe	rence and its
Gener	are income and grown for supporting the ministrics of the order control	2			
memo	er churches, affiliates and controlled organizations.				
Part XI	, Line 2d:		•••••		
· Chan	ge in investment facilitator agreements with supported organizations.				
			•		
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					• • • • • • • • • • • • • • • • • • • •

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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		Schodule D (Form 990) 2018

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

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

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

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OMB No. 1545-0047

Employer identification number 31-1610743 ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. The Foundation of the Great Lakes Conference, Churches of God, General Conference
Part II General Information on Grants and Assistance Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Day IV line 21, for any received more than £5,000, Day II can be declined if additional property and property of for any received more than £5,000, Day II can be declined if additional property. ° O ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' e igibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

Part IV, line 21, for any recipient that received	recipient that		nan \$5,000. Part I	l can be duplica	more than \$5,000. Part II can be duplicated if additional space is needed.	ace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method or valuation (book, FMV, appraisal, other)	'g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Word of Faith Ministries 2911	56.2673475	501(4)(3)	00000				
(9) Whaton Church of God	20-20-20-2	(6)(3),06	000,001				Buttoing renovation
PO Box 247, Whanton, OH 41359	34-1413371	501(c)(3)	75,000	0			Building construction
(3) The Reflection Ministries	47-4203261	501(2)(3)	ליט טיצי				
(4) Vanlue Community Church							מתוחוות בסוואת תכווסם
101 Main Street, Vanlue, OH 45890	46-2294428	501(c)(3)	29,046	0			Building repair & replace
(5) Mt. Tabor Church of God 9744 US 127N. Celma, OH 45822	34-1329655	501(c)(3)	20.000	Ċ			Van Aurehasa
(6) College First Church of God							
1100 N. Main St., Findlay, OH 45840	34-4431294	501(c)(3)	15,237	0			Sound & Video Technology
(A)							
L	,						
(8)							
O							
REC GD							
EI 01 (01)							
<u> </u>							
JT E	ļ	;					
(12) IRS OSC							
2 Enter total number of section 501(c)(3) and government	501(c)(3) and go		organizations listed in the line 1 table	ne 1 table			9

Schedule 1 (Form 990) (2018)

Cat No. 50055 2

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

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

Page 2 Signed grant agreements between The Foundation of the Great Lakes Conferenc, Churches of God, General Conference (reporting organization) and the grant recipient (supported organization) requires 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. 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. 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 recipient has misued or misappropriated how the grant was to be used. Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, apprarsal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) Part I, Line 2: Part IV n S ø

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

## Supplemental information to Form 990 or 990-EZ

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

990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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2018
Open to Public Inspection

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.

► Go to www.irs.gov/Form990 for the latest information.

The Foundation of the Great Lakes Conference, Churches of God, General Conference	31-1610743
Form 990 Part III, Line 4d:	
\$29,046 grant to Vanlue Community Church for building repairs and carpet replacement.	
\$20,000 grant to Mt. Tabor Church of God for purchasing a van for use in its ministries.	
\$15,237 grant to College First Church of God for purchasing sound and video technology equipment u	sed in the Winebronner building on the
campus of The University of Findlay.	
	.,,,
Form 990 Part VI, Line 6, 7a and 7b.	***************************************
Articles of Incorporation of the reporting organization identify a "Sole Member" comprised of the Execu	utive Board of Creat Lakes Conference,
Churches of God, General Conference The "Sole Member" elects the board of directors of the reporting	ng organization's governing body,
approves changes to the Articles of Incorporation, and receives any remaining net assets at dissolution	n of the reporting organization.
Form 990 Part VI, Line 8b:	
There were no committees with authority to act on behalf of the reporting organization.	
Form 990 Part VI, Line 9:	
C. Berniece Asel - 2625 Hollybrook Drive, Findlay, OH 45840	
Randy K. Dammeyer - 8350 State Route 219, Celina, OH 45822	
J. Lance Finley - 826 Nutmeg Lane, Findlay, OH 45840	
Rodney L. Stover - 3424 Tama Road, Rockford, OH 45882	
Mark G. Walls • 19443 Road U, Ft. Jennings, OH 45844	
Sean A. Martin - 512 West South St., Carey, OH 43316	
Craig R. Flack - 405 Magnolia St., Celina, OH 45822	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
The Foundation of the Great Lakes Conference, Churches of God, General Conference	31-1610743
Form 990 Part VI, Line 11b:	••••••••••
Each voting board member is provided a complete written copy of Form 990 and its supporting schedules	for review and consideration. A
vote of approval is taken for filing Form 990 and its related schedules.	
Form 990 Part VI, Line 12c:	
An annual disclosure form is distributed to all board members and employees. The disclosure forms are of	collected and reviewed by the
President and Board Chairperson. Board members with a conflict of interest are not permitted to vote on	matters related to that conflict - for
example, a grant request.	•
Form 990 Part VI, Line 15a and 15b:	
The governing board reviews the compensation of its President and Financial Controller as a part of its an	nual budget establishment. This
review includes a review of performance and consideration of formal and/or informal gathering of approp	
Form 990 Part VI, Line 19	
The reporting organization's governing documents, conflict of interest policy, Form 990 filing, and audited	financial statements are available
to the public upon request.	
Form 980 Part XI, Line 9.	
Investment Faciliator Agreements \$45,481; SFAS No. 136 adjustment for year 2018 (\$76,634); Grants return	ed \$19,127.
Form 990 Part VII, Line 1a	
C. Berniece Asel - was temporarily employed in a supported church at 6 hours per week when working tem	porarily.
Mark G. Walls - was employed as a part time pastor at a supported church.	
Craig R. Flack - was employed as a full time pastor at a supported church.	
William H. Reist - was employed as a full time pastor at a supported church from January 1, 2018 to July 19	i, 2018.
······································	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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OMB No. 1545-0047

Open to Public Inspection Employer identification number

31-1610743

(f) Direct controlling entity (g) Section 512/b)(13) controlled entity? Schedule R (Form 990) 2018 Š 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 (1) Direct controlling entity (e) End-of-year assels N/N Z/A Z Z 1N/A Ą ž Š (e)
Public charity status
(if section 501(c)(3)) (d) Total income 501(c)(3) (d) Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) (c) Legal domicite (state or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) Michigan (b) Pnmary activity Ohio Ohio Ohio Ohio Ohio 010 (b) Pnmary activity Church HQ/Admin. 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 (7)CrossPoint Church of God 700 Rockwell Avenue, Findlay, OH (1) Great Lakes Conference, Churches of God, General Conference (4)Big Prairie Community Church PO Box 62 Big Prairie, OH (6)College First Church of God 1100 North Main St., Findlay, OH (3) Aukerman Church of God 12292 Franchester Rd., West Salem, (2) Arthur Center Church of God PO Box 28, Clare, MI 48617 (a)
Name, address, and EIN (if applicable) of disregarded entity (5) (a)Name, address, and EiN of related organization (9) PO Box 1132, Findlay, OH 45839 34-1176574 45840 31-1564546 45840 34-4431294 45822 34-659964 44611 51-0618460 OH 34-1267215 90-0548511 Part II € ন 0 Ξ

page 3 of 6 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.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990) ▶ Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number 31-1610743

(g) Section 512(b)(13) controlled enuty? Schedule R (Form 990) 2018 ž (f) Durect 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. entrty Yes (f) Olrect controlling entity (c) End-of-year assets ¥ Z 1N/A ¥ Σ Ą ž ¥ (e)
Public charlty status
(if section 501(c)(3)) (d) Total income (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 domicale (state or foreign country) Michigan Primary actually Ohio Ohio Ohio Ohio Ohio Ohio Primary activity Church Church Church Church Church Church Church for Paperwork Reduction Act Notice, see the Instructions for Form 890. (7)Mendon First Church of God PO Box 6, Mendon, OH 45862 (1)Eagle Church of God 7087 Dover Rd., Clare, MI 48617 (2)Gethsemane Christian Discipleship Church PO Box 595, Holland, (3)Grace Fellowship 2150 TR 585, Loudonville, OH 45842 (6)Madison Church of God 12613 US 20, Pioneer, OH 43554 (4)Hopewell Church of God 3542 W CR 48, Tiffin, OH 44883 (5)Kingdom Community Christian Ministries 5136 St. Aubin Or., (a) Name address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Foledo, OH 43615 27-0757674 ****************** OH 43528 26-3131260 34-1353636 14-1868178 34-1219359 34-1600751 Part II Part 8 € <u>©</u> 9 0 €

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.

Department of the Treasury Internal Reverue Service Name of the organization

Part

SCHEDULE R (Form 990) ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Page 3096

Open to Public Inspection

Employer identification number

31-1610743

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. The Foundation of the Great Lakes Conference, Churches of God, General Conference

	(a) Name, address, and EIN (il applicable) of disregarded enlity	Pame	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(1)								
(2)								}
(6)								
(4)								
(5)								
(9)								
Part II	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.	tions. Complete if the ing the tax year.	he organization a	nswered "Yes" or	n Form 990, Parl	t IV, line 34, bec	ause it ha	ل ق
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domucile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	g Section 512;b)(13) controlled entry?	2,b)(13)
							Yes	0
(1)Moveme 46-5546781	(1)Movement Church 112 West Front St., Findlay, OH 45840 (6-5546781	Church	Ohio	501(c)(3)	(	1 N/A		>
(2)Mt. Carr	nel Church of God 4025 Miller Rd., Celma, OH 45822	Church	Ohio	501(c)(3)		1N/A		>
(3)Mt. Tabo	or Church of God 9744 US 127 N, Celina, OH 45822	Church	Ohio	501(c)(3)		A/NI		>
(4)New Cre	ations Church of God PO Box 387, Rawson, OH 45891	Church	Ohio	501(c)(3)		1)N/A		<b>\</b>
(5)New Haven Chi 48877 39-2053023	ırch of God 11728 W. Olive Rd., Riverdale, MI	Church	Michigan	501(c)(3)		1 N/A		>
(6)Ney Church of (43549 34-1407504	God 03413 State Rt. 15, PO Box 69, Ney, OH	Church	Оћіо	501(c)(3)		1 N/A		>
(7)Ohio Ci	(7)Ohio City Community Church of God 204 E. Carmean St., PO Box 186. Ohio City, OH 45874 34-1404022	Church	Ohio	501(c)(3)		A/N/L		>
For Paperw	iee the Instructions for Form 99			Cat No. 50135Y			Schedule R (Form 990) 2018	3) 2018

Page 4 of 6

OMB No. 1545-0047 2018

> 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.

▶ Go to www.irs.gav/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the	Name of the organization The Foundation of the Great Lakes Conference. Churches of God. General Conference	eral Conference				Employer identification number	identification nu 31-1610743	ishber.
Part	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization	answered "Yes" o	on Form 990, Part	IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Рлпа	(b) Pamary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	guilling
E								
(2)								
(2)								
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Parl IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the iring the tax year.	ne organization ar	nswered "Yes" on	Form 990, Part I	IV, line 34, bec	ause it ha	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domucile (state or foreign country)	(d) Exempl Cade section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) kled y7
							Yes	٥ ۷
(1)Olive OH 45882	(1)Olive Branch Church of God 18275 Rhodes Mill Rd., Rockford, OH 45882 34-6543763	Church	Ohio	501(5)(3)		N/A		>
(2)Ottaw.	(2)Ottawa River Church of God 19443 Rd. U, Ft. Jennings, OH 45844 34-1206216	Church	Ohio	501(c)(3)		N/A		`
(3)Pathway Comr 43613 34-1201501	(3)Pathway Community Church 2160 Eastbrook Dr., Toledo, OH 43613 34-1201501	Church	Ohio	501(c)(3)		N/A		\
(4)Pine Riv 38-2744620	(4)Pine River Church of God PO Box 326, Vestaburg, MI 48891 38-2744620	Church	Michigan	501(5)(3)		1 N/A		`
(5)Ridge 44905 34	(5)Ridgeway First Church of God 1380 Park Ave. E., Mansfield, OH 44905 34-1263314	Church	Ohio	501(c)(3)	,	N/A		>
(6)Rising	(6)Risıngsun Church of God 326 Main St., PO Box 7, Risingsun, OH 43457 34-0948399	Church	Ohio	501(c)(3)		INIA		. >
(7)Salem	(7)Salem Church of God 5754 DeCliff/Big Island Rd., Marion, OH 43302 31-1082532	Church	Ohio	501(c)(3)		N/A	••	>
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.		Cat. No. 50135Y		ł	Schedule R (Form 990) 2018	3) 2018

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

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

► Go to www irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1610743

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c) Legal domidle (state or foreign country) (b) Primary activity (4) (a) Name, address, and EIN (i applicable) of disregarded emity <u>6</u> 9 Ξ 8 0

Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	nizations. Complete if the organization answerec "Yes" on Form 990, Part IV, line 34, because it had a during the tax year.	ne organization an	swerec "Yes" on	Form 990, Part I	V, line 34, becau	ise it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controling enity	(g) Section 512(b)(13) controlled entity?	2(b)(13)  led 
							Yes	ş
(1)Seville	(1)Seville Community Church of God 8360 W. Monroe Rd., M-46							
Etwell, MI	Elwell, MI 48832 38-2113089	Church	Michigan	501(c)(3)		N/A		`
(2)Sugar	(2)Sugar Ridge Church of God 18275 Rhodes Mill Rd., Rockford, OH							
45882 34-1424696	-1424696	Church	Ohio	501(c)(3)	1	INA		`
(3) Tekon	(3) Tekonsha Church of God 985 Old US 27, PO Box 179, Tekonsha,							1
MI 49092	MI 49092 68-0578425	Church	Michigan	501(c)(3)	1	NIA		`>
(4)The Ca	(4)The Catalyst Community Church 620 Lynn St., Suite B, Findlay,							
OH 45840	OH 45840 34-1962658	Church	Ohio	S01(c)(3)	1	N/A		>
(5)The Re	(5)The Reflection Ministries PO Box 537, Bettsville, OH 44815							
47-4203261	-	Church	Ohio	501(c)(3)	1	NA		<b>,</b>
(6)Union	(6)Union Chapel Church of God 17983 CR A, Bryan, OH 43506		ما عال					
34-1409137	7	Church	Ohio	501(c)(3)	1	N/A		,
(7)Vanlue	(7) Vanlue Community Church 101 Main St., PO Box 22, Vanlue, OH			-				
45890 46-2294428	-2294428	Church	Ohio	501(c)(3)	•	N/A		<b>,</b>
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.00	Cat No	Cat No. 50135Y		Schedule R (Form 990) 2018	Form 990	3 2018

Page 6 of 6

SCHEDULE R (Form 990)

Department of the Treasury Infernal Revenue Service

Name of the organization

Part

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

31-1610743

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (f) Oirect controlling entity Š Identification of Related Tax-Exempt Organizations. Complete of 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) Orrect controlling entity (a) End-of-year assets Š Z 1N/A Ą Ž (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempl Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) (c) Legal domicile (state or foreign country) Cat No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity Ohio OHO Ohio Ohio OHIO Ohio (b) Pnmary activity Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1)Wharton First Church of God 108 Cass St., PO Box 247, Wharton, (2)Wonder Ministries 7001 Angola Rd , Holland, OH 43528 (1) (3)Wooster First Church of God 1953 Akron Rd., Wooster, OH (5)World Wide Living Word Ministries 2030 Putnam St., Toledo, OH (6)Zion Church of God B 975 SR 109, Hamler, OH 43524 (4)Word of Faith Ministries 2911 Stickney Avenue, Toledo, OH (a)
 (a) Address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization OH 43359 34-141337 44691 34-1363889 43608 56-2673475 13620 26-2873818 34-1416451 Part II ឲ 9 3 € 0

Schedule R (Form 990) 2018

Part III Identification of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	ions Taxable	as a Partners treated as a pa	ship. Con artnership	plete if the during the t	organizati lax year.	on answer	ed "Yes'	on Form 990	), Part IV,	line 34,	
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicila (state or foreign country)	(d) Direct controlling entity	(e) Predomant income (related, unrelated excluded from tax under sactions 512—514)	want Shai elated, ir ted d from d from 12 – 514)	Shara of total Sincome	(9) (h) Share of end-ol- Osproportorate year assets allocators?	(h) Ospiopatorate allocators?	(1) Code Y—UBI amount in box 20 of Schedule K-1 (Form 1065)	BI General cr	al cr Perr ging own	(k) Percentage ownership
(1)					!				<u></u>		2	
(2)										-		
(3)												
(4)			:								-	
(5)						-	!					
(9)												
(2)											-	
Part IV Identification of Inc. 34, because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable elated organi	table as a Corporation or Trust. Complete if the organization answered "Yes" ganizations treated as a corporation or trust during the tax year.	ation or T	rust. Compl poration or t	lete if the c	organizatio	n answe	red "Yes" on	on Form 990, Part IV,	Part I	 
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicde (state or foreign counity)		(d) Drect controlling entity	(a) Type of entity (C corp. S corp. or trust)	1	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		12(b)(13) olled y?
										,	Yes	Š
(1)							· · · · · · · · · · · · · · · · · · ·				,	
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<i>()</i>				<del></del>								1
										Schedule R (Form 990) 2018	Form 99	0) 2018

Schedule R (Form 950) 2018  Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	on Form 990, Part IV, line 34, 35b, or 36.	Page 3	
9	od ovrastione lietad in Dade ILIV	Yes No	
1 Duning the tax year, did the organization engage in any or the following dailsactions with one of more related organizations listed in rails in year.  a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	מומיוייייייייייייייייייייייייייייייייי	1a /	
		1b 🗸	
c Gift, grant, or capital contribution from related organization(s)		10	_
d Loans or loan guarantees to or for related organization(s)		1 <b>d</b>	
e Loans or loan guarantees by related organization(s)		1e	
f Dividends from related organization(s)		\    *	
g Sale of assets to related organization(s)		19 ~	
		+	
i Exchange of assets with related organization(s)		\  -  -	<del>-</del>
j Lease of facilities, equipment, or other assets to related organization(s)		1,	
k Lease of facilities, equipment, or other assets from related organization(s)		1×	
Performance of services or membership or fundraisi		<b>&gt;</b>	
m Performance of services or membership or fundraising solicitations by related organization(s)		1m /	
		-	
		10 🗸	
		1p <	
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>		19	
		-	
s Other transfer of cash or property to related organization(s)		15	_
1	line, including covered relationships and transactic	on thresholds.	
	(p) (c)		
Yran Yran type	tion Ambuni involved Method of determining amount involved —s)	g amount involved	
(1)			
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(3)			
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(9)	Schedule F	Schedule R (Form 990) 2018	1 ~

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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 reparding exclusion for certain investment partnerships.

Country (stage dominal protonmant for all paners) Share of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear Office Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Cerear of Daysparoner Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Life Code V-Li	(6) (a) (b) (c) (d) (e)	Ð	3	Ð	9		3	(6)	Ξ	1	5	-	(K
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				sections 512-514)		ş			Yes	°Z	Yes	وا	
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	(2)										<u> </u>	<u> </u>	
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Schadule A (F	orm 990) 2018 Page 5
Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions.
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Schedule R (Form 990) 2018