Return of Organization Exempt From Income Tax

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

((Rev January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
ſ	ena	rtment o	of the Treasury	▶ Do not enter social security numbers on this form as it may be n	nade public.		Open to Public			
			nue Service	► Go to www.irs.gov/Form990 for instructions and the latest info	ormation.		Inspection			
7	١ .	For the	2019 calend	dar year, or tax year beginning , 2019, and ending			, 20			
- E	3	Check if	applicable	C Name of organization The Foundation of the Great Lakes Conference, Church	es of God.	D Employ	er identification number			
ſ	_	Address	31-1610743							
ſ	=	Name ch	-	E Telepho						
- [_	Initial ret	-	Number and street (or P O box if mail is not delivered to street address) Room 700 E. Melrose Avenue	n/suite	· .	419-425-9602			
ľ	=		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			713-723-3002			
L	=			• • • • • • • • • • • • • • • • • • • •		G Gross re	acointe \$ 1 221 762			
L	=	Amende		Findlay, OH 45840	H(a) Is this a ar		eceipts \$ 1,331,763			
L		Applicat	ion pending	F Name and address of principal officer	' <i>'</i>	•	included? Yes No			
-		T		William H. Reist 700 E. Melrose Avenue, Findlay, OH 45840 7 501(c)(3) 501(c) (` '		(see instructions)			
-			mpt status							
-				undationglc.org	H(c) Group e					
Ì				Corporation ☐ Trust ☐ Association ☐ Other ►	1998	M State of	legal domicile OH			
1	F	art I	Summa				<u> </u>			
	4.	1		cribe the organization's mission or most significant activities To provide						
	nce			akes Conference, Churches of God, General Conference and any affiliates o	r controlled	organizat	ion and entities			
	шa			reat Lakes Conference, Churches of God, General Conference						
	Ve	2		box ► ☐ If the organization discontinued its operations or disposed of	more than	1 . 1	s net assets.			
	Activities & Governance	3		voting members of the governing body (Part VI, line 1a)		3				
	S	4		independent voting members of the governing body (Part VI, line 1b)		4	5			
	tie	5		per of individuals employed in calendar year 2019 (Part V., fine 2a)	· p-3	5	2			
	tıv	6	Total numb	per of volunteers (estimate if necessary)		6	0			
	ΨC	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12	SO	7a	0			
		b	Net unrelat	ted business taxable income from Form 990-T, line [39 JUN 2 .2 ?02		7b	0			
				<u> u </u>	Prior Yea	r	Current Year			
	a	8	Contribution	ons and grants (Part VIII, line 1h)	1-3-	428	48,273			
3	uni	9	Program s	ervice revenue (Part VIII, line 2g)	汀	0	0			
3	Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		418,698	346,366			
ñ	Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		0	0			
		12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		419,126	394,639			
-		13		similar amounts paid (Part IX, column (A), lines 1-3)		289,283	256,480			
		14		aid to or for members (Part IX, column (A), line 4)		0	0			
	s	15		her compensation, employee benefits (Part IX, column (A), lines 5-10)	34,14		35,687			
	se	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0			
	Expenses	b		aising expenses (Part IX, column (D), line 25) 5,127						
	ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,080	18,725			
		18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		341,506	310,892			
		19	•	ess expenses. Subtract line 18 from line 12		77,620	83,747			
-	- S	15	Tievende ie		inning of Curr		End of Year			
į	Assets or d Balances	20	Total asset	ss (Part X, line 16)		098,669	8,366,741			
	Bal	21		ties (Part X, line 26)		237,442	1,062,419			
1	Fund	22		or fund balances Subtract line 21 from line 20		861,227	7,304,322			
i		rt II		re Block	3,	001,227	1,304,322			
				I declare that I have examined this return, including accompanying schedules and statemen	ate, and to the	best of my	knowledge and helief it is			
	true	aer pena e, correc	illes of perjury t, and complet	 Declaration of preparer (other than officer) is based on all information of which preparer ha 	s any knowled	ge	Knowledge and belief, it is			
-				but E. Stephenson		1-9-	2020			
•	Sig	ın	Signati	ure of officer	Date					
	_		1'	ELET E. Stephenson - FINANCIAL CONTROlle						
•	He	re	<u>/_/3</u>		-1-					
_			17	r print name and title			ı, PTIN			
-	Pa	id	Print/Type	preparer's name Preparer's signature Date		Check self-emplo	U			
ı	Pre	pare	r ——		17.	L. <u>.</u>				
		e Onl	[[[]]]	ne 🕨		EIN ►				
			Firm's add		Phone	e no				
1	May	the IF	RS discuss t	this return with the preparer shown above? (see instructions)			Yes No			
	-	~	فعنامه الأماسي	can Ast Natice and the congrete instructions Cat No. 1	1282V		Form 990 (2019)			

Form 99	90 (2019)		Page Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🗸
1	Briefly describe the organization's mission.	· · ·	• 🖳
'	Support the various ministries of Great Lakes Conference, Churches of God, General Conference and any affiliated or	control	lad
	corporations and entities related to Great Lakes Conference, Churches of God, General Conference.		
	Corporations and entities related to Great Lakes Conference, Orderings of Cool, Correlation 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		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	☐ Yes	✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	as meas ations to	sured by o others,
	(Code) (Expenses \$ 45,000 including grants of \$ 45,000) (Revenue \$		0)
, ru	Grant to College First Church of God for funding a portion of the expenses for a full time associate in Campus Ministrisity of Findlay.	y at The	Univer-
		·	·
		·	
		· · · · · · · · · · · · · · · · · · ·	
		••••	
4b	(Code) (Expenses \$ 40,000 including grants of \$ 40,000) (Revenue \$		0)
	Grant to Mt. Tabor Church of God for upgrading stage lighting and projection equipment in the worship center.		
		••••	
		·	
4c	(Code:) (Expenses \$ 30,000 including grants of \$ 30,000) (Revenue \$		0)
. •	Grant to Great Lakes Conference, Churches of God, General Conference Executive Board for administering a Leaders		-
	Initiative seeking to identify and cultivate ministerial leadership.	inp i cir	winp
4d	Other program services (Describe on Schedule O.)		
A	(Expenses \$ 141,480 including grants of \$ 141,480) (Revenue \$ 0) Total program service expenses ▶		
4e	TOTAL DIDOCART SERVICE EXDEDSES -		

ADDIRO Page 3

Part I	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	1	1	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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 98-19? If "Yes," complete Schedule C, Part III	5		1
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		√
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
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	√	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
	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		✓
	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		√
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	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	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	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	14b		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
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		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)]
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	√	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		ļ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
C	·	30		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u>—</u> 7а		-
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		· 🗸
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\overline{\checkmark}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		·	
b 11	Section 501(c)(12) organizations. Enter			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
J	against amounts due or received from them.)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which		Ì	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.6		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
. b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		,
	excess parachute payment(s) during the year?	_15		<u>√</u> i
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	—	
10	If "Yes." complete Form 4720. Schedule O.	.5		1
	11 100, 001101010 01111 T/EU, 001100010 O			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔽
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 7			l
	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 on Schedule O		, vi	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5		-	İ
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?			<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>-</u>	_	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	-
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
C	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	√	
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	$\overline{\checkmark}$	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u> </u>
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (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 on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	ınter	est p	olicy
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	>	
	Robert E. Stephenson 700 E. Melrose Avenue, Findlay, OH 45840 419-424-1961			

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

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

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

C	☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ted any current	officer, director,	or trustee.
Condition Controller Cont					(C)					·
Average house per week (list any hours for related organizations) Average per week (list any hours for related organizations Average per week (list any hours for related organizations Average per week (list any hours for related organizations) Average per week (list any hours for related organizations Average per week (list any hours for related organizations) Average per week (list any hours for related organizations Average per week (list any hours for related organizations	(A)	(B)	١						(D)	(E)	(F)
Compensation compensation from the organizations of other related organizations of clear of the other leads of the other lead		1									
(1) Crarg R, Flack		hours	office	er and							
(1) Craig R. Flack		per week	악고	2	Q	7	9 =	F			
(1) Craig R. Flack		hours for	함	ž	l ce	و ا	항망	Ä			
(1) Craig R. Flack		related	cto	ğ		를	yee yee	14			related organizations
(1) Craig R. Flack		below	ر ق	al tr		oye	ă				
(1) Craig R. Flack		dotted line)	stee	รูเ		"	ens				
Board Director				%			ated				
Color Colo	(1) Craig R. Flack	0.5									
President	Board Director	40+	✓	_	<u> </u>	_	<u> </u>		0	68,200	0
13 Mark G. Walls	(2) William H. Reist	18.0									
Board Director 20		ļ		ļ	✓	<u> </u>			27,878	0	0
(4) Robert E. Stephenson 5.25	(3) Mark G. Walls	0.5									
Financial Controller	Board Director	20	✓		<u> </u>				0	12,000	0
(5) C. Berniece Asel	(4) Robert E. Stephenson	5.25									
Board Director - Chairperson 0.21	Financial Controller	ļ	1		✓		<u> </u>		7,250	0	0
Board Director - Chairperson 0.21	(5) C. Berniece Asel	0.5									
Board Director	Board Director - Chairperson	 	/	<u> </u>	✓	<u> </u>			, 0	220	0
Solid Bird Color C	(6) Randy K. Dammeyer	0.5			ĺ						
Board Director			✓	_	ļ	┡		_	0	0	0
(8) Sean A Martin Board Director - Secretary (9) Rodney L. Stover Board Director - Treasurer (10) (11) (12)	(7) J. Lance Finley	0.5									
Board Director - Secretary			✓		<u> </u>	<u> </u>	ļ		0	0	0
(9) Rodney L. Stover Board Director - Treasurer (10) (11) (12) (13)	(8) Sean A Martin	0.5			١.	ļ					
Board Director - Treasurer	Board Director - Secretary		✓	_	1	<u> </u>		_	0	0	0
(10) (11) (12) (13)	(9) Rodney L. Stover	0.5	Į			ļ					
(11) (12) (13)	Board Director - Treasurer		✓		✓			L	0	0	0
(12)	(10)		ļ								
(12)			ļ	<u> </u>	-	⊢					-
(13)	(11)										
(13)	(12)										
(14)					L		<u> </u>				
(14)	(13)										
(14)			ļ		<u> </u>	_	ļ				
	(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key	Emi	plo	yee	s, an	d H	lighest Compe	ensated Emplo	yees (continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	offic Individua	unles	Pos neck ss pe	rson	n of the hand of the state of t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u>a</u>				
(16)			_	_			_				
(17)				_	<u> </u>						
(18)					_						
(19)											
(20)											
(21)				,							<u> </u>
(22)											
(23)				_							
(24)											
(25)											
	Cubbadal	l	L			L		Ļ_	25.400	99.420	
1b c	Subtotal	 VII Sectio	 n A	•	•	•	•		35,128 0	80,420	
d	Taket footst Conservations at 4 st						•	•	35,128		
	Total number of individuals (including but			ose	list	ed	above	e) w			
	reportable compensation from the organi								None		
3	Did the organization list any former of	officer dire	notor	+	cto	- - L	.01. 0	mnl	over or higher	et componente	Yes No
3	employee on line 1a? If "Yes," complete							прі	oyee, or riightes	st compensated	3 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individua	
Secti	on B. Independent Contractors		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0.0				<u> </u>	out person	<u>-</u>	
1	Complete this table for your five high compensation from the organization. Rep										
	(A) Name and business add								(B) Description of sen		(C) Compensation
											
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who	

	990 (2019 VIII	Statement of Rev	venu	e			_ 		<u> </u>	Page
		Check if Schedule			espor	se or note to	any line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a		0			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b		<u>o</u>			
s, G	С	Fundraising events			1c		<u>o</u>			
ar /	d	Related organization			1d		50			
IS, (e	Government grants	•	•	1e	-	<u> </u>			
Contributions, Giff and Other Similar	f	All other contribution and similar amounts no			1f	48,22	12			
ig a	g	Noncash contribution				40,22	. <u></u>		1	
d of		lines 1a–1f			1g	\$	o			
သိ ၕ	h	Total. Add lines 1a-					48,273	B		
						Business Code				
Program Service Revenue	2a									
Le S	b									
en S	C			•••••						-
gram Ser Revenue	d						 			
ĕ	e f	All other program se								+
ъ.	g	Total. Add lines 2a-				•	. 0			
	3	Investment income								
		other similar amounts)						158,245		
	4	Income from investr	nent (of tax-exen	npt bo	nd proceeds		0	C)
	5	Royalties						0	c	
	_			(ı) Rea		(II) Personal	_			
	6a	Gross rents	6a		0		0			
	b	Less rental expenses Rental income or (loss)	6b	ļ	0	 	<u>0</u>			
	ď	Net rental income o		s)		>		O		
		Gross amount from	1,00	(i) Securi		(II) Other		,		
	'a	sales of assets								
		other than inventory	7a	1,1;	25,245		0			
ne	b	Less, cost or other basis								
Ven		and sales expenses	7b		37,124		의			
Re e	C	Gain or (loss) .	7c		88,121	·	0	400 404		
Other Reven	d 8a	Net gain or (loss) Gross income from	m fu	 ndraising	<u> </u>		188,121	188,121	C	
		events (not including of contributions rej		d on line						
		1c). See Part IV, line			8a		0			
	b	Less. direct expens			8b		o o			
	С	Net income or (loss)			g eve	nts . 🕨	C		o	
i	9a	Gross income f	rom	gaming						
		activities See Part I			9a		<u>o</u>			
	b	Less direct expens			9b_		0			
	C	Net income or (loss)		-	Ctivitie	es >		0	0	(
	10a	Gross sales of in returns and allowan		-	10a					
	b	Less cost of goods		•	10b		0			
	_	Net income or (loss)				ory ▶	0	0		,
<u>s</u>	- -					Business Code		<u> </u>		· · · · ·
Miscellaneous Revenue	11a									
ant	b									
scellaneo Revenue	С						ļ			
Als.							+			
	е	Total. Add lines 11a	1-11d		•		0			

394,639

346,366

12

Total revenue. See instructions

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations i	nust complete colu	mn (A)
	Check if Schedule O contains a response	or note to any line	in this Part IX .		<u> </u>
	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 .	222,480	222,480		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	34,000	34,000		
4	Benefits paid to or for members		0		
5	Compensation of current officers, directors, trustees, and key employees	35,128	o	30,946	4,182
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	4	0	2	
10	Payroll taxes	555	0	555	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	
b	Legal [262	0	262	0
C	Accounting	5,025	0	5,025	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0	o	0	0
12	Advertising and promotion	902	0	0	902
13	Office expenses [1,115	0	1,115	0
14	Information technology	2,352	0	2,352	0
15	Royalties	0	0	0	0
16	Occupancy	6,233	0	6,233	
17	Travel	606	0	565	41
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	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	Depreciation, depletion, and amortization .	209	0	209	0
23	Insurance	1,665	0	1,665	<u>_</u>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				•
а	Resource Materials	214	0	214	0
b					
С					
d					
е	All other expenses	142	0	142	0
25	Total functional expenses. Add lines 1 through 24e	310,892	256,480	49,285	5,127
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash—non-interest-bearing	P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	t X		
2 Savings and temporary cash investments	_	_		(A)		
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 20 Secured mortgages and notes payable to unrelated third parties. 21 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 20 Total liabilities. Add lines 17 through 25 21 Loans and other liabilities not included on lines 17–24). Complete Part X of Schedule D 22 Total liabilities. Add lines 17 through 25 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities.		1	Cash – non-interest-bearing	0	1	(
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17,098,669 16 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Total liabilities. Add lines 17 through 25 30 Total liabilities. Add lines 17 through 25 31 Liabilities. Add lines 17 through 25 32 Loans liabilities. Add lines 17 through 25 31 Liabilities. Add lines 17 through 25 32 Loans liabilities. Add lines 17 through 25 33 Liabilities. Add lines 17 through 25 34 Liabilities. Add lines 17 through 25 35 Liabilities. Add lines 17 through 25 36 Total liabilities. Add lines 17 through 25 37 Liabilities (including federal income tax, payables to related third parties.		2	Savings and temporary cash investments	245,842	2	195,480
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		3	Pledges and grants receivable, net	0	3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 0 6 7 Notes and loans receivable, net . 0 7 8 Inventories for sale or use . 0 8 9 Prepaid expenses and deferred charges . 62 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . 10b 10,176 11 Investments—publicly traded securities . 6,841,448 11 8,160 12 Investments—other securities. See Part IV, line 11 . 0 13 13 Investments—program-related. See Part IV, line 11 . 0 13 14 Intangible assets . 0 14 15 Other assets See Part IV, line 11 . 9,246 15 at 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 7,098,669 16 8,364 17 Accounts payable and accrued expenses . 3,694 17 18 Grants payable and accrued expenses . 3,694 17 18 Grants payable and accrued expenses . 125,529 18 20: 20 Tax-exempt bond liabilities . 0 20 12 Escrow or custodial account liability. Complete Part IV of Schedule D . 1,108,220 21 85: 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 0 22 23 Secured mortgages and notes payable to unrelated third parties . 0 23 24 Unsecured notes and loans payable to unrelated third parties . 0 23 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17–24). Complete Part X of Schedule D . 0 25 26 Total liabilities. Add lines 17 through 25 . 1,062		4	Accounts receivable, net	0	4	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 0 6 6 7 Notes and loans receivable, net		5	trustee, key employee, creator or founder, substantial contributor, or 35%			
7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 0 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,038 10b 10,176 2,071 10c 111 Investments – publicly traded securities 10a 12,038 10b 10,176 2,071 10c 112 Investments – program-related. See Part IV, line 11 0 12 13 Investments – program-related. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,098,669 16 8,366 17 18 Grants payable and accrued expenses 3,694 17 18 Grants payable and accrued expenses 3,694 17 18 Grants payable and accrued expenses 125,529 18 20; 19 19 Deferred revenue 0 19 19 19 19 19 19 19		6	Loans and other receivables from other disqualified persons (as defined			(
8 Inventories for sale or use		_				
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	ets					
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	SSI					
basis. Complete Part VI of Schedule D. 10a 12,038 b Less accumulated depreciation 10b 10,176 2,071 10c 11 Investments — publicly traded securities	⋖	9		62	9	64
11 Investments – publicly traded securities		10a				
12 Investments—other securities. See Part IV, line 11		b	Less accumulated depreciation 10b 10,176	2,071	10c	1,862
Investments – program-related. See Part IV, line 11		11	Investments—publicly traded securities	6,841,448	11	8,160,405
Intangible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 10 11 12 13 14 15 16 17 18 17 18 19 10 11 12 12 12 12 12 13 14 15 16 17 18 18 19 10 11 12 12 12 12 12 12 12 12		12	· · · · · · · · · · · · · · · · · · ·	0	12	
15 Other assets See Part IV, line 11		13	Investments – program-related. See Part IV, line 11	0	13	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets	0	14	
17 Accounts payable and accrued expenses		15	·	9,246	15	8,930
18 Grants payable		16		7,098,669	16	8,366,741
Tax-exempt bond liabilities Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25		17	Accounts payable and accrued expenses	·		707
Tax-exempt bond liabilities		18	Grants payable	125,529	_	205,804
Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue	0		
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		20		<u>. </u>		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,108,220	21	855,908
24 Unsecured notes and loans payable to unrelated third parties	oilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
24 Unsecured notes and loans payable to unrelated third parties	<u>ia</u>	22				
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_					
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				U	27	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X		25	•
		26				1,062,419
and complete lines 27, 26, 32, and 33. 27 Net assets without donor restrictions	ses	20	Organizations that follow FASB ASC 958, check here ▶ ☑	1,237,442	20	1,002,413
Net assets without donor restrictions	au	0.7	The state of the s	5 004 227	27	7 250 222
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	Bal			•		7,259,322
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	<u>a</u>	28	-	U	20	45,000
O 29 Capital stock or trust principal, or current funds	r Fur		and complete lines 29 through 33.			
σ	30	29	Capital stock or trust principal, or current funds			
30 Paid-in or capital surplus, or land, building, or equipment fund	šet	30	, , , , , , , , , , , , , , , , , , ,			
31 Retained earnings, endowment, accumulated income, or other funds 31	Ass	31				<u> </u>
32 Total net assets or fund balances	et.	1				7,304,322
OF Total habitates and not account the state of the state	z	33	Total liabilities and net assets/fund balances	7,098,669	33	8,366,741

-	4	
rage	- 1	4

Form 9	90 (2019)			Р	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	$\overline{}$	<u> </u>		. <u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	94,639
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	10,892
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>83,747</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			61,227
5	Net unrealized gains (losses) on investments	5		1,1	15,537
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 on Schedule O)	9		2	43,811
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40			
Dor	32, column (B))	10		7,3	04,322
Par	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule O contains a response of note to any line in this Part Air	•	· - · ·	Yes	No.
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other			res	140
'	If the organization changed its method of accounting from a prior year or checked "Other," e	voloun			' {
	Schedule O.	Apiaiii	""		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			·	 -
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were con				
	reviewed on a separate basis, consolidated basis, or both.	ipiieu	or		
	Separate basis Consolidated basis Both consolidated and separate basis]
ь	Were the organization's financial statements audited by an independent accountant?		2b	7	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	had on		<u> </u>	
	separate basis, consolidated basis, or both		۱ ۵ ۱	ľ	
	Separate basis Consolidated basis Both consolidated and separate basis		Es.	l	•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht			
	the audit, review, or compilation of its financial statements and selection of an independent accounta				/
	If the organization changed either its oversight process or selection process during the tax year, ex			1	
	Schedule O.		·, ·	1	•
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he —		
	Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
				000	(2010)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 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)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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: An organization that normally receives (1) more than 33% of its support from contributions, membership fees, and gross 10 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). 12 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 b 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, C 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 I, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . 40 Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (a) EIN (described on lines 1-10) listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) Great Lakes Conference, Churches of God, General Conference 143,480 34-1176574 (B) Arthur Center Church of God 90-0548511 (C) Aukerman Church of God 34-1267215 **Big Prairie Community Church** 0 51-0618460 Celina First Church of God 34-6599964 0 Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► 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 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 university. An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 b 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, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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 I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . 40 Provide the following information about the supported organization(s). (III) Type of organization (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document above (see instructions)) instructions) instructions) Yes No College First Church of God 34-4431294 45,000 (B) **Connections Church** 3,000 31-1564546 **Eagle Church of God** 38-2227049 (D) Grace Fellowship 34-1868178

34-1219359

(E)

Hopewell Church of God

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 **%(1)19**

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization The Foundation of the Great Lakes Conference, Churches of God, General Conference Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 university. 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 b 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) d 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 40 Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (III) Type of organization (described on lines 1-10 listed in your governing support (see other support (see document' above (see instructions)) instructions) instructions) Yes No 27-0757674 Ministries

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number The Foundation of the Great Lakes Conference, Churches of God, General Conference Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 а 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 b 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, C 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) d 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 40 Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (III) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No **New Creations Church of God** 34-1438228 (B) New Haven Church of God 39-2053023

34-1407504

34-1404022

34-6543763

Ney Church of God

Ohio City Community Church of God

Olive Branch Church of Gød

(D)

(E)

Public Charity Status and Public Support

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

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Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Employer identification number

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B)					,			
0	Overflow Ministries of Tiffin	84-2713796	1		/	0		0
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Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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Seville Community Church of God

Sugar Ridge Church of God

Tekonsha Church of God

(D)

(E)

Total

38-2113089

34-1424696

68-0578425

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0

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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2019

Open to Public Inspection

Employer identification number

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	organization is not a private founda		,	-	•	•	In
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5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	tal unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described i			Part (i)			
9	An agricultural research organ			-	orated in	conjunction with a l	and grant college
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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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.

Open to Public Inspection

Name of the organization Employer identification number The Foundation of the Great Lakes Conference, Churches of God, General Conference Part | 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.) 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. h 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, c 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 I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 40 f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (III) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (n) EIN (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes Νo **Wonder Ministries** 38-3785924 (B) Wooster First Church of God O 34-1363889 Word of Faith Ministries 56-2673475 (D)

26-2873818

34-1416451

World Wide Living Word Ministries

Zion Church of God

(E)

256,480

0

0

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Part							
	(Complete only if you checked the						alify under
Casti	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	lease comple	ete ParvIII.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calen	Gifts, grants, contributions, and	(a) 2015	(6) 2010	(6) 2017	(u) 2018	/(6) 2019	(i) Total
'	membership fees received. (Do not include any "unusual grants.")					,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		/				
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4) 2015	(6) 2,610	(6) 2017	(u) 2018	(6) 2019	(i) Iolai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>		🕨 📋
	on C. Computation of Public Suppor			4 4 (0)			
14	Public support percentage for 2019 (line 6		-			14	<u></u>
15	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi				 ad line 14 in 23	15	shock this
16a	box and stop here. The organization qua					ormore,	►
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not qualifies as a i	check a box o publicly suppo	in line 13 or 16 rted organizati	Sa, and line 15	ıs 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets th	e "facts-and-c	circumstances'	" test, check t	this box and s	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13.	, 16a, 16b, 17a	, or 17b, check	k this box and	see
	instructions						<u></u> ▶ □
					Sch	edule A (Form 990	0 or 990-EZ) 2019

Page 3 Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total received. (Do not include any "unusual grants.")

2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	_					
8	Add lines 7a and 7b						
	on B. Total Support	,		\			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
¢ 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-	
12 .	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_		d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line			13, column (fl)		15	%
16	Public support percentage from 2018 Sci		-			16	%
	on D. Computation of Investment In				<u>.</u>		
17	Investment income percentage for 2019 (by line 13, colu	mn (f))	17	- %
18	Investment income percentage from 2018		• • •	•		18	/ %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this	zation did not ch	neck a box on	line 14 or line 1	19a, and line 16	s is more than :	33½%, and
20	Private foundation. If the organization di		-				

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.)

Section A	A. All	Supporting	Organizations
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	on A. An oupporting organizations			
			Yes	No
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			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		- ✓-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	-	1
-	(b) and (c) below.	3a		<u> </u>
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		-
С	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		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 despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	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).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		لــــا
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
_		6	,	√
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		Ţ
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		Ţ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	_	Ţ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		_
10a •	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below			_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			ī

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			.
	below, the governing body of a supported organization?	11a	ļ	!
	A family member of a person described in (a) above?	11b	<u> </u>	✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	✓
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	INU
•	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.	1	✓_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		<u> </u>	
Cook		2	✓_	
Secti	on C. Type II Supporting Organizations		Yes	N ₂
4	Mare a majority of the experience dispersion or triptees during the tay year also a majority of the dispersion	$\overline{}$	res	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		 -
Secti	on D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u></u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (r		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	}		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	~	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			!
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لـــــا
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	ani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	aın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
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	<u>-</u>	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		o	
factors (explain in detail in Part VI).		i .	
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)	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by 035.	<u> </u>		
7 Recoveries of prior-year distributions	7 8		
8 Minimum Asset Amount (add line 7 to line 6)	0		
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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supportii	ng organization (see
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	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			-
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount		* *'	
1	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			·
4	Distributions for 2019 from		,	
	Section D, line 7.			<u>. </u>
а	Applied to underdistributions of prior years			<u></u>
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015 .			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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, Line 1:
The articles	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	. Thus, member churches of Great Lakes Conference, Churches of God, General Conference are inferred by class as supported
organizatio	ns although not specifically named.
	tion A, Line 2
	ctice is to provide support through the issuance of grants. The grant process requires the requesting supported organization
1 1	copy of its letter of determination of status from the IRS, or proof of participation in a group exemption held by Churches of God,
General Cor	nference (23-6424046), the parent denomination as a central organization.
Part IV. Sec	tion A, Line 5a
	member church: Overflow Ministries of Tiffin 84-2713796.
	vo member churches Gethsemane Christian Discipleship Church 26-3131260 because church decided to withdraw its
membershij	o. Movement Church 46-5546781 because church decided to withdraw its membership.
Part IV, Sec	tion B, Line 2·
The govern	ng documents state this supporting organization exists to support Great Lakes Conference, Churches of God, General
Conference	and any affiliated or controlled organizations 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 Confe	erence, Churches of God, General Conference because they are member churches of Great Lakes Conference, Churches of God,
General Cor	nference. Furthermore, the governing board of Great Lakes Conference, Churches of God, General Conference, is elected by its
member chi	ırches.

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.

► 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 or	ganization		Employer identification number
The Fo	oundati	on of the Great Lakes Conference, Churches of C	od, General Conference	31-1610743
Pai		Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (during year) .		
3	Aggre	egate value of grants from (during year)		
4		egate value at end of year		
5		he organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
		are the organization's property, subject to the		
6		ne organization inform all grantees, donors, ar		
		for charitable purposes and not for the benefi		
	confe	rring impermissible private benefit?		· · · · · . 🗌 Yes 🔲 No
Par	t II	Conservation Easements.		
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the c		
	☐ Pr	eservation of land for public use (for example, recre	ation or education)	f a historically important land area
	_	otection of natural habitat	_	f a certified historic structure
	☐ Pr	eservation of open space		
2		olete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
		ment on the last day of the tax year.	,	Held at the End of the Tax Year
а	Total	number of conservation easements		. 2a
b	Total	acreage restricted by conservation easements		. 2b
С		per of conservation easements on a certified hi		2c
ď	Numb	per of conservation easements included in (c) acquired after 7/25/06, and not o	on a
		ric structure listed in the National Register .	•	. 2d
3	Numt	per of conservation easements modified, trans	ferred, released, extinguished, or tern	imated by the organization during the
	tax ye		•	
4	Numb	per of states where property subject to conserv	vation easement is located ►	
5	Does	the organization have a written policy reg-	arding the periodic monitoring, insp	ection, handling of
	vıolat	ions, and enforcement of the conservation eas	ements it holds?	Yes 🗌 No
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation casements during the year
	▶			
7	Amou	int of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	▶\$			
8	Does	each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
9	In Par	rt XIII, describe how the organization reports co	onservation easements in its revenue a	and expense statement and
		ce sheet, and include, if applicable, the text of		incial statements that describes the
		ization's accounting for conservation easemer		
Par	: III	Organizations Maintaining Collections		Other Similar Assets.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a		organization elected, as permitted under FAS		
		, historical treasures, or other similar assets		
		ce, provide in Part XIII the text of the footnote t		
b	If the	organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
		storical treasures, or other similar assets held		earch in furtherance of public service,
	•	de the following amounts relating to these item		
	(ı) Re	evenue included on Form 990, Part VIII, line 1		> \$
	(ii) As	sets included in Form 990, Part X		· · · ▶ \$
2		organization received or held works of art,		assets for financial gain, provide the
		ring amounts required to be reported under FA	SB ASC 958 relating to these items.	
а		nue included on Form 990, Part VIII, line 1		• \$
h	Annat	s included in Form 990. Part Y		P *

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a □ Public exhibition	Part	Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures 	, or Ot	her Similar A	Assets (cc	intinued)
b Scholarly research e Other	3	Using the organization's acquisition,	accession, and ot							
c Preservation for future generations	а	☐ Public exhibition		d [e progr	am		
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 dinations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		e [] Other	· · · · · · · · · · · · · · · · · · ·				
Sull	С	Preservation for future generations	•							
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	XIII.								ose in Part
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	than to be mainta							s 🗌 No
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? Comparison Compa	Part	IV Escrow and Custodial Arra								
Ves No		990, Part X, line 21.						<u> </u>		Form
C Beginning balance 1c 1d		included on Form 990, Part X?								s 🗹 No
c Beginning balance	b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the foll	owing ta	able.				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☑ No b 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 answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance ② 5.881,227 ⑤ 5.675,847 ⑥ 6.100,755 ⑤ 5.882,622 ⑥ 5.233,286 ⑥ Contributions ④ 48,273 ⑤ 428 ⑥ 300 ⑥ 600 ⑤ 1,005 ⓒ Net investment earnings, gains, and losses ① 1,316,976 ② 416,035 ⑤ 913,671 ② 475,260 ⑥ 147 d Grants or scholarships ② 256,480 ② 270,156 ② 204,575 ③ 321,030 ⑥ 309,563 ⑥ Citer expenditures for facilities and programs ③ (383,005) ⑥ (82,367) ⑥ 83,294 ⑥ (113,787) ⑥ (7,420) ⑥ Administrative expenses ④ 48,679 ⑥ 46,490 ⑤ 51,010 ⑤ 50,484 ⑥ 45,653 ⑥ End of year balance ⑦ 7,304,322 ⑥ 5,861,227 ⑥ 6,675,847 ⑥ 6,100,755 ⑥ 5,882,622 ② Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 0,6% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 0,6% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 0,6% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 0,6% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment I be organizations listed as required on Schedule R? ③ 3a(i) ○ √ (ii) Related organizations		_						 	Amount	
Ending balance 1		_								
Ending balance 1t										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No No No No No No N							-			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f									
Part V										
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four y			art XIII. Check here	e if the exp	olanatio	n has been	provide	ed on Part XIII		
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (a) Four years back	Par			·	- 000 5	David D. / . /	- 10			
Beginning of year balance 5,861,227 6,675,847 6,100,755 5,882,622 6,233,286	-	Complete if the organization						(d) Three years he	nale (a) Faur	was bask
b Contributions										
C Net investment earnings, gains, and losses	_			6						
cosses			48,273		428		300		600	1,005
d Grants or scholarships	С	I								
Other expenditures for facilities and programs	_									
Programs (383,005) (82,357) 83,294 (113,787) (7,420)		· ·	256,480		270,156		204,575	321,0	030	309,583
f Administrative expenses .	е	·	(202 005)		(00.267)		02 204	/442 7		(7.400)
g End of year balance										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ 99.4 % Permanent endowment ▶ 0 % Term endowment ▶ 0.6 % 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) ✓ if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b		•								
a Board designated or quasi-endowment ▶ 99.4 % b Permanent endowment ▶ 0.6 % 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		-							755	5,882,622
b Permanent endowment ▶ 0.6 % 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					(inte ig	, column (a)) rielu a	48		
Term endowment ▶ 0.6 % 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	_		0.04	4 70 						
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										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	C			nn 04						
Organization by: Yes No	2-				ot.oo the	املمط معمد		municationed for	410.00	
(i) Unrelated organizations	зa		e possession of th	ie organiz	auon ina	at are neio	and ad	ministered for	tne	Vas No
(ii) Related organizations		,							32/1)	
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 (other) (other) (other) (other) (d) Book value (d) Book value (other) (•				 	
Describe in Part XIII the intended uses of the organization's endowment funds. 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) (investment) (in	h				od on Sc	 Shadula P2			1	- * -
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) (investment) (inves	_	• • •	_	•					. 00	
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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				ni 3 endo	viiient it					
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation	T are			' on Forn	1 990 F	Part IV line	- 11a !	See Form 990	0 Part X I	ine 10
(investment) (other) depreciation 1a Land 0 0 0 b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 0 10,176 1,862 e Other 0 0 0 0										
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 12,038 10,176 1,862 e Other 0 0 0 0 0		becomplied property	1 ' '						(0) 500	
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 12,038 10,176 1,862 e Other 0 0 0 0 0		Land		0						
c Leasehold improvements 0 0 0 0 d Equipment 0 12,038 10,176 1,862 e Other 0 0 0 0	_									
d Equipment			-				_		<u>.</u>	
e Other		_								
T-1-1 Add by 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		00-		0				1		
			nust equal Form 99	90, Part X,	column		C).			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financia	derivatives			
	neld equity interests			
(3) Other				
(A)	••••••••••••			
				
(F) (G)				
(H)				···
	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				
(2)				
(3)				·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col (B) line 13.) . ▶			
Part IX	Other Assets.			
FaitiA	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11d. See Form	990 Part X line 15
-	(a) Description		114.000101111	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	(h) (Corre 000 Port V col (P) line 15)		. •	
Part X	mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.	• • •	· ·	
raitA	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal II	ncome taxes			
(2)			·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25)	•	▶	
	r uncertain tax positions. In Part XIII, provide the text of the footnot			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	rootnote has been p	provided in Part XIII . 🔲

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme			Return.	
		Complete if the organization answered "Yes" on Form 990, I				
1		revenue, gains, and other support per audited financial statements			1	1,365,249
2		ints included on line 1 but not on Form 990, Part VIII, line 12.	-ما	1		
a		nrealized gains (losses) on investments	2a	1,115,537		
b		red services and use of facilities	2b	0	1	
C		veries of prior year grants	2c 2d	(144.027)	1	
d		(Describe in Part XIII.)	_2u	(144,927)	1 _ 1	070.040
		nes 2a through 2d			2e 3	970,610
3		nts included on Form 990, Part VIII, line 12, but not on line 1	i ·		-	394,639
4		ment expenses not included on Form 990, Part VIII, line 7b .	4a		<u> </u>	
a b		(Describe in Part XIII.)	4b	0	{ , <i>,</i> [
C		nes 4a and 4b	45	l	4c	0
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	394,639
Part		Reconciliation of Expenses per Audited Financial Statem		With Expenses ne		
· art	ΛII	Complete if the organization answered "Yes" on Form 990, F			. Hota	•••
1	Total	expenses and losses per audited financial statements		, iiio 12a.	1	310,892
2		nts included on line 1 but not on Form 990, Part IX, line 25	• •		 	310,032
a		ed services and use of facilities	2a	ه ا	li	
b		year adjustments	2b	0		
c		losses	2c	0	•	
d		(Describe in Part XIII.)	2d	0		
-		nes 2a through 2d			2e	0
3		act line 2e from line 1			3	310,892
4		nts included on Form 990, Part IX, line 25, but not on line 1.				0.07002
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b		(Describe in Part XIII.)	4b	0]]	
С					4c	0
5	Total •	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	310,892
Part 2	XIII	Supplemental Information.		<u> </u>		
2, Part Part IV,	XI, line Line 2	6 - Park	to pro		formation	ı.
 -						
	Line 4	ne and growth for supporting the ministries of the Great Lakes Confere				
		ches, affiliates and controlled organizations.				
			••••••			•••••
Part XI,	Line 2	d:	•••••			
- Cha	nge in	investment facilitator agreements with supported organizations.				
•			•	·		
		•••••				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		•••••
	**** ***	
•		
		••••••
		••••••
•••••		
		•
		•••••
		·····

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name (of the organization					Employer io	lentification number
	oundation of the Great Lakes C	onference, Ch	urches of God,	General Conference		3.	1-1610743
Par	General Informatio Form 990, Part IV, line	n on Activit	ties Outside	the United States. Com	plete if the orga	inization ai	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grant award the grants or assistant	ees' eligibility	for the gran	ts or assistance, and the s	selection criteria	used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	ın Part V the	e organization	's procedures for monitorin	g the use of its	grants and	d other assistance
3_	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	led.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lists a program se describe specifi service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)				_			
(4)					-		
(5)					<u></u>		
(6)							
(7)							
(8)							
(9)	_						
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)		-				-	
3a	Subtotal						
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)				-		

••

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Pastors Retreat	18,000 Check	heck			
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)	,							
(14)								
(15)								
(16)					!			
	number of recipi	ent organizations li grantee or counse	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charities 501(c)(3) equivaler	s by the foreign coun ncy letter	itry, recognized as t	ax-exempt	1
3 Enter total	number of other	Enter total number of other organizations or entities	tities				•	0

Page 3

Schedule F (Form 990) 2019

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

7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(n) Method of valuation (book, FMV, appraisal, other)																		
	(g) Description of noncash assistance				•														
	(f) Amount of noncash assistance																		
	(e) Manner of cash disbursement																		
	(d) Amount of cash grant																		
is needed.	(c) Number of recipients					_													
ll space	(b) Region																		
Part III can be duplica	(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	

D	
rage	•

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

Schedule F (Form 990) 2019

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

PAGE 10F 2

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

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

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

▶ Attach to Form 990.

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

Ø Open Ins

OMB No 1545-0047

Name of the organization						Employe	Employer identification number
The Foundation of the Great Lakes Conference, Churches of God, General Conference	inference, Churche	s of God, General C	onference				31-1610743
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for the	grants or assistanc	l
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					✓ Yes No
2	station s procedur	es loi inolination es	וופ חספ טו אומיוו וחו	ומא ווו ווופ סווונפת	Olaics.		
Part II Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	ssistance to Do	mestic Organiza received more th	ations and Dom an \$5,000. Part I	estic Governm I can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	organization answis is needed.	ered "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Great Lakes Conference P.O. Box 1132 Findlay, OH 45839	34-1176574	501(c)(3)	16,000	0			Mission Choir Travel
(2)			14,000	0			Young Adult Conference
(3)			12,000	0			Pastoral Couples Retreat
(4)			12,000	0			Leadership Training Conf.
(5)			10,000	0			Ministry Internships
(9)			086'8	0			Utility Vehicle
(7)			005'1	0			Youg Adult Leaders Retreat
(8)			005'9	0		ļ	Planning Conference
(6)			5,500	0			Leadership Dev. Conferenc
(10)			3,000	0			Addictions Training
(11) College First Church of God 1100 N. Main St. Findlay, OH 45840	34-4431294	501(c)(3)	45,000	0			UF Campus Ministry Staffin
(12) Mt. Tabor Church of God 9744 US 127N Celina, OH 45822	34-1329655	501(c)(3)	40,000	0			Sound & Light Equipment
2 Enter total number of section 501(c)(3) and government organizat3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov organizations listed	vernment organiza	organizations listed in the line 1 table ie 1 table	ine 1 table			A . A .
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	is for Form 990.		ď	Cat No 50055P		Schedule I (Form 990) (2019)

PAGE 20FZ

OMB No 1545-0047

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

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

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

▶ Attach to Form 990.

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

2019	Open to Public Inspection

Name of the organization						Етрю	Employer identification number
ndat	onference, Churche		General Conference				31-1610743
Part General Information on Grants and Assistance	οn Grants and	Assistance					
1 Does the organization maintain records to substantiate	ain records to sub	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility for	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants	or assistance? res for monitoring	the use of grant fur	nds in the United	States.		Yes No
Part II Grants and Other Assistance to Domestic Part IV, line 21, for any recipient that received	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm I can be duplica	Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	f the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Reflection Ministries PO Box 537 Bettsville, OH 44815	47-4203261	501(c)(3)	25.000	0			Building Construction
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and gov organizations listed	vernment organiza	organizations listed in the line 1 table ie 1 table	ne 1 table			4 0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2019)

Part III

Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space		als. Complete if the	organization answe	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
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4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	ı (b); and any other additi	onal information.
Part I, Line 2:	§ 2:		1			
Signed gra	Signed grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference (reporting organization) and the grant recipient (supported	e Great Lakes Confe	rence, Churches of Go	d, General Conference	(reporting organization) and	the grant recipient (supported
organizatı	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	written reports that i	nclude an update on th	e program/activity beir	ng funded by the grant, copie	s of expenses and financial
statement	statements, pictures when appropriate, etc. The Foundation reserves the right to make site visits and conduct verification via third party contracts for verification of proper use of grant	ation reserves the right	ght to make site visits a	and conduct verification	n via third party contracts for	verification of proper use of grant
funds. Ag	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	for the agreed upon	purpose. Unused grar	nt funds must be return	red and The Foundation rese	rves the right to terminate the grant if
the recipie	the recipient has misused or misappropriated how the grant was	rant was to be used.				·

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047
2019
Open to Public

Inspection

Employer identification number

The Foundation of the Great Lakes Conference, Churches of God, General Conference 31-1610743 Form 990 Part III, Line 4d \$25,000 grant to The Reflection Ministries for building construction. \$16,000 grant to Great Lakes Conference, Churches of God, General Conference for travel expenses of a mission choir. \$14,000 grant to Great Lakes Conference, Churches of God, General Conference for expenses of conducting a young adult conference. \$12,000 grant to Great Lakes Conference, Churches of God, General Conference for expenses of conducting a pastoral couples retreat. \$12,000 grant to Great Lakes Conference, Churches of God, General Conference for expenses of conducting a leadership training conference. \$10,000 grant to Great Lakes Conference, Churches of God, General Conference for expenses of providing ministry internships. \$8,980 grant to Great Lakes Conference, Churches of God, General Conference for purchasing a service utility vehicle. \$7,500 grant to Great Lakes Conference, Churches of God, General Conference for conducting a young adult leadership retreat. \$6,500 grant to Great Lakes Conference, Churches of God, General Conference for conducting a long range planning conference. \$5,500 grant to Great Lakes Conference, Churches of God, General Conference for conducting a church leadership development conference. \$3,000 grant to Great Lakes Conference, Churches of God, General Conference for conducting addictions training for churches. \$3,000 grant to Connections Church for sending people on a community service mission in Houston, TX. Form 990 Part VI, Line 6, 7a and 7b Articles of Incorporation of the reporting organization identify a "Sole Member" comprised of the Executive Board of Great Lakes Conference, Churches of God, General Conference. The "Sole Member" elects the board of directors of the reporting organization's governing body, approves change to the Articles of Incorporation, and receives any remaining net assets at dissolution of the reporting organization. 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

Schedule O (Form 990 or 990-EZ) (2019)	Pagé 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 9	
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., Celına, OH 45822	
Form 990 Part VI, Line 11b	
Each voting board member is provided a complete written copy of Form 990 and its supporting schedu	ale 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 a	are 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	s annual budget establishment. This
review includes a review of performance and consideration of formal and/or informal gathering of appr	opriate compensation rates.
Form 990 Part VI, Line 19	
The reporting organization's governing documents, conflict of interest policy, Form 990 filing, and aud	ited financial statements are available
to the puclic upon request.	
Form 990 Part XI, Line 9	
Investment Facilitator Agreements (\$144,927), SFAS No. 136 adjustment for year 2019 \$388,738.	
Form 990 Part VII, Line 1a	
Craig R. Flack - was employed as a full time pastor at a supported church.	
Mark G, Walls - was employed as a part-time pastor at a supported church.	
C. Berniece Asel - was temporarily employed in a supported church.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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OMB No 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled (f)
Direct controlling
entity ž > 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. entity? Yes 31-1610743 (f)
Direct controlling , entity (e) End-of-year assets ٨ Š Ž 1 N/A Š (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state for foreign country) Michigan (b) Primary activity Ohio Ohio Ohio Ohio (b)
Primary activity Church HQ/Admin. The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church Church Church (1)Great Lakes Conference, Churches of God, General Conference (2)Arthur Center Church of God PO Box 28, Clare, Mi 48617 5)Celina First Church of God 850 Fairground Rd., Celina, OH (3) Aukerman Church of God 12292 Franchester Rd., West Salem, (6) College First Church of God 1100 North Main St., Findlay, OH (a) Name, address, and EIN (if applicable) of disregarded entity (4)Big Prairie Community Church PO Box 62, Big Prairie, OH (a) Name, address, and EIN of related organization PO Box 1132, Findlay, OH 45839 34-1176574 Name of the organization 45822 34-6599964 44611 51-0618460 OH 34-1267215 90-0548511 Part I Part II

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Schedule R (Form 990) 2019

N/A

501(c)(3)

Ohio

Ohio

Church

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

(7)Connections Church 700 Rockwell Avenue, Findlay, OH

45840 34-4431294

45840 31-1564546

1NA

501(c)(3)

Cat No 50135Y

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Related Organizations and Unrelated Partnerships

2019

Open to Public Inspection

Employer identification number

31-1610743

■ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. The Foundation of the Great Lakes Conference, Churches of God, General Conference Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(f)
Direct controlling entity 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. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II € 3 ල 9 Ξ 8

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 Yes No (f)
Direct controlling perity 1N/A ž Y N Σ A/N ž ¥ Z (e)
Public charity status
(if section 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) 501(c)(3) Cat No 50135Y (c) Legal domicile (state or foreign country) Michigan Ohio Ohio Ohio Ohio Ohio Ohio (b) Primary activity Church Church Church Church Church Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (7)Mt. Carmel Church of God 4025 Miller Rd., Celina, OH 45822 (4)Kingdom Community Christian Ministries 5136 St. Aubin Dr., (3)Hopewell Church of God 3542 W CR 48, Tiffin, OH 44883 (5) Madıson Church of God 12613 US 20, Pioneer, OH 43554 (6)Mendon First Church of God PO Box 6, Mendon, OH 45862 (2)Grace Fellowship 2150 TR 585, Loudonville, OH 45842 1)Eagle Church of God, 7087 Dover Rd., Clare, MI 48617 (a) Name, address, and EIN of related organization Foledo, OH 43615 27-0757674 38-2227049 34-1219359 34-1600751 34-1353636 34-1868178

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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2019

Open to Public Inspection

Employer identification number

(f)
Direct controlling
entity 31-1610743 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference (a) Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

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. Part II

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one of more refaced tax-exempt organizations dufing the tax year	ining the tax year.						
(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 controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
						Yes	N _o
(1)Mt. Tabor Church of God 9744 US 127 N, Celina, OH 45822							
34-1329655	Church	Ohio	501(c)(3)	1	N/A		<u> </u>
(2)New Creations Church of God PO Box 387, Rawson, OH 45891							
34-1438228	Church	Ohio	501(c)(3)	1	1 N/A		>
(3)New Haven Church of God 11728 W. Olive Rd., Riverdale, MI							
48877 39-2053023	Church	Michigan	501(c)(3)	1	1 N/A		<u> </u>
(4)Ney Church of God 03413 State Rt. 15, PO Box 69, Ney, OH							
43549 34-1407504	Church	Ohio	501(c)(3)	1	N/A		>
(5)Ohio City Community Church of God 204 E. Carmean St., PO Box							
186, Ohio City, OH 45874 34-1404022	Church	Ohio	501(c)(3)	1	N/A		>
(6)Olive Branch Church of God 18275 Rhodes Mill Rd., Rockford,							
OH 45882 34-6543763	Church	Ohio	501(c)(3)	1	N/A		>
(7)Ottawa River Church of God, 19443 Rd., U, Ft. Jennings, OH							
45844 34-1206216	Church	Ohio	501(c)(3)	1	1N/A		>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ю.	Cat	Cat No 50135Y		Schedule R (Form 990) 2019	Form 990) 2019

> 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.

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Attach to Form 990.	Instructio
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Open to Public Inspection

Employer identification number

The Founda	The Foundation of the Great Lakes Conference, Churches of God, General Conference	ral Conference				31-1	31-1610743	
Part I	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	t IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Buil
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
Part II	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.	izations. Complete if t during the tax year.	the organization a	Iswered "Yes" or	Form 990, Part	IV, line 34, beca	use it had	
		(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 controlling entity	(9) Section 512(b)(13) controlled entity?	(b)(13)
							Yes	o N
(1)Overflow Minis 44883 84-2713796	tries of Tiffin 126 South Washington St., Tiffin, OH	Church	Ohio	501(c)(3)		1 N/A		>
(2)Pathway Comr 34613 34-1201501	nunity Church 2160 Eastbrook Dr., Toledo, OH	Church	Ohio	501(c)(3)		1 N/A		>
(3)Pine Riv 38-2744620	urch of God PO Box 326, Vestaburg, MI 48891	Church	Mıchigan	501(c)(3)	,	1 N/A		>
(4)Ridgeway First 44905 34-1263914	Church of God 1380 Park Ave. E., Mansfield, OH	Church	Ohio	501(c)(3)		1 N/A		>
(5)Risingsun Chu 43457 34-0948399	rch of God 326 Maın St., PO Box 7, Risingsun, OH	Church	Ohio	501(c)(3)		1 N/A		>
(6)Salem Church 43302 31-1082532	of God 5754 DeCliff/Big Island Rd., Marion, OH	Church	Ohio	501(c)(3)		1/N/A		>
(7)Seville	h of God 8360 W. Monroe Rd., M-46							,
Elwell, MI	Elwell, MI 48832 38-2113089	Church	Michigan	501(c)(3)		1N/A	_	\
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ó	Cat	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2019	2019

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

 ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 	
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OMB No 1545-0047	2019	Open to Public Inspection	Employer identification number
	r 37.		Fmplov

(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity ŝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 31-1610743 (f) Direct controlling (e) End-of-year assets Š N/A Ϋ́ N/A Z Z (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) Michigan (b) Primary activity Ohio Ohio Ohio Ohio 양 (b)
Primary activity The Foundation of the Great Lakes Conference, Churches of God, General Conference Church Church Church Church Church (7)Wharton First Church of God 108 Cass St., PO Box 247, Wharton, (2) Tekonsha Church of God 985 Old US 27, PO Box 179, Tekonsha, 5)Union Chapel Church of God 17983 CR A, Bryan, OH 43506 (1)Sugar Ridge Church of God PO Box 328, Convoy, OH (3)The Catalyst Community Church 620 Lynn St., Suite B, Findlay, (6) Vanlue Community Church 101 Main St., PO Box 22, Vanlue, OH (a) Name, address, and EIN (if applicable) of disregarded entity (4)The Reflection Ministries PO Box 537, Bettsville, OH 44815 (a)
Name, address, and EIN of related organization OH 45840 34-1962658 MI 49092 68-0578425 45890 46-2294428 34-1409137 47-4203261 Part 1 Part II € 3 9 2 ල Ξ

Schedule R (Form 990) 2019

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501(c)(3)

Ohio

Church

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

OH 43359 34-1413371

Cat No 50135Y

> SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection Employer identification number 31-1610743 Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	Print	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	lling
(1)							
(2)							
(3)							
(4)							
(9)		-					
(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.	lizations. Complete if if during the tax year.	the organization a	answered "Yes" or	n Form 990, Par	t IV, line 34, bec	ause it had	_
	(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 controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
						Yes	٥
(1)Wonder Ministries 7001 Angola Rd., Holland, OH 43528 38-3785924	Church	Ohio	501(c)(3)		1 N/A		>
r First Church of God 1953 Akron Rd., Wooster, OH 363889	Church	Ohio	501(c)(3)		1 N/A		>
Ministries 2911 Stickney Avenue, Toledo, OH	Church	Ohio	501(c)(3)		1 N/A		>
ing Word Ministries 2030 Putnam St., Toledo, OH	Church	Ohio	501(c)(3)		1 N/A		>
God B 975 SR 109, Hamler, OH 43524	Church	Ohio	501(c)(3)		1/N/A		>
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2019) 2019

Schedule R (Form 990) 2019

(I) Section 512(b)(13) controlled entity? (k)
Percentage
ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 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. Yes (J) General or managing partner? ŝ (h) Percentage ownership Yes of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (g) (h)
Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total Yes income (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total псоте (d)
Unect controlling entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from (c)
Legal domicile
(state or foreign country) (d) Direct controlling (b) Primary activity (c) Legal domicile foreign country) (state or (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV 2 9 8 Ξ 8 ල ₹ 3 8 Ξ ල € 9 9

Schedule R (Form 990) 2019

Schedule R (F	Form 990) 2019
Part V	Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Yes No		>	>	>	>	<i>></i>	>	>	>	>	>	>	>	>	>	>		 >	<i>></i>	>	>	esholds.	nt involved							
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	s II–IV?								•					•								uships and transaction	(d) Method of determining amount involved							
	izations listed in Part					• • • • • • • • • • • • • • • • • • • •																complete this line, including covered relationships and transaction thresholds.	(c) Amount involved							
	r more related organ																					mplete this line, inclu	(b) Transaction type (a – s)							
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)		m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	o Sharing of paid employees with related organization(s)		p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	Contract transfer of cash or property to related organization(s)	١	2 If the answer to any of the above is "Yes," see the instructions for information on who must cor	(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	(9)	

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

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partners inbs.	ganization see	Instructions re	egarding exclusi	on tor cer	iain investiment p	armersinps.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite	(d) Predominant	(e) Are all partner			(h) Disproportionate	(i) Code V—UBI	(I) General cr	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	₽	_	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under	organizations				(Form 1065)		
			sections 312 - 314)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)								<u>n</u>		
(5)										
(9)	,									
(7)	·									
(8)										
(6)										
(10)				-						
(11)										
(12)										
(13)							-			
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2019

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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