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Return of Organization Exempt From Income Tax

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

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

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

2020

DLN: 93493140000271 OMB No. 1545-0047

Open to Public

Form **990**

Department of the

reasu iterna		enue Service						Inspection		
				eginning 01-01-2020 , and ending	12-31-202	0				
Che □ Ad	ck if a dress	applicable: change	C Name of organization	AKES CONFERENCE CHURCHES OF GOD GENE		D Em	ployer ident	tification number		
□ Ini	me ch tial re	-	Doing business as							
		m/terminated d return		x if mail is not delivered to street address) Ro	oom/suite	E Tele	phone numb	er		
		ion pending	700 East Melrose Avenue			(41	9) 425-960	12		
			City or town, state or province Findlay, OH 45840	, country, and ZIP or foreign postal code		G Gro	ss receipts \$	1,517,887		
			F Name and address of pri	ncipal officer:	H(a)	Is this a grou	ın return fo	<u>- · · · · · · · · · · · · · · · · · · ·</u>		
			William H Reist 700 East Melrose Avenue Findlay, OH 45840			subordinates Are all subord	· ?	□Yes ☑No		
Та	x-exe	mpt status:	·) ◄ (insert no.)		included?	la			
w	ebsit	te:▶ ww	ww.foundationglc.org) ((Insert no.)		If No, attac Group exemp	•	e instructions) er >		
. Fori	n of o	rganization	a: 🗹 Corporation 🗌 Trust 🔲	Association ☐ Other ►	L Year	of formation: 19	98 M Stat OH	e of legal domicile:		
Pa	art I	Sum	ımary							
20110110C				us purposes of the Great Lakes Conferer related to Great Lakes Conference, Chur				nce and any affiliates		
3				n discontinued its operations or dispose erning body (Part VI, line 1a)			net assets.	.		
5	1			• , , , , ,			4			
Ś	1		Number of independent voting members of the governing body (Part VI, line 1b)							
5	1		5							
ξ	1		•	f necessary)			7	_		
	1			e from Form 990-T, line 39			71			
	D	Net unre	elated business taxable income	Firom Form 990-1, line 39	· · ·	Prior Yea		Current Year		
		Contribut	tions and grants (Part VIII, line	16)		PHOLITEA	428	91,05		
Ē	1		- '	e 2g)			0	91,03		
Rəvenue	1	_	•	(A), lines 3, 4, and 7d)			118,698	305,87		
ď	1		•	ines 5, 6d, 8c, 9c, 10c, and 11e)			0	353,87		
	1			(must equal Part VIII, column (A), line :	12)		119,126	397,28		
	_			IX, column (A), lines 1–3)			289,283	273,98		
	1		, ,	X, column (A), line 4)		•	0			
S	15		,	ee benefits (Part IX, column (A), lines 5-	-10)		34,143	37,17		
Expenses	1			column (A), line 11e)	_ ′ ⊢		, 0	,		
<u> </u>	l .		Iraising expenses (Part IX, column	, ,,						
ವ	17		- ' '	ines 11a-11d, 11f-24e)			18,080	17,65		
	18	Total exp	penses. Add lines 13–17 (mus	t equal Part IX, column (A), line 25)		3	341,506	328,80		
	19	Revenue	less expenses. Subtract line :	18 from line 12			77,620	68,48		
Fund Balances					Ве	ginning of Curre	ent Year	End of Year		
95	20	Total ass	sets (Part X, line 16)			8,3	366,741	9,226,54		
3	21	Total liab	oilities (Part X, line 26)			1,0	062,419	1,221,67		
<u> </u>	22	Net asse	ts or fund balances. Subtract	line 21 from line 20		7,3	304,322	8,004,87		
	ırt II		ature Block							
				examined this return, including accompa plete. Declaration of preparer (other tha						
			ef, it is true, correct, and comp	piece. Decidiation of preparer (other tha						
ny k		edge.	ef, it is true, correct, and comp	piece. Deciaration of preparer (other tha						
ny k	ledge			piete. Declaration of preparer (other tha		2021-05-21				
	ledge nowl		ef, it is true, correct, and comp	piete. Declaration of preparer (other tha		2021-05-21 Date				
ign	ledge nowl	Signat		siete. Declaration of preparer (other tha						
ign	ledge nowl	Signat Robert Type o	ture of officer t Stephenson Financial Controller	Preparer's signature	Date	Date	PTIN			
ign Iere	ledge nowl	Signat Robert Type o	ture of officer t Stephenson Financial Controller or print name and title Print/Type preparer's name		Date	Date Check	if ed			
ign lere	ledge nowl	Signat Robert Type o	ture of officer t Stephenson Financial Controller or print name and title		Date	Date Check	if ed			

☐ Yes ☐ No

May the IRS discuss this return with the preparer shown above? (see instructions) .

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Pa	rt III	Statement	of Program Service	Accomplis	hments					
		Check if Sched	dule O contains a respor	nse or note to a	any line in this Part III .		🗹			
1	Briefly	describe the o	rganization's mission:							
			ies of Great Lakes Confe kes Conference, Churche			rence and any affiliated or contro	olled corporations and			
2		-	undertake any significar		vices during the year whi	ch were not listed on	☐ 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?									
	If "Yes," describe these changes on Schedule O.									
4	•									
4a	(Code:) (Expenses \$	50,000	including grants of \$	50,000) (Revenue \$	0)			
	See Ad	ditional Data								
4b	(Code:	ditional Data) (Expenses \$	35,257	including grants of \$	35,257) (Revenue \$	0)			
	See Au	ditional Data								
4c	(Code: See Ad	ditional Data) (Expenses \$	27,000	including grants of \$	27,000) (Revenue \$	0)			
	(Code:) (Expenses \$	161,724	including grants of \$	161,724) (Revenue \$	0)			
	Sum of	additional grants	issued in 2020. See schedu	ıle O for full listin	g.					
4d			ces (Describe in Schedul							
	(Expe	'	•	ding grants of	· , ,	4) (Revenue \$	0)			
4e	Total	program serv	rice expenses ►	273,9	81		Form 990 (2020)			

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Pa	tiv 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 3	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

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Nο

Nο

Nο

Nο

Nο

Nο

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20a

20b

21

Yes

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² ari	Checklist of Required Schedules (continued)			
	Dilliance in the second		Yes	No
	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		No
	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? <i>If "Yes," complete Schedule J</i>	23		No
	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		No
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		No
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	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		No
	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		No
	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):			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
1	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
•	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
	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	Yes	
J	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
			Yes	No

1b

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	•		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	₹).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere 6b		
7	5			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices 7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 Fo 1098-C?	orm 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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	154		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If yes, has it filed a form 720 to report these payments 11 No, provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex-	-		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	·	onse to i	lines
· ·	Check if Schedule O contains a response or note to any line in this Part VI			⊻
36	ection A. Governing Body and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b		No
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 in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4 	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	161		
S.	ection C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			

✓

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . 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, or 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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensati employee Individual to or director Officer organizations MISC) MISC) related Institutional below dotted organizations employee line) trustee Trustee 0.5 (1) Craig Flack Х 69,700 **Board Director** 40 20 (2) William Reist Х 28,878 President 0.5 (3) Mark Walls 16,400 **Board Director** 20.00 5.25 (4) Robert Stephenson Χ 8,250 0 0 Financial Controller 0.5 (5) C Berniece Asel Х Х 0 248 Board Director - Chairperson 0.21 0.5 (6) J Lance Finley 0 0 Board Director 0.5 (7) Dan Kennard 0 0 X Board Director 0.5 (8) Sean Martin 0 0 Х Board Director - Secretary 0.5 Rodney Stover Х 0 Board Director - Treasurer

Part VII

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Page 8

	(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W-2/1099-		(E) Reportable compensation from related organizations		Estima amount o compen- from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- ISC)	(W-2/1099- MISC)		organizat relat organiza	ed
сТ	Sub-Total	art VII, Section			•		*			37,128	86,34	8		0
2	Total number of individuals (including	but not limited	to those		ed al	bove		rece	eived mo		<u> </u>			
	of reportable compensation from the	organization 🕨											Yes	No
3	Did the organization list any former of	,			•		oyee, d	or hi	ghest cor	npensated	employee on			
	line 1a? If "Yes," complete Schedule J			•		-	• :					3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a receive services rendered to the organization		•			•			_	tion or ind	vidual for	5		No
	ection B. Independent Contract												ı	
1	Complete this table for your five higher from the organization. Report comper											npen	sation	
	(A) (B) Name and business address Description of services							(C Comper						

compensation from the organization ▶ 0

Name and business address

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		(2020)								Page 9
Part	VIII									
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns 1a b Membership dues 1b					0	I	revenue		312 314
s, Grants Amounts		Fundraising events		<u> </u>	lc	0				
ts, (Related organization		_	ld	0				
	е	Government grants (contr	ibutions)	Le	0				
ons, Gift Similar	f	All other contributions and similar amounts i	s, gif	schidod I						
Ē 5		above Noncash contributions			Lf	91,059				
itribu I Oth	g	lines 1a - 1f:\$	S IIICI		lg	0				
Cont	h	Total. Add lines 1a	a-1f			▶	91,059			
						Business Code				
	2a									
Program Service Revenue	Ь									
	ן ו									
vice	c									
æ	d									
Iranı										
Ροζ	е	-					0	0	0	0
	f	All other program	serv	ice revenue.			o o	o o	ŭ	
	⊢	Total. Add lines 2				0	_	T	T	<u> </u>
	s	Investment income similar amounts) .			•	•	<u> </u>			0
	l	Income from invest			npt bo	_			0	0
	9	5 Royalties		(i) Rea	•	(ii) Personal	· · · · · · · · · · · · · · · · · · ·			
		Carana	6a	(-)	0	, ,	1			
		Gross rents Less: rental	Da			1				
		expenses	6b		0		0			
	С	Rental income or (loss)	6с		0		О			
	d	Net rental income	or			· · · · · · · · · · · · · · · · · · ·	,	0	0	0
	- ''		(i) Securit	ies	(ii) Other	4				
	/ a	7a Gross amount from sales of assets other		1,2	86,825		О			
		than inventory					4			
	b	Less: cost or other basis and sales expenses	7b	1,1	20,600		0			
		Gain or (loss)	7c	1	66,225					
	_	Net gain or (loss)	\Box				166,22	166,225	0	0
a	8a	Gross income from fu	ındra							
en ri		contributions reporter	d on	line 1c).						
Ze v	١.	See Part IV, line 18			8a 8b	0	_			
Other Revenue	ı	Less: direct expen Net income or (los							О	0
O E						•				
	Эa	Gross income from See Part IV, line 19	gam •	ing activities.	9a	C				
	ı	Less: direct expen			9b	C				
	C	: Net income or (los	s) fr	om gaming a	ctiviti	es >		0	0	0
	10a	Gross sales of inve	ento	ry, less						
		returns and allowa			10a 10b	C	_			
		Less: cost of good Net income or (los			ш			0	0	0
		Miscellaneo	us R	evenue		Business Code				
	11	.aEmployee Retenti	on C	Credit		90009	9 35:	355	0	0
	b									
	֓֟֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֡֓֡	•								
	c				\longrightarrow					
	d	All other revenue			 		(0	0	0
	e	Total. Add lines 1	1a-:	l1d		•	35	5		
	12	Total revenue. S	ee ir	nstructions .		· · · •	397,28	7 306,228	0	0
								·		Form 990 (2020)

P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organizatio	ns must complete col	umn (A)
	Check if Schedule O contains a response or note to a		-	•	· · · —
	not include amounts reported on lines 6b, 8b, 9b, 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	273,981	273,981	дэлэлэл элүрэлэээ	
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.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	37,128	0	32,796	4,332
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	-588	0	-508	-80
10	Payroll taxes	632	0	632	0
11	Fees for services (non-employees):				
a	a Management	0	0	0	0
Ŀ) Legal	180	0	180	0
c	Accounting	5,175	0	5,175	0
c	I Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	810	0	0	810
13	Office expenses	1,448	0	1,448	0
14	Information technology	1,319	0	1,319	0
15	Royalties	0	0	0	0
16	Occupancy	6,233	0	6,233	0
17	Travel	412	0	397	15
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	209	0	209	0
23	Insurance	1,721	0	1,721	0
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
	<u>b</u>				
	c c				
	d	140	0	146	0
	e All other expenses	146			
	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)	328,806	273,981	49,748	5,077

Form 990 (2020)

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 64

1,862

0

8,930

707

0 19

0

0 22

0 23

0

1.062.419

7,259,322

7,304,322

8,366,741

45,000

8,366,741

205.804

855,908

8,160,405

10c

11 0

12 0 13

14

15

16

17

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21

24 0 25

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Page 11

171,048 0 0

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0 0

64

1,653

0

0

0

7,178

897

0

0

0

9,226,542

228.553

992,220

1.221.670

7.932,872

8,004,872

9,226,542

Form 990 (2020)

72,000

9,046,599

Check	if	Schedul

check in Schedule o contains a response of flote to any line in this rait ix			
	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	0	1	
		(- I	

	2	Savings and temporary cash investments	195,480	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	5	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	5	
	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	
S	7	Notes and loans receivable, net	0	7	
7	۱ ـ		0	_	

e O contains a response or note to any line in this Part IX

	6	entity or family member of any of these persons Loans and other receivables from other disqualit section $4958(f)(1)$), and persons described in section $4958(f)(1)$	fied pe	rsons	(as de			
<u>s</u>	7	7 Notes and loans receivable, net						
set	8	Inventories for sale or use						
As	9	Prepaid expenses and deferred charges						
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				12,038	;
	b	Less: accumulated depreciation	10b				10,385	;
	11	Investments—publicly traded securities .						
	12	Investments—other securities. See Part IV, line	11 .					

Investments-program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Capital stock or trust principal, or current funds . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances .

Total liabilities and net assets/fund balances .

complete lines 29 through 33.

Grants payable .

3a

3h

Nο

Form 990 (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

known as Leadership Fellowship Initiative.

Software ID: 20012124 **Software Version:** v1.00

EIN: 31-1610743

Name: FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL

Form 990, Part III, Line 4a: Grant to Great Lakes Conference, Churches of God, General Conference Executive Board for the purpose of providing support for a church leadership development program

Form 990 (2020)

Form 990, Part III, Line 4b: Grant to Wharton First Church of God for the purpose of completing construction of a fellowship hall.

Form 990, Part III, Line 4c: Grant to Wonder Ministries for the purpose of replacing heating and air conditioning, front doors and electric circuits.

efile	GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493140000271
SCF	1ED	ULE A		Dublic	Charity, Ctatu	o and Dub	alia Cumm		OMB No. 1545-0047
/TE 000				nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form	tion 501(c)(3) c empt charitable 990 or Form 99	organization of trust. 0-EZ.	r a section	2020
		the Treasury	•	Go to <u>www.irs</u>	<u>agov/Form990</u> for i	nstructions and	the latest info	ormation.	Open to Public Inspection
Name	of th	nue Service ne organiza		EDENGE GUUDGUE	C OF COD CENERAL			Employer identific	ation number
FOUNL	ATION	TOF THE GREA	I LAKES CONFI	EKENCE CHUKCHE	S OF GOD GENERAL			31-1610743	
Pai					us (All organization			See instructions.	
	rganiz —		•		e it is: (For lines 1 thro	• '	,		
1	Ш	·		,	sociation of churches				
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 9	90 or 990-EZ).)		
3		·	•	•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ition operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7		section 17	0(b)(1)(A)	(vi). (Complete	Part II.)		-	init or from the genera	al public described in
8			•		170(b)(1)(A)(vi).		,		
9		non-land gi	ant college o	of agriculture. S	ee instructions. Enter	the name, city, a	ind state of the	•	
10		from activit investment	ies related to income and	its exempt fur unrelated busin	ctions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, a than 331/3% of its su sses acquired by the o	
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12	✓	more public	ly supported	organizations		509(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g.	
a	✓	organizatio	n(s) the pow		appoint or elect a majo			zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiz	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga	
c		Type III f	ınctionally					nd functionally integra	ted with, its
d		Type III n functionally	on-function integrated.	a ally integrate The organizatio	d. A supporting organ	ization operated fy a distribution :	in connection wi	th its supported orgar I an attentiveness req	` '
e					ved a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported	dorganizations				<u>4</u>	0
g					pported organization(Υ			
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organin your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
See /	Additio	onal Data Tal	ole	<u> </u>					
Total			40		nstructions for	Cat. No. 11285		273,981	<u> </u>

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.)	
Se	ection A. Public Support						
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and		` '	``		, ,	
1	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
	from line 6.)						
36	ection B. Total Support		1	1	1	T	Τ
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6						
	Gross income from interest,						
L0a	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
_	Add lines 10a and 10b.						
с 11	Net income from unrelated business						
11	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 5 years. If the Form 990 is for the	ne organization's	first, second, third	l, fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.
	check this box and stop here	-			•	() ()	· —
-				<u> </u>			· · · · • · · ·
	ection C. Computation of Public S Public support percentage for 2020 (lin			column (f))		1 4 = 1	
15						15	
16	Public support percentage from 2019 S					16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 202	-		-		17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	<u> </u>
	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and						
	33 1/3% support tests—2019. If the						
U	not more than 33 1/3%, check this box	-			·		
20	· · · · · ·	-	-				
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions	. ▶ ⊔

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

Page 4

No

Yes

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

describe the designation. If historic and continuing relationship, explain. 1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

3a 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 5a amendment to the organizing document).

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 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

No Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

SCITE	edule A (Form 990 or 990-EZ) 2020		۲	age :
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	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 lines 11b and 11c below, the governing body of a supported organization?	11a		No
b	A family member of a person described in 11a above?	11b		No
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		No
	VI. ection B. Type I Supporting Organizations			
	ection b. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.		1.65	
	, , , , , , , , , , , , , , , , , , , ,	1	Yes	
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		V	
	organization.	2	Yes	
s	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
_				
5	ection D. All Type III Supporting Organizations	$\overline{}$	Yes	No
		$\overline{}$	165	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		
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 line 2 above, did the organization's supported organizations have a significant			
_	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.	[Yes	No
,	a 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 line 2a 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 lines 3a and 3b below.	20		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	26		

3b

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ($provide$ $details$ in $Part VI$). See instructions	8	
		1	I

7 Total annual distributions. Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020				

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				

2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI .		

g Applied to underdistributions of prior years	
h Applied to 2020 distributable amount	
i Carryover from 2015 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2020 from Section D, line 7:	
\$	
Applied to underdistributions of prior years	
b Applied to 2020 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater	

b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

d Excess from 2019.

e Excess from 2020.

Schedule A (Form 990 or 990-EZ) 2020 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part IV, Section A, The articles of incorporation state this supporting organization exists to support Great L Line 1 akes Conference, Churches of God, General Conference and any affiliated or controlled corp orations and entities related to Great Lakes Conference, Churches of God, General Conferen

ce. Thus, member churches of Great Lakes Conference, Churches of God, General Conference a re inferred by class as supported organizations although not specifically named.

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Schedule A, Part IV, Section A, Line 2	Current practice is to provide support through the issuance of grants. The grant process r equires the requesting supported organization to provide a copy of its letter of determina tion of status from the IRS, or proof of participation in a group exemption held by Church es of God, General Conference (23-6424046), the parent denomination as a central organizat ion.					

750 Defication A/ Dappicinental Information			
Return Reference	Explanation		
Schedule A, Part IV, Section B, Line 2	The governing documents state this supporting organization exists to support Great Lakes C onference, Churches of God, General Conference and any affiliated or controlled organizati ons and entities related to Great Lakes Conference, Churches of God, General Conference. T he supported organizations that do not directly control this reporting supporting organization are affiliated entities of Great Lakes Conference, Churches of God, General Conference because they are member churches of Great Lakes Conference, Churches of God, General Conference. Furthermore, the governing board of Great Lakes Conference, Churches of God, Gene		

ral Conference is elected by its member churches.

990 Schedule A. Supplemental Information

Additional Data

Software ID: 20012124

Software Version: v1.00

EIN: 31-1610743

Name: FOUNDATION OF THE GREAT LAKES CONFERENCE

CHURCHES OF GOD GENERAL

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).						
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Great Lakes Conference Churches of God General Conference	341176574	1	Yes		128,596	0
(A) Arthur Center Church of God	900548511	1		No	0	0
(B) Aukerman Church of God	341267215	1		No	0	0
(C) Big Prairie Community Church	510618460	1		No	0	0
(D) Celina First Church of God	346599964	1		No	0	0
(E) College First Church of God	344431294	1		No	4,910	0
(F) Connections Church	311564546	1		No	5,000	0
(G) Eagle Church of God	382227049	1		No	0	0
(H) Grace Fellowship	341868178	1		No	0	0
(I) Hopewell Church of God	341219359	1		No	0	0
(J) Kingdom Community Christian Ministries	270757674	1		No	0	0
(K) Madison Church of God	341600751	1		No	0	0
(L) Mendon First Church of God	341353636	1		No	4,500	0
(M) Mt Carmel Church of God	341058639	1		No	3,500	0
(N) Mt Tabor Church of God	341329655	1		No	0	0
1		l	l	l		

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s). (i)Name of supported organization (ii)EIN (iii) (iv) (v) (vi) Type of organization Is the organization Amount of monetary Amount of other (described on lines listed in your support (see support (see 1- 9 above (see governing document? instructions) instructions) instructions)) Yes No (P) New Creations Church of God 341438228 1 O Nο 0 (A) New Haven Church of God 392053023 No 0 1 (B) Ney Church of God 341407504 1 1,000 Nο 0 (C) Ohio City Community Church of God 341404022 1 n O Nο (D) Olive Branch Church of God 346543763 1 0 0 Nο (E) Ottawa River Church of God 341206216 1 Nο 0 (F) Overflow Ministries of Tiffin 842713796 1 Nο 5,000 0 (G) Pathway Community Church of God 341201501 1 Nο 0 0 (H) Pine River Church of God 382744620 1 No O (I) Ridgeway First Church of God 341263914 Nο 4,000 0 1 (J) Rising Sun First Church of God 340948399 1 No n 0 (K) Salem Church of God 311082532 1,500 1 Nο 0 (L) Seville Community Church of God 382113089 4.700 1 No 0 (M) Sugar Ridge Church of God 341424696 Nο 24,275 0 1

1

0

Nο

0

(N) Tekonsha Church of God

680578425

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s). (i)Name of supported organization (ii)EIN (vi) (iii) (iv) (v) Amount of monetary Amount of other Type of organization Is the organization (described on lines listed in your support (see support (see 1- 9 above (see governing document? instructions) instructions) instructions)) Yes No (AE) The Catalyst Community Church 341962658 1 Nο 1,158 0 (A) The Reflection Ministries 474203261 No 1,085 0 (B) Union Chapel Church of God 341409137 Nο 0 0 (C) Vanlue Community Church 462294428 No 5.000 O (D) Wharton First Church of God 40,257 341413371 Nο 0 (E) Wonder Ministries 383785924 Nο 27,500 0 (F) Wooster First Church of God 341363889 Nο 12,000 0 (G) Word of Faith Ministries 562673475 1 Nο 0 0 (H) World Wide Living Word Ministries 262873818 No n O

No

0

0

(I) Zion Church of God

341416451

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DLN: 93493140000271

OMB No. 1545-0047

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.

Open to Public

Internal Revenue Service

(Form 990)

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6

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► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL 31-1610743 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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following amounts required to be reported under FASB ASC 958 relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

d Equipment .

Par	t IIII	Organizations Ma	aintaining Collections	of Art, Histo	rical Tı	eası	ires, or Other	Similar Asset	S (continued)
3			uisition, accession, and other						
а		Public exhibition		d		Loan	or exchange prog	rams	
b		Scholarly research		е		Othe	r		
С		Preservation for future	generations						
4	Provid Part X		organization's collections and	l explain how t	hey furth	ner the	e organization's ex	empt purpose in	
5			anization solicit or receive do nds rather than to be maintai						Yes 🗌 No
Pai	rt IV		odial Arrangements. ganization answered "Yes	" on Form 99	0, Part	IV, li	ne 9, or reporte		
1a			, trustee, custodian or other K?						Yes 🗹 No
b	If "Ye	es," explain the arrange	ement in Part XIII and comple	ete the followin	g table:			Amou	nt
c	Begin	ning balance			- 		1c		
d	Additi	ions during the year .					1d		
е	Distri	butions during the year	·				. 1e		
f	Endin	g balance					1f		
2a	Did th	ne organization include	an amount on Form 990, Pa	rt X, line 21, fo	r escrow	or cu	stodial account lia	bility? 🗹	Yes 🗌 No
b			ment in Part XIII. Check her						
Pa	rt V	Endowment Fund		<u>'</u>			<u>'</u>		
		Complete if the org	ganization answered "Yes						
1-	Rogina	ing of year balance .	(a) Curre	nt year (b) 7,304,322	Prior yea 5,861		(c) Two years back 6,675,847	(d) Three years ba 6,100,7	
		outions		91,059		3,273	428	, ,	00 600
		restment earnings, gair	os and losses	928,923	1,316		-416,035	913,6	
		or scholarships	· ·	264,962	256	,480	270,156	204,5	75 321,030
	Other e	expenditures for facilities		5,378		3,005	-82,367	83,2	· ·
f		strative expenses .		49,092	48	3,679	46,490	51,0	10 50,484
		year balance		,004,872	7,304	,322	6,025,961	6,675,8	47 6,100,755
2	Provid	· de the estimated percei	 ntage of the current year end	d balance (line	1a. colu	mn (a			
а		l designated or quasi-e	- ·	`	3,		,,		
b	Perma	anent endowment 🕨	0 %						
c	Term	endowment ► 0.	9 %						
-		***************************************	, 2b, and 2c should equal 10	0%.					
3а		nere endowment funds ization by:	not in the possession of the	organization th	at are h	eld an	d administered for	the	Yes No
	(i) Ur	nrelated organizations							3a(i) No
_		elated organizations							3a(ii) No
b		. ,,	ated organizations listed as	•		? .			3b
4			ended uses of the organization	ri s endowment	t runds.				
ECI	rt VI	Land, Buildings, Complete if the ord	and Equipment. ganization answered "Yes	" on Form 99	0, Part	IV. li	ne 11a. See For	m 990. Part X.	line 10.
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or other			(c) Accumulated d		(d) Book value
1a	Land		0			0			0
		gs	0			0		0	0
		old improvements	0			0		0	0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

12,038

0

1,653

1,653

0

10,385

Part VII	Investments—Other Securities.	D- 1 T) (1			D- 136 P	10
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book	ine 11t		d of valuation	on:
(1) Financia	I derivatives	value				
(2) Closely-	held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•				
Pait VIII	Complete if the organization answered 'Yes' on Form 990	, Part IV, I	ine 110			
	(a) Description of investment			(b) Book value		nod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>			
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, li	ne 11d	. See Form 990, Pa		(b) Book value
(1)	(4)					(4)
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liabil		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
	income taxes	,				(B) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>		
	or uncertain tax positions. In Part XIII, provide the text of the footn 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec					

1

2

1

2

d

b

5

Part XIII

See Additional Data Table

3

Schedule D (Form 990) 2020

727.162

4c

5

1

2e

3

4c

5

0

Page 4

632,069

397,287

397,287

328,806

328,806

328.806

Schedule D (Form 990) 2020

b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	9,019	
d	Other (Describe in Part XIII.)	2d	-104,112	

4a

4b

2a 2b

2c 2d

4b

Explanation

Add lines 2a through 2d 2e 3 3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue, gains, and other support per audited financial statements

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

4 b Add lines **4a** and **4b** C

Total expenses and losses per audited financial statements

5

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: 20012124 **Software Version:** v1.00

EIN: 31-1610743

Name: FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL

Supplemental Information	
Return Reference	Explanation

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	Generate income and growth for supporting the ministries of the Great Lakes Conference, Ch urches of God, General Conference and its member churches, affiliates and controlled organ izations.

Sι

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Change in Investment Facilitator Agreements with supported organizations.

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

2020

Open to Public Inspection

DLN: 93493140000271

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Se

(Form 990)

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

▶ Attach to Form 990.

▶ Go to $\underline{www.irs.qov/Form990}$ for the latest information.

Name of the organization						Employer identifi	cation number
FOUNDATION OF THE GREAT LAK	(ES CONFERENCE C	HURCHES OF GOD GEN	ERAL			31-1610743	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to						e, and	☑ Yes ☐ No
2 Describe in Part IV the orga	<u>'</u>						
Part III Grants and Other I that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of secti3 Enter total number of othe							232628
For Paperwork Reduction Act Notice				Cat. No. 5005			hedule I (Form 990) 2020

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) 2020

(1)

(5)

ance	(b) Number recipients	of	(c) Amour cash gra	(d) Amoun noncash assis	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(e) Method of valuation (book,

FMV, appraisal, other)

(2) (3) (4)

\$12,000 grant for digital exterior church sign.

(6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference

Explanation Signed grant agreements between The Foundation of the Great Lakes Conference, Churches of God, General Conference (reporting organization) and the grant recipient Schedule I, Part I, Line 2 (supported organization) requires the recipient to provide periodic written reports that include an update on the program/activity being funded by the grant, copies of expenses and financial statements, pictures when appropriate, etc. The Foundation reserves the right to make site visits and conduct verification via third party contracts for verification of proper use of grant funds. Agreements require recipients to use the grants for the agreed upon purpose. Unused grant funds must be

returned and The Foundation reserves the right to terminate the grant if the recipient has misused or misappropriated how the grant was to be used. Schedule I, Part II, Line 1 (1) \$50,000 grant for leadership development, \$18,000 grant for teaching and video team, \$15,000 for transition consultant, \$13,000 for University of Findlay Campus Ministry, \$10,000 for camp coronavirus relief, \$7,756 grant for zero turn mower, \$5,000 grant for camp coronavirus relief, \$5,000 grant for camp coronavirus relief,

Schedule I (Form 990) 2020

Page 2

(f) Description of noncash assistance

Additional Data

Churches of God General

Wharton First Church of God

Conference PO Box 1132 Findlay, OH 45839

108 Cass Street PO Box 247 Wharton, OH 43359 **Software ID:** 20012124

See Part IV

(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 non-cash assistance	(h) Purpose of grant or assistance

(a) Name and a organizat or governr	n	(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 non-cash assistance	0
								Γ

(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 non-cash assistance	(h) Purpose or assistance
Great Lakes Conference	34-1176574	501(c)(3)	128,596	0			See Part IV

40,257

Form 990,Schedule I, Part	: II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(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 non-cash assistance

34-1413371

501(c)(3)

Name:	FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL

EIN:	31-1610743
Name:	FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL

Software Version:	v1.00
EIN:	31-1610743
Bl	FOUNDATION OF THE CREAT LAKES CONFEDENCE CHURCHES OF COR SENERAL

Software Version:	v1.00
EIN:	31-1610743

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Part IV

Wonder Ministries 7001 Angola Road Holland, OH 43528	38-3785924	501(c)(3)	27,500	0		See Part IV
Sugar Ridge Church of God	34-1424696	501(c)(3)	24,275	0		See Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 328 Convoy, OH 45832

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

Exterior Church Sign

12.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Wooster First Church of God

1953 Akron Road Wooster, OH 44691 34-1363889

efile GRAPHIC	C print -	DO NOT PROCESS	As Filed Data -		DLN:	93493140000271
SCHEDULE (Form 990 or 99 EZ)	90-	Complete to pro Form 990 o	tal Information for the provide information for 990-EZ or to provide Attach to Formation for the provide in the	ons on n.	OMB No. 1545-0047 2020 Open to Public Inspection	
	GREAT LA	KES CONFERENCE CHURCHES			Employer identi	fication number
Return Reference	,			Explanation		
Part III, Line a Cuu, ir cc L coo se e r r r r r r r r r r r r r r r r r	and video Conference urch of Go General ret Church check Church akes Core of God, or expense to Sugar R conference, Cleat Lakes and to Sugar R core expense to Sugar R core expense to Sugar R core expense to God grant to R core expense to God grant to R core discoul expense to equipment to R computer grant	team expenses. \$15,000 te for leadership transition of for roof replacement. \$ Conference for University in of God for digital exteriones of God, General Conference, Churches of God for god General Conference for conference for God General Conference for God General Conference for God General Conference for God for community feeding per and livestreaming equipes of mental health support of God for computer upon the Church of God for feediction of God for fee	grant to Great Lakes of consultant expenses. 13,000 grant to Great of Findlay Campus Mr church sign. \$10,000 erence for camp corord, General Conference for camp coronavirus relief Conference for camp of God, General Conference for food bank support. Togram. \$5,000 grant togram. \$5,000 grant togram. \$5,000 grant togram and support. Togram and support. Togram and support. Togram and support. \$1,500 grant to The Salem Church of God, \$1,500 grant to Riggrant to The Ing. \$1,085 grant to Regrant to Ney Church of Grant to Ney Chu	od, General Conference for teac Conference, Churches of God, G \$13,500 grant to Sugar Ridge C Lakes Conference, Churches of inistry. \$12,000 grant to Wooster of grant to Great Lakes Conference avirus relief. \$7,756 grant to Great Cakes Conference, Chu. \$5,000 grant to Great Lakes Conference, Chu. \$5,000 grant to Great Lakes Coronavirus relief. \$5,000 grant to Great Lakes Coronavirus relief. \$5,000 grant to Grence for work team hosting. \$5,000 grant to Wharton First C to Connections Church for expensional conference of Conference of Conference of States of Stat	seneral ch God r F eat eant t curche conf co G cooo g hu eses d o M coo	

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	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 e "Sole Member" elects the board of directors of the reporting organization's governing bo dy, approves changes to the Articles of Incorporation, and receives any remaining net asse
	ts at dissolution of the reporting organization

990 Schedule O, Supplemental Information

Return
Reference

Explanation

,	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. Th
,	e "Sole Member" elects the board of directors of the reporting organization's governing bo
Line 7a	dy, approves changes to the Articles of Incorporation, and receives any remaining net asse
	ts at dissolution of the reporting organization.

ts at dissolution of the reporting organization.

D -4.....

Line 7b

Reference	Explanation
Form 990,	Articles of Incorporation of the reporting organization identify a "Sole Member" comprised
Part VI,	of the Executive Board of Great Lakes Conference, Churches of God, General Conference. Th
Section A,	e "Sole Member" elects the board of directors of the reporting organization's governing bo

dy, approves changes to the Articles of Incorporation, and receives any remaining net asse

Cumlomotion

Return Explanation
Reference

Line 8b

Form 990,
Part VI,
Section A.

There were no committees with authority to act on behalf of the reporting organization.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 9	C. Berniece Asel - 1814 Stonehedge Drive, Findlay, OH 45840 Dan N. Kennard - 714 Deer Vall ey Ct., Findlay, OH 45840 J. Lance Finley - 826 Nutmeg Lane, Findlay, OH 45840 Rodney L. S tover - 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 S t., Celina, OH 45822

Return Explanation
Reference

Form 990,	Each voting board member is provided a complete written copy of Form 990 and its supportin
Part VI,	g schedule for review and consideration. A vote of approval is taken for filing Form 990 a
Section B,	nd its related schedules.
Line 11b	

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	An annual disclosure form is distributed to all board members and employees. The disclosur
Part VI,	e forms are collected and reviewed by the President and Board Chairperson. Board members w
Section B,	ith a conflict of interest are not permitted to vote on matters related to that conflict -
Line 12c	for example, a grant request

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 15

The governing board reviews the compensation of its President and Financial Controller as a part of its annual budget establishment. This review includes a review of performance an d consideration of formal and/or informal gathering of appropriate compensation rates.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

The reporting organization's governing documents, conflict of interest policy, Form 990 fi
ling, and audited financial statements are available to the public upon request.

Return Explanation
Reference

Form 990,
Part VII,
Section A,
Line 1a

Craig Flack was employed as a full time pastor at a supported church. Mark Walls was emplo
yed as a part-time pastor at a supported church. C. Berniece Asel was temporarily employed
at a supported church.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Reference	
Form 990, Part XI Line	Investment Facilitator Agreements (\$104,112); Grant Returns \$9,019.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493:	L40000	271
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	> (Related C Complete if the organ ► Go to <u>www</u>	ization ar	swered "Yes ▶ Attach to	" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		OMB No. 1	2 0	
Name of the organization FOUNDATION OF THE GREAT LAKES		OF GOD GENERAL							Empl	oyer identif	ication	number		
- TOONDATION OF THE GREAT LAKES	CONTENENCE CHORCHES	OF GOD GENERAL							31-16	310743				
Part I Identification	of Disregarded E	ntities. Complete if	the orgai	nization ansv	ered "Ye	s" on Form	n 990, Part	: IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a	ctivity	Legal dom or foreigr	c) icile (state n country)	(d) Total inco	ome	(e) End-of-year as	ssets	(f Direct coi enti	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Ex		s. Compl	 ete if the org	anization	answered	"Yes" on I	 Form 990,	Part I\	/, line 34 be	ecause	it had one or	more	
	(a) d EIN of related organizat	ion	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod	le section	Public ch	(e) arity status n 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) trolled
													163	140
For Paperwork Reduction Ac	t Notice see the In	structions for Form 9	90			it. No. 5013	57				Sche	edule R (Form	990) 20	20

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or P aging c	(k) Percent owners
					311)			Yes	No		Yes	No	
Identification of Related Orga because it had one or more relate						zation ans	wered "Ye	s" on F	Form 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) _egal omicile or foreign untry)		entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce owne	n) ntage rship	(13)	(i) tion 5) conti entity
			unci y y									YE	es
								- I		1			
								+					
													+
													<u> </u>

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
ı	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c (Gift, grant, or capital contribution from related organization(s)	1c		No
	Loans or loan guarantees to or for related organization(s)	1 d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f [Dividends from related organization(s)	1 f		No
	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
	exchange of assets with related organization(s)	1i		No
	ease of facilities, equipment, or other assets to related organization(s)	1j		No
k	lease of facilities, equipment, or other assets from related organization(s)	1 k		No

Page 3

Schedule R (Form 990) 2020

f	Dividends from related organization(s)	11	ii	NO
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Ves	-

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships.																		
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations? of (Fo		(g) (h) are of of-year ssets (h)		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No						
									•	Schedul	e R (Form	990	0) 2020					

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Paturn Peference Explanation		age 5	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

Software ID: 20012124 **Software Version:** v1.00 **EIN:** 31-1610743

Name: FOUNDATION OF THE GREAT LAKES CONFERENCE CHURCHES OF GOD GENERAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organizat (b)	cions (c)	(d)	(e)	(f)	(g	1
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(: contro entit	n 512 13) olled
						Yes	No
	Church HQ/Admin.	ОН	501(c)(3)	1	N/A		No
PO Box 1132 Findlay, OH 45839							
34-1176574	Church	MI	501(c)(3)	1	N/A		No No
PO Box 28 Clare, MI 48617							
90-0548511							
	Church	ОН	501(c)(3)	1	N/A		No
12292 Franchester Road West Salem, OH 44287							
34-1267215	Church	ОН	501(c)(3)	1	N/A		No No
PO Box 62							
Big Prairie, OH 44611 51-0618460							
	Church	ОН	501(c)(3)	1	N/A		No
850 Fairground Road Celina, OH 45822							
34-6599964			504()(0)				
4400 N. H. M. S. G	Church	ОН	501(c)(3)		N/A		No
1100 North Main Street Findlay, OH 45840							
34-4431294	Church	ОН	501(c)(3)	1	N/A		No
700 Rockwell Avenue							
Findlay, OH 45840 31-1564546							
	Church	MI	501(c)(3)	1	N/A		No
7087 Dover Road Clare, MI 48617							
38-2227049	Chamala	OII	F01(-)(3)	-	NI/A		NI -
2150 TD 505	Church	ОН	501(c)(3)		N/A		No
2150 TR 585 Loudonville, OH 45842							
34-1868178	Church	ОН	501(c)(3)	1	N/A		No
3542 W CR 48							
Tiffin, OH 44883 34-1219359							
	Church	ОН	501(c)(3)	1	N/A		No
5136 Saint Aubin Drive Toledo, OH 43615							
27-0757674	Church	OH	501(c)(3)	1	N/A		No
12613 US 20	Sira sir	J					
Pioneer, OH 43554 34-1600751							
31 1000/31	Church	ОН	501(c)(3)	1	N/A		No
PO Box 62							
Mendon, OH 45862 34-1353636							
	Church	ОН	501(c)(3)	1	N/A		No
4025 Miller Road Celina, OH 45822							
34-1058639	Church	ОН	501(c)(3)	1	N/A		No
9744 US 127 N							
Celina, OH 45822 34-1329655							
	Church	ОН	501(c)(3)	1	N/A		No
PO Box 837 Rawson, OH 45891							
<u>34-1438228</u>	Church	MI	501(c)(3)	1	N/A		No No
11728 West Olive Road	Ciraren						
Riverdale, MI 48877 39-2053023							
	Church	ОН	501(c)(3)	1	N/A		No
03413 State Route 15 PO Box 69							
Ney, OH 43549							
34-1407504	Church	ОН	501(c)(3)	1	N/A		No
204 East Carmean Street							
PO Box 186 Ohio City, OH 45874							
34-1404022	Church	ОН	501(c)(3)	1	N/A		No
18275 Rhodes Mill Road							
Rockford, OH 45882 34-6543763							
		1	1	Ĺ			

Form 990, Schedule R, Part II - Identification of Related Ta			(4)	(0)	<i>(</i> f)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	Direct controlling Sect	(g) ion 512)(13)
		or foreign country)	Section	(if section 501(c)	con	itrolled
				(3))	Yes	ntity?
	Church	ОН	501(c)(3)	1	N/A	No
19443 Road U						
Fort Jennings, OH 45844 34-1206216						
	Church	ОН	501(c)(3)	1	N/A	No
126 South Washington Street Tiffin, OH 44883						
84-2713796						<u> </u>
	Church	ОН	501(c)(3)	1	N/A	No
2160 Eastbrook Drive Toledo, OH 43613						
34-1201501	Church	MI	501(c)(3)	1	N/A	No
PO Box 326					,	
Vestaburg, MI 48891 38-2744620						
30 27 1 1020	Church	ОН	501(c)(3)	1	N/A	No
1380 Park Avenue East						
Mansfield, OH 44905 34-1263914						
	Church	ОН	501(c)(3)	1	N/A	No
326 Main Street PO Box 7						
Risingsun, OH 43457 34-0948399						
	Church	ОН	501(c)(3)	1	N/A	No
5754 DeCliff / Big Island Road						
Marion, OH 43302 31-1082532						
	Church	MI	501(c)(3)	1	N/A	No
8360 West Monroe Road M-46						
Elwell, MI 48832 38-2113089						
	Church	ОН	501(c)(3)	1	N/A	No
PO Box 328						
Convoy, OH 45832 34-1424696						
	Church	MI	501(c)(3)	1	N/A	No
985 Old US 27 PO Box 179						
Tekonsha, MI 49092 68-0578425						
	Church	ОН	501(c)(3)	1	N/A	No
620 Lynn Street Suite B						
Findlay, OH 45840 34-1962658						
34 1302030	Church	ОН	501(c)(3)	1	N/A	No
PO Box 537						
Bettsville, OH 44815 47-4203261						
	Church	ОН	501(c)(3)	1	N/A	No
17983 CR A Bryan, OH 43506						
34-1409137	Church	ОН	501(c)(3)	1	N/A	No
101 Main Street	Charch	J 0n	301(0)(3)		17/0	INO
PO Box 22						
Vanlue, OH 45890 46-2294428						
	Church	ОН	501(c)(3)	1	N/A	No
108 Cass Street PO Box 247						
Wharton, OH 43359 34-1413371						
	Church	ОН	501(c)(3)	1	N/A	No
7001 Angola Road Holland, OH 43528						
38-3785924	Church	011	E01/a)/2)		N/A	N.
1052 Alivan Dood	Church	ОН	501(c)(3)	1	N/A	No
1953 Akron Road Wooster, OH 44691						
34-1363889	Church	ОН	501(c)(3)	1	N/A	No
2911 Stickney Avenue						
Toledo, OH 43608 56-2673475						
	Church	ОН	501(c)(3)	1	N/A	No
2030 Putnam Street						
Toledo, OH 43620 26-2873818						
	Church	ОН	501(c)(3)	1	N/A	No
B 975 SR 109 Hamler, OH 43524						
34-1416451			<u> </u>			