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Form **990-È**Z

Department of the Treasury Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| Ā | Fo | r th | e 2012 calendar year, or tax year beginning and ending | | | | | |
|---------------|---------------|----------|---|----------------------------|------------------|---|--|--|
| В | Che | eck if | C Name of organization | oyer identification number | | | | |
| Γ | \neg | | ess change | | | | | |
| Ī | \neg | | change FAITH REFORMED CHURCH FOUNDATION | 38 | 38-3384954 | | | |
| Ī | \neg | | | | Telephone number | | | |
| Ē | \neg | | nated 1139 EAST FRONT STREET | (: | 231) | 947-7082 | | |
| Ē | | | | | ıp Exem | | | |
| Ē | $\overline{}$ | | ation pending TRAVERSE CITY, MI 49686 | | ber ► | | | |
| G | | | nting Method: X Cash Accrual Other (specify) | H Che | ck ▶[| X if the organization is not | | |
| ı | We | ebsit | e: ► HTTP://WWW.FRCHURCH.ORG/ | requ | ired to a | attach Schedule B | | |
| | | | empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 | (For | m 990, | 990-EZ, or 990-PF). | | |
| | | | If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gi | ross red | ceipts ai | re normally not more than | | |
| | | | O. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructio | | | | | |
| | a r | eturr | n, be sure to file a complete return. | | | | | |
| ĽL | Ad | d lın | es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part | II, | | | | |
| ⊈ | line | e 25, | column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ▶ \$ | 8,992. | | |
| | ar | tΙ | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru | ictions | for Part | • | | |
| ر ال | | | Check if the organization used Schedule O to respond to any question in this Part I | | | X | | |
| <u>z</u> | T | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | | | |
| とことこの | | 2 | Program service revenue including government fees and contracts | | 2 | | | |
| <u></u> | | 3 | Membership dues and assessments | L | 3 | | | |
| I) | ı | 4 | Investment income SEE SCHEDULE O | | 4 | 8,992. | | |
| | | 5a | Gross amount from sale of assets other than inventory 5a | | | | | |
| | | b | Less: cost or other basis and sales expenses 5b | | 1 | | | |
| | | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | | | |
| | | 6 | Gaming and fundraising events | | | | | |
| ø | | a | Gross income from gaming (attach Schedule G if greater than | | | | | |
| Revenue | | | \$15,000) <u>6a</u> | | | | | |
| ě | | b | Gross income from fundraising events (not including \$ of contributions | | | | | |
| - | | | from fundraising events reported on line 1) (attach Schedule G if the sum of such | | | | | |
| | | | gross income and contributions exceeds \$15,000) | | 1 | | | |
| 9 5 | | C | Less: direct expenses from gaming and fundraising events | | | | | |
| 3 | 1 | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | | | |
| Ò | ١ | 7a | Gross sales of inventory, less returns and allowances 7a | | | | | |
| | | b | Less; cost of goods sold | | _ | | | |
| • | | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | ŀ | 7c | | | |
| • | 1 | 8 | Other revenue (describe in Schedule 0) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RFCEIVED | | 8 | 9 992 | | |
| | + | 9 | Grants and similar amounts paid (list in Schedule) O | | 9 | 8,992. 1 250 | | |
| | - 1 | 10 | | ŀ | 10 | 1,250. | | |
| | | 11 | Benefits paid to or for members Salaries, other compensation, and employee benefits FEB 1 0 2014 | ŀ | 12 | | | |
| Expenses | ╽. | 12 13 | Professional fees and other payments to independent contractors | ŀ | 13 | | | |
| Sen | . | | Occupancy, rent, utilities, and maintenance | ŀ | 14 | | | |
| Ä | . | 14 15 | Printing, publications, postage, and shipping | ŀ | 15 | | | |
| | | 16 | Other expenses (describe in Schedule 0) SEE SCHEDULE O | ł | 16 | 20. | | |
| | | 10 17 | Total expenses. Add lines 10 through 16 | | 17 | 1,270. | | |
| _ | - | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 7,722. | | |
| ets | | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | ŀ | | . , , , , , , , , , , , , , , , , , , , | | |
| Ass | | . • | (must agree with end-of-year figure reported on prior year's return) | | 19 | 229,930. | | |
| Net Assets | | 20 | Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O | ļ | 20 | 14,773. | | |
| Z | - 1 | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | • | 21 | 252,425. | | |

232171 01-11-13

Form **990-EZ** (2012)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| orn | n 990-EZ (2012) FAITH REFORMED CHURCH FOU | NDATION | | <u> 38-</u> | <u> 33849</u> | 54 Page 2 |
|----------------------------------|--|------------------------------|--|--------------|---------------------------|----------------------------------|
| Pε | art II Balance Sheets (see the instructions for Part II) | | | | | |
| | Check if the organization used Schedule O to res | spond to any questic | on in this Part II | | | |
| | • | | A) Beginning of year | | (B) Er | nd of year |
| 22 | Cash, savings, and investments | | 229,930 | . 22 | | <u> 252,425.</u> |
| 23 | Land and buildings . | | | 23 | | |
| 24 | Other assets (describe in Schedule O) | | | 24 | | |
| 25 | Total assets | | 229,930 | 25 | | 252,425. |
| 26 | Total liabilities (describe in Schedule O) | | 0. | . 26 | | 0. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 229,930 | . 27 | | 252,425. |
| Pa | art III Statement of Program Service Accomplishme | nts (see the instruct | ions for Part III) | | Ex | penses |
| | Check if the organization used Schedule O to res | spond to any questic | on in this Part III | \mathbf{x} | (Required i | |
| Nha | at is the organization's primary exempt purpose? SEE SCHEDULE C | | | | | and 501(c)(4) ons and section |
| | ribe the organization's program service accomplishments for each of its three largest program | | es in a clear and concise | | 4947(a)(1) | trusts; optional |
| | ner, describe the services provided, the number of persons benefited, and other relevant inform | | | | for others.) |) |
| 28 | SEE SCHEDULE O | | | | | |
| | | | | _ | | |
| | | | | | | |
| | (Grants \$ 1,250.) If this amount includes foreign | grants, check here | • | | 28a | 20. |
| 29 | To a series of the series of t | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign | grants, check here | • | | 29a | |
| 30 | Totalito \$\psi\$ in the amedia medded foreign. | inanto, oriook violo | | | | |
| ,, | | | | | | |
| | - | | | | , | |
| | (Grants \$) If this amount includes foreign | grants, check here | • | \Box | 30a | |
| 21 | Other program services (describe in Schedule O) | granto, ortoon noto | | | - | |
| | (Grants \$) If this amount includes foreign | grants, check here | | \Box | 31a | |
| | Total program service expenses (add lines 28a through 31a) | granto, oriook rioro | · · · · · · · · · · · · · · · · · · · | | 32 | 20. |
| P | art IV List of Officers, Directors, Trustees, and Key E | mployees List each one | even if not compensated (s | see the | | |
| | Check if the organization used Schedule O to re- | | | | | · [|
| | one of the second secon | (b) Average hours | (C) Reportable | | alth benefits, | (e) Estimated |
| | (a) Name and title | per week devoted to | compensation (Forms | contri | butions to yee benefit | amount of other |
| | (a) name and the | position | W-2/1099-MISC) (if not paid, enter -0-) | plans, a | and deferred pensation | compensation |
| RT | LL WAPLES | | | | | |
| | RESIDENT | 1.00 | 0. | | 0. | ^ |
| | KE MCGRATH | 1.00 | | | `` | 17. |
| | CRETARY | 1 00 | 1 | | i i | 0. |
| | | 1.00 | 0. | | 0. | |
| | (AI) NIERGARTH | 1.00 | 0. | | 0. | 0. |
| | RAD NIERGARTH | | | | | 0. |
| | REASURER | 1.00 | 0. | | 0. | |
| CF | REASURER RAIG O'CONNER | 1.00 | 0. | | 0. | 0. |
| CR DI | REASURER RAIG O'CONNER RECTOR | | | | | 0. |
| CR DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL | 1.00 | 0. | | 0. | 0. 0. |
| CR DI DA | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR | 1.00 | 0. | | 0. | 0. |
| CR DI DA DI BC | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR OB CHIHOCKY | 0.00 | 0. | | 0. | 0. 0. 0. |
| CR DI DA DI BC | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR OB CHIHOCKY | 1.00 | 0. | | 0. | 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR OB CHIHOCKY | 0.00 | 0. | | 0. | 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |
| CR DI DA DI BC DI | REASURER RAIG O'CONNER RECTOR ALE VANDERWAL RECTOR DB CHIHOCKY RECTOR ARB AJA | 1.00 0.00 0.00 0.00 | 0. 0. 0. | | 0. 0. 0. | 0. 0. 0. 0. |

| Pa | int V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the contract statement requirement. | | | X |
|------|---|----------|----------|----------|
| | , | | Yes | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | . 33 | 1 |
| | activity in Schedule O | 33 | 1 | х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | ĺ | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/ | A |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Schedule N | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | <u>.</u> | İ | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | İ | |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | _ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | • |
| а | Initiation fees and capital contributions included on line 9 39a N/A | _ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | _ | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | l | |
| | section 4911 ► ; section 4912 ► ; section 4955 ► 0. | | l | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | l | |
| | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | l | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | ' | |
| | organization D. | | [| |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed MI | AC 1 | 700 | |
| 42 a | The organization's books are in care of ► BRAD NIERGARTH Telephone no. ► 231-9 | | | |
| _ | Located at 415 MUNSON AVE, TRAVERSE CITY, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority | 4900 | <u> </u> | |
| U | over a financial account in a foreign country (such as a bank account, securities account, or other financial | ſ | Yes | No |
| | account)? | 42b | 163 | X |
| | If "Yes," enter the name of the foreign country: | 420 | | _^_ |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | x |
| _ | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | • | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| | of Form 990-EZ | 44b | | X |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | 1 |
| | ın Schedule O | 44d | | <u> </u> |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| 45 b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | <u> </u> |
| | | Form 9 | 90-EZ | (2012) |

Form 990-EZ (2012) FAITH REFORMED CHURCH FOUNDATION

232173 01-11-13

38-3384954 Page 3

| FORM 990-EZ (Z | 1012) FAITH REFORMED CHURCH FO | DUNDATION | | <u> 38-33849</u> | | | age 4 |
|-----------------------|--|---|------------------------------|---|----------|--|----------------------|
| 4e Did the or | 、 ganization engage, directly or indirectly, in political campaign activ | ution on babalf of or in anno | estion to condidates for n | hha offices | -+ | Yes | No |
| | omplete Schedule C, Part I | vities on benail of or in oppo | isition to candidates for pu | iblic office? | 46 | | X |
| | Section 501(c)(3) organizations only | | | | 40] | | <u> </u> |
| | All section 501(c)(3) organizations must answer questions | 47-49b and 52, and com | plete the tables for line | s 50 and 51 | | | |
| | Check if the organization used Schedule O to respond to a | · | • | | | | |
| | | | | _ | | Yes | No |
| 47 Did the or | ganization engage in lobbying activities or have a section 501(h) e | election in effect during the ta | ax year? If "Yes," complete | Sch. C, Part II | 47 | | X |
| 48 Is the org | anization a school as described in section 170(b)(1)(A)(ii)? If "Yes | s," complete Schedule E | | | 48 | | X |
| 49a Did the or | ganization make any transfers to an exempt non-charitable related | i organization? | | | 49a | | X |
| | as the related organization a section 527 organization? | | | | 49b | | |
| | this table for the organization's five highest compensated employed | | ectors, trustees and key en | nployees) who ea | ch rece | eived r | nore |
| than \$100 | 0,000 of compensation from the organization. If there is none, enter | | | (4) | Т.: | | |
| | (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to | | (d) Health benefits contributions to | | Estimate of the state of the st | |
| | • | position | W-2/1099-MISC) | employee benefit plans, and deferred | | npensa | |
| | NONE | • | | compensation | + | | |
| | | | | | | | |
| | | | | | + | | |
| <u> </u> | | | | | | | |
| | | - | | | † | | |
| | | | | | | | |
| | | | | | | | |
| | | | ; | | | | |
| | | | | | | | |
| | | | | | | | |
| organizati | this table for the organization's five highest compensated independent. If there is none, enter "None." NONE daddress of each independent contractor paid more than \$100,00 | | ype of service | · · · · · · · · · · · · · · · · · · · | omper | | |
| | | | | | | | |
| | | | | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| d Total num | ber of other independent contractors each receiving over \$100,00 | <u> </u> | | L | - | | |
| | ganization complete Schedule A? Note: All section 501(c)(3) orga | | nneyemnt | | | | |
| | trusts must attach a completed Schedule A | | , indicating t | ▶ 3 | ₹ Yes | . [| □ No |
| Under penalties of | perjury, I declare that I have examined this return, including accompanying so parer (other than officer) is based on all information of which preparer has any | chedules and statements, and to the knowledge | the best of my knowledge and | belief, it is true, com | ect, and | compl | ete |
| Sign | Bul Micant | | | 731/14 | | | |
| Here | Signature of officer 19 | | | Dáte (' (| | | |
| | BRAD NIERGARTH, TREASURER Type or print name and title | | | | | | |
| | 7, | · · · · · · · · · · · · · · · · · · · | - T- 2 | 5 | | | |
| Paid | Print/Type preparer's name Preparer's signatu | re Date | Check |] if PTIN | | | |
| Paid Preparer | Lange 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | با لمه لي | self- employ | | | | |
| Use Only | BRAD NIERGARTH, CPA Could be | antimo and | י אַן וַיִּץן | P012 | | | |
| OGC Offiny | Firm's name DGN, LLC | <u></u> | Firm's EIN | | | | |
| | Firm's address ► P.O. BOX 947 TRAVERSE CITY, MI 49 | 1685_0047 | Phone no. | 231-94 | F 0 -] | L / 4. | 4 |
| May the IRS die | TRAVERSE CITY, MI 49 scuss this return with the preparer shown above? See instructions | 9685-0947 | | | Yes | . [| No |
| may mo mo uis | Naco the reterm with the property shown above. Ode hist detions | | | | | | <u> NO</u> (2012) |

SCHEDULE A

(Form 990 or, 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

| Name of | the organizat | ion | | | | | | E | Employer | identificati | on nu | mber |
|--------------|---|------------------------|---|--------------|---------------------------|-------------|---------------------|---------------------|------------------------|--------------|---------------------|------------|
| | | FAITH R | EFORMED CHUI | RCH FC | UNDAT | ION | | | 3 | 8-3384 | 954 | : . |
| Part I | Reason | for Public Char | rity Status (All organi | zations mu | ist comple | te this par | t.) See ins | tructions. | | | | |
| | nization is not | a private foundation | because it is: (For lines | 1 through | 11, check | only one b | oox.) | | | | | |
| 1 <u>[X]</u> | A church, co | nvention of churche | s, or association of chui | rches desc | inbed in se | ection 170 | (b)(1)(A)(i |). | | | | |
| 2 🖳 | A school des | scribed in section 17 | 70(b)(1)(A)(ii). (Attach So | chedule E.) |) | | | | | | | |
| з 🖳 | A hospital or | a cooperative hospi | ital service organization | described | in section | 170(b)(1) | (A)(iii). | | | | | |
| 4 📙 | A medical re | search organization | operated in conjunction | with a hos | spital desc | nbed ın se | ection 170 | (b)(1)(A)(| iii). Enter | the hospital | 's nam | ıe, |
| | city, and stat | | | | | | | | | | | |
| 5 📖 | | | benefit of a college or u | iniversity o | wned or o | perated by | / a govern | mental ur | nit describ | ed in | | |
| | | (b)(1)(A)(iv). (Compl | • | | | | | | | | | |
| 6 📙 | | | ent or governmental un | | | | | | | | | |
| 7 📖 | | | ceives a substantial part | of its supp | oort from a | governme | ental unit o | or from th | e general | public desc | nbed i | ח |
| | | (b)(1)(A)(vi). (Comple | • | | | | | | | | | |
| 8 - | | | section 170(b)(1)(A)(vi). | | | | | | | | | |
| 9 📖 | | | ceives: (1) more than 33 | | | | | | | _ | | |
| | | | nctions - subject to cert | - | | - | | | | • | | |
| | | | axable income (less sec | tion 511 ta | ax) trom bu | isinesses i | acquired b | y the org | anization | after June 3 | _' 0, 197 | 5 |
| 10 | | 509(a)(2). (Complete | e Part III. <i>)</i> perated exclusively to te | not for publ | lio pofoty (| Coo enetic | F00(-)(| 4) | | | | |
| 11 | = | = : | perated exclusively for t | • | • | | | • | ray out the | DUITOGGG G | of one | 0.5 |
| 11 | | | ations described in sect | | | | | | | | | Df |
| | | | organization and comp | | | | -). Ooo 3c . | Juon 503 | (а)(о). Оп | CON THE DOX | uiat | |
| | a Type | | | ype III - Fu | _ | | | ı 🗀 Tvı | ne III - No | n-functional | lv inter | arateo |
| е 🔲 | • | | at the organization is not | | _ | - | | | - | | | _ |
| | | | han one or more publicl | | | | | | • | • | | • |
| f | | | tten determination from | | | | | | | | (/(/- | |
| | supporting o | rganization, check th | his box | | | | | _ | | | | |
| g | Since Augus | t 17, 2006, has the o | organization accepted a | ny gift or c | ontribution | n from any | of the foll | owing pe | rsons? | • | • | |
| | (i) A perso | n who directly or ind | lirectly controls, either a | lone or tog | ether with | persons o | described | ın (ıi) and | (III) below | , | Yes | No |
| | the gov | erning body of the s | upported organization? | | | | | | | 11g(i) | | |
| | (ii) A family | member of a persor | n described in (i) above? | ? | | | | | ÷ | 11g(ii) | | |
| | (iii) A 35% | controlled entity of a | person described in (i) | or (II) abov | e? . | | | | | 11g(iii) | | Ĺ |
| h | Provide the f | ollowing information | about the supported or | rganızatıon | (s) | | | | | | | |
| | | 1 | 1 | Т | | | | | | | | |
| | of supported | (ii) EIN | (iii) Type of organization | | organization | | | (vi) l organizat | is the ion in col. | (vii) Amount | of mor | netary |
| orga | anization | | (described on lines 1-9 above or IRC section | | sted in your document? | | | (i) organi | organized in the U.S.? | | port | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | 103 | 110 | 163 | 1.10 | 163 | 140 | | | |
| | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | |
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| Total | | <u> </u> | 1 | l | ŀ | 1 | 1 | 1 | i | | | |

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | tion A. Public Support | | | | | | |
|------|---|----------------------|--------------------|-----------------------|----------------------|---|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | _ | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | 1 | | |] | |
| | 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 | | | İ | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | ļ | | |
| | Public support. Subtract line 5 from line 4 | | | | | <u> </u> | |
| | ction B. Total Support | | T | T | η | T | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | İ |
| _ | and income from similar sources | | | | | - | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | |] | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part IV.) | | | <u> </u> | <u> </u> | | |
| | Total support. Add lines 7 through 10 Gross receipts from related activities, | oto (ego inetruct | ione) | | | 12 | |
| | First five years. If the Form 990 is for | • | • | ırd fourth or fifth t | ay vear as a sectio | • | |
| 13 | organization, check this box and stor | • | o mot, occoma, tri | ia, iodiai, oi mart | ax your as a scotte | 71 00 1(0)(0) | ▶□ |
| Sed | ction C. Computation of Publ | ic Support Pe | ercentage | | • | • | |
| | Public support percentage for 2012 (| | | column (f)) | | 14 | % |
| | Public support percentage from 2011 | | = | | | 15 | % |
| | 33 1/3% support test - 2012. If the | | | on line 13, and line | 14 is 33 1/3% or r | nore, check this be | ox and |
| | stop here. The organization qualifies | as a publicly supp | oorted organizatio | n | | | ▶□ |
| b | 33 1/3% support test - 2011. If the | organization did ne | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check t | his box |
| | and stop here. The organization qual | lifies as a publicly | supported organiz | zation | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | t - 2012. If the org | ganization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | • | =" | | | | |
| | meets the "facts-and-circumstances" | | | - | · · | | . ▶□ |
| b | 10% -facts-and-circumstances tes | t - 2011. If the org | ganization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circi | umstances" test, o | check this box and | stop here. Explan | n in Part IV how the | е |
| | organization meets the "facts-and-circ | cumstances" test. | . The organization | qualifies as a publ | licly supported org | anızatıon | ▶□ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instruction | ns D |
| | | | | | Sch | edule A (Form 990 | or 990-EZ) 2012 |

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

' (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| se | tion A. Public Support | | | | | | |
|---------------|--|--------------------|-----------------------|------------------------|----------------------|---------------------|-----------|
| ale | ndar year (or fiscal year beginning in) 🖊 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | | 1 | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year . Add lines 7a and 7b | | | | | | |
| | • | | | | | | <u> </u> |
| | Public support (Subtract line 7c from line 6) ction B. Total Support | | | | | | |
| | | /-> 0000 | (L) 0000 | (1) 0010 | 4 0 0044 | | (n T) 1 |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| _ | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | : | | | | |
| _ | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a section | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | ····· | <u> </u> | | |
| <u>sec</u> | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2012 (I | | • | column (f)) | | 15 | % |
| | Public support percentage from 2011 | | | | - · | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | - | • | ne 13, column (f)) | • | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2012. If the | | | | | | 7 is not |
| | more than 33 1/3%, check this box as | | | | | | ▶∟_ |
| b | 33 1/3% support tests - 2011. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | | • - | • | | • | ▶Щ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see in | structions | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization **Employer identification number** FAITH REFORMED CHURCH FOUNDATION 38-3384954 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: DIVIDENDS 8,992. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: SCHOLARSHIPS GRANTEE NAME: TRAVERSE CITY CHRISTIAN SCHOOL DATE OF GIFT: 02/27/12 AMOUNT GIVEN: 1,000. ACTIVITY CLASSIFICATION: SCHOLARSHIPS GRANTEE NAME: KUYPER COLLEGE DATE OF GIFT: 09/27/12 AMOUNT GIVEN: 250. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,250. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: FILING FEE 20. FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: UNREALIZED GAIN ON INVESTMENTS 14,773.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FUNDING OF LOCAL, NATIONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

FAITH REFORMED CHURCH FOUNDATION

Employer identification number 38-3384954

| AND INTERNATIONAL MISSIONARIES FOR JESUS CHRIST; FUNDING OF EMERGING |
|---|
| MINISTRIES PROMOTING AND SPREADING THE CHRISTIAN FAITH, PROVIDING |
| SCHOLARSHIPS FOR CHRISTIAN EDUCATION TO PERSONS WITH FINANCIAL NEED AND |
| FUNDING FOR THE ACQUISITION, CONSTRUCTION, RENOVATION, REPAIR AND |
| MAINTENACNE OF PROPERTY AND FACILITIES FOR FAITH REFORMED CHURCH OF |
| TRAVERSE CITY, MI. |
| |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: |
| FUNDING OF LOCAL, NATIONAL AND INTERNATIONAL MISSIONARIES |
| FOR JESUS CHRIST; FUNDING OF EMERGING MINISTRIES PROMOTING |
| AND SPREADING THE CHRISTIAN FAITH, PROVIDING SCHOLARSHIPS |
| FOR CHRISTIAN EDUCATION TO PERSONS WITH FINANCIAL NEED AND FUNDING FOR |
| THE ACQUISITION, CONSTRUCTION, RENOVATION, REPAIR AND MAINTENACNE OF |
| PROPERTY AND FACILITIES FOR FAITH REFORMED CHURCH OF TRAVERSE CITY, MI. |
| IN 2012 THREE SCHOLARSHIPS WERE PROVIDED TO SUPPORT CHRISTIAN |
| EDUCATION. |
| |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. |
| |
| |