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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public

A	For the	2012 cale	endar year, or tax year	beginning	,	2012, and e	ending			, 20				
В	Check if	applicable.	C Name of organization M	iddle East Refor	med Fellowship Sub	sidiary Con	npany		D Employ	er identification n	umber			
	Address	change	Doing Business As Mid							45-2212089				
	Name d	hange			delivered to street addre	ess) Roc	om/surte	e E Telephone number						
	Initial ref	•	P.O. Box 1904			Ì		l l	616,399,7151					
	Temina		City, town or post office			010.333.7131								
$\overline{\Box}$	Amende		Holland ML 49422-19	M				[.	G Gross re	ecepts \$	916.399			
$\bar{\Box}$		on pending	_			•				for affiliates? Yes	_			
_	. фрош	.o., ponomy	· · · · · · · · · · · · · · · · · · ·	-						ncluded?				
_	Tax-exe	mpt status:	✓ 501(c)(3)	501(c) () ◀ (insert no) ☐ 4947(a)(1) or 5				list. (see instruction				
<u>:</u>	Website		<u> </u>) + (zo. (1) 4347(<u>aytiy (4. 11. 13</u>	RE 1	H(c) Group			•			
ĸ	Form of	T -	of legal domicile											
	art I	Summ		Association	Other ►	L Year of f	Оправон	2011	I WI Otate	O legar domicie	MI			
	1		escribe the organization	on's mission or	most significant as	tuutioo:				 				
	' '	=	-		-					d for charitable.				
8			and educational ourpo											
Activities & Governance		purpose.	The organization prim	arily_supports_e	yangelism. training.	and relief ef	ftorts of	the Middle	East Re	formed	•••••			
10			in LTD based in Cyoru						050/ - 6	**				
ě	2		is box ▶ ☐ if the orga		•	•			1 1	its net assets.				
90	3		of voting members of		• •	•			3		21			
<u>8</u>	4		of independent voting				-		4		21			
₹	5		mber of individuals en		•	t V, line 2a)	•		5	 -	0			
Ā	6		mber of volunteers (es		= = =				6	N	umerous			
	7a		elated business rever						7a		0			
	Ь	Net unre	lated business taxable	e income from I	Form 990-T, line 34		<u> </u>		7b		0			
9							<u> </u>	Prior Yea	ar	Current Yo	ear			
	8	Contribu	tions and grants (Part	VIII, line 1h) .			·		0	l -	915.908			
Ę	9	Program	service revenue (Parl	VIII, line 2g)			·		0					
Revenue	10	Investme	ent income (Part VIII, o	column (A), lines	s 3, 4, and 7d)				0		491			
•	11		venue (Part VIII, colum											
	12	Total reve	enue-add lines 8 thro	ugh 11 (must e	qual Part VIII, colum	n (A), line 1:	2)		0		916.399			
	13	Grants a	nd sımılar amounts pa	aid (Part IX, colu	umn (A), lines 1-3) .		<u>. </u>		0		770.000			
	14	Benefits	paid to or for membe											
ø	15	Salaries,	other compensation, e		0		63.307							
Expenses	16a	Profession	onal fundraising fees (
8	Ь	Total fun	draising expenses (Pa	art IX, column (I	D), line 25)	48.77	/B/,							
ш	17	Other ex	draising expenses (Pa penses (Part IX, colur penses. Add lines 13–	nn (A), lines 11a	-11d 11f-24e) ().	8.5012	7.61		0		8.895			
	18	Total exp	penses. Add lines 13-	17 (must equal	Partix, column (A),	line 25)	一样		0		890.978			
	19	-	less expenses. Subtr		1 1	21. [1.]		Ļ	0		25.421			
- S					OGPH	-1.	Be	ginning of Cur	rent Year	End of Ye				
sets or	20	Total ass	sets (Part X, line 16)			<i></i>	. \square		0		114.368			
Net Ass Fund Ba	21	Total liab	ulities (Part X, line 26)				. \square		0		562			
<u>S</u> 2	22	Net asse	ts or fund balances. S	Subtract line 21	from line 20		. \square		0		113.806			
P	art II		ture Block								113,000			
Un	der pena	attres of penu	ry, I declare that I have exa	mined this return, in	ncluding accompanying s	chedules and	stateme	nts, and to th	e best of r	my knowledge and	belief, it is			
			lete. Declaration of prepare							,	•			
		TIN												
Sig	าก	Sign	nature of officer					Date	 В .					
He	-		Konnet	A (}	. 1110			Ju	1429	4,2013				
		Type	e or print name and tritle	Foreth	T. Anen	o Dre	corch	ontlow	0 5000	40				
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Pa				1	-				Check self-emp	l of oloved				
	epare	I	rame Þ		=				s EIN ►	71				
US	e On	יי עי	address >											
Ma	y the II		s this return with the	oreparer shown	above? (see instru	ctions) .		Phon		Yes	. □ No			

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 11282Y

	90 (2012)			_ 	Page 2									
Part	_			D-4 III										
1	Briefly describe the organizat		to any question in this i	Part III	· · · · <u>L</u>									
•		Proclamation of the Christian Gospel via broadcasting, discipleship and training, and diaconal aid.												
	Etterialisation of the Chilistian System via producesting and transfer and transfer and													
2	Did the organization undertal	ke any significant pr	ogram services during the	e year which were not listed on the										
	pnor Form 990 or 990-EZ? .			·	☐ Yes									
_	If "Yes," describe these new													
3				In how it conducts, any program										
	If "Yes," describe these chan				☐ Yes ☑ No									
4		-		of its three largest program services	s, as measured by									
	expenses. Section 501(c)(3) a	and 501(c)(4) organia	zations are required to re	port the amount of grants and allo										
	the total expenses, and rever	ue, if any, for each i	program service reported.											
4a	(Code:) (Expense:	\$ \$ 22.207	including grants of \$) (Revenue \$	922 207)									
				ntation of the gospel of Jesus Christ,										
				elists. teachers. and elders. It also p										
	aid in the countries it serves w	ith.its.other.ministries	S											
		••												
4b	(Code:) (Expense:	\$\$	including grants of \$) (Revenue \$)									
	***************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
4c	(Code:) (Expense:	• ¢	including grants of \$) (Revenue \$										
40	(Code) (Expense:	5 Φ	including grants of \$) (nevertie \$	'									

		•••••••			••••••									
	•••••													
		••••••												
4d	Other program services (Des	cribe in Schedule O.	· · · · · · · · · · · · · · · · · · ·											
	(Expenses \$	including grants of		nue \$)										
4e	Total program service expe	nses ▶	833.307											

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		→
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
		Form	n 99 0	(2012)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	:	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		▼
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>√</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		√
33	complete Schedule N, Part II	32		- -
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	990	(2012)

ait	Check if Schedule O contains a response to any question in this Part V			П
_	Check is Schedule O contains a response to any question in this rait v	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		·
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,
	required to file Form 8282?	7c		✓_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		}
9	organization, have excess business holdings at any time during the year?	8		
э э	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			l
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued dunng the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- ✓
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L

Part											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI										
Section	on A. Governing Body and Management	-:-:	<u> </u>								
<u>occin</u>	on A. Governing Body and Management		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21										
	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.	•		l 1							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 21										
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	/	<u> </u>							
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?			,							
	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	3		/							
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1							
6	Did the organization become aware during the year of a significant diversion of the organization sussets:	6		1							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	H	-	 							
	one or more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		/							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following:										
a	The governing body?	8a	1								
ь 9	Each committee with authority to act on behalf of the governing body?	8b	V								
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	✓							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
		10b 11a	1	-							
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIIa	_	 -							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe in Schedule O how this was done										
13	Did the organization have a written whistleblower policy?	13	✓								
14	Did the organization have a written document retention and destruction policy?	14	✓	ļ							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			[
_		150	1								
a b	The organization's CEO, Executive Director, or top management official	15a 15b	.								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u> </u>								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		<u> </u>								
0	organization's exempt status with respect to such arrangements?	16b	L								
Section 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	(c)(3)s	only)							
	available for public inspection. Indicate how you made these available. Check all that apply.		-,(-,0								
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest p	olicy,							
	and financial statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;								
	organization: ► Connie Knap: 382 Tiffany Shores Drive: Holland, MI 49424: (616) 399-7151.										

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Form 990 (2012)

Form	OOO	1201	121

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

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

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

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

☑ Check this box if neither the organization nor	any relate	d orga	aniz	atıc	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(B) Average hours per week (list any hours for related organizations below dotted line)	box of lindividual	unles	Pos eck s pe	rson	has both Highest compensated	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rev. Ken Anema - Chairman	2			1		đ				
(2) Dr. Norman De Jono - Vice Chairman	11			1				0	0	0
(3) Mr. Brian Gesch - Secretary	3			,				0		
(4) Ms. Connie Knap - Treasurer	3			,					0	
(5) Mr. Bernie Bronsink - Asst. Treasurer	1			1			i	0		
(6) Mr. Ben Boersma		1						0		
(7) Rev. Bill Bouwer		1								
(8) Mr. Kenneth Campbell		1								
(9) Rev. Brian De Jong		1					<u> </u>			
(10) Rev. Kevin De Young		1								
(11) Mr. Lee De Young		1						0	0	
(12) Rev. James Hakim		1		-				0		
(13) Mr. Jeff Pols		1	_					,		
(14) Rev. Randy Steele		·	-					0		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		ndif C)	lighe	st C	compensated E	mployees (c	ontinu T	ed)		
	401				•	ubon							_	
	(A)	(B)			eck	more	e than o		(D)	(E)			(F)	
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportable compensation			mated ount of	
		week (list any			_			<u></u>	from	related			ther	
		hours for	Individual trustee or director	Institutional truste	Officer	Key employee	賣	Former	the	organization		•	ensatio	n
		related organizations	중	重	ĕ	B B	o o o	힅	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nızatıor	,
		below dotted	₫ 🖺	กล		등	9 8		(***2 *********************************				related	
		line)	몵	1 2		8	귷		1			organ	nzation	s
			8	ste			Highest compensated employee							
				•			雹				i			
(15) M	. James Veld	 							<u> </u>					
2	a summa score	†	1						0		اه			
(16)	. Elmer Van Drunen	 												
Y. T. IND	Luner van Drugen	t	1						1					
(17) -		 	 		-	├		\vdash			-0 -			
MAN	. Rev. lain Wright		/							İ				
(40)		-	-	Н	-	┝		-	0		0	-		
(10) M	Charles L. Zandstra		١,								1			
4463			/	Н				_	0		. 0			
(19) R	ev. Rilev Fraas										1			
			1						0		0			
(20) _M	r. Frank Voss. Jr.													
			1						0		_0_			
$(21)_{M_1}$	Nels Huse							1						
_			✓					<u> </u>	0		0			
(22)								1						
								L						
(23)								Π						
		1									1			
(24)														
3		†									- 1			
(25)				П										
3777	***************************************	†							ŀ					
1b	Sub-total							—	<u> </u>					
c	Total from continuation sheets to Part		-	•	-	-		_		1	0			
ď	Total (add lines 1b and 1c)	-		-	-				0		0			
2									0	•	01			
2	Total number of individuals (including bu reportable compensation from the organ		io tr	iose	IISI	ea	above	e) W	no receivea m	ore than \$10	0,000	OT		
	reportable compensation from the organ	zation P 0											Y	
3	Did the ergonization list any fermer of	ficer direc					L-0.4		alayaa ar biah		td	_	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mp	noyee, or nigr	iest compen	Saleu			
_	• •										•	3		✓
4	For any individual listed on line 1a, is the													į
	organization and related organizations	greater th	an \$	150,	000)? I	t "Ye	s, "	complete Scr	nedule J for	such			ļ
	individual		• •	•	•	• •	•				•	4		✓
5	Did any person listed on line 1a receive of									zation or indi	vidual			
	for services rendered to the organization	? If "Yes," o	compl	ete	Scr	nedu	ule J 1	or s	such person			5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within th	ne org	anizatio	on's ta	ЗX
	year.													
	(A)								(B)			(C)		
	Name and business add	iress							Description of s	ervices	(Compens	ation	
								Γ						
												······································		
	-							t						
								t						
2	Total number of independent contractor	ors (includir	na bi	ıt n	ot I	lımit	ed tr) th	nose listed ab	ove) who				
_	received more than \$100,000 of compen							, ui		3.0, 4110				
				. yaı			-		0					

Part VIII		Statement of Revenue									
		Check if Schedule O contains a response to any	quest	ion in this Part V	III		🗆				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
\$ \$	1a	Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b									
A. C.	С	Fundraising events 1c									
	d	Related organizations 1d									
3, E	е	Government grants (contributions) 1e									
no is	f	All other contributions, gifts, grants,									
돌		and similar amounts not included above 1f 915	5.908								
E 0	g	Noncash contributions included in lines 1a-1f: \$									
ပိုင်္ခ	h	Total. Add lines 1a-1f	•	915.908		l					
ne ne		Business C	ode								
Ϋ́Θ	2a										
8	b										
<u> </u>	С										
Ser	d										
Ē	e					ļi.					
Program Service Revenue	f	All other program service revenue .									
<u>~</u>	g	Total. Add lines 2a–2f									
	3	Investment income (including dividends, inter		<u> </u>			}				
		and other similar amounts)		491							
	4	Income from investment of tax-exempt bond proceed:	s▶ [
	5	Royalties	•								
		(i) Real (ii) Person	al	1							
	6a	Gross rents		1							
	b	Less: rental expenses		1		1					
	С	Rental income or (loss)									
	d	Net rental income or (loss)	•								
	7a	Gross amount from sales of (i) Securities (ii) Other									
		assets other than inventory				Ì					
	b	Less: cost or other basis									
		and sales expenses		İ							
	C	Gain or (loss)				·					
	d	Net gain or (loss)									
venue	8a	Gross income from fundraising events (not including \$									
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a									
츙	b	Less: direct expenses b									
_		Net income or (loss) from fundraising events .	•								
	9a	Gross income from gaming activities.				}					
		See Part IV, line 19 a									
	b	Less: direct expenses b									
	С	Net income or (loss) from gaming activities	>		· 		1				
	10a	Gross sales of inventory, less				1					
		returns and allowances a				1					
	b	Less: cost of goods sold b				 					
	С	Net income or (loss) from sales of inventory	>								
		Miscellaneous Revenue Business C	ode								
	11a										
	b										
	С										
	d	All other revenue									
	е	Total. Add lines 11a-11d	•								
	1 12	Total revenue. See instructions				1	I				

Statement		

Section	Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,			(C)	(D)
8b, 9t	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				-
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	770.000	770.000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	63,307	63.307		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,	<u> </u>		
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
а	Management			}	
b	Legal				
C	Accounting	4.250		4.250	
d	Lobbying				
e f	Investment management fees	-			
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	42.641	• .		42.641
13	Office expenses	718			718
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	237	<u> </u>	_237	-
23	Insurance			· ··	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	''''''				
b	Membership Fees Other Expense	3.296		4 400	3.296
c	Ministry Development	5.234 1.295		4.408	826 1.295
d		1,4,5,4			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	890.978	833.307	8.895	48.776
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 1 77.268 2 2 Savings and temporary cash investments 0 1,493 3 3 4 34.654 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. ß 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 9 125 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c h Less: accumulated depreciation 828 11 Investments—publicly traded securities 11 12 Investments—other securities, See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 114.368 17 Accounts payable and accrued expenses 17 562 Grants payable 18 18 Deferred revenue 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 62.731 28 28 51.075 29 Net Assets or Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 32 32 33 Total net assets or fund balances 33 113.806 34 34 Total liabilities and net assets/fund balances . . . 114.368 Form 990 (2012)

Form 99	90 (2012)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	16.399
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.978
3	Revenue less expenses. Subtract line 2 from line 1	3			25.241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			88.385
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	13.806
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ir	ו		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:		į		
	Separate basis Consolidated basis Both consolidated and separate basis		ļ	1	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			√	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain II	י		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i			١,
	the Single Audit Act and OMB Circular A-133?		3a	4	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	นนแร	3b	1	I

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

	V. U.	e organization						١,	- inprojet k	aci iu iroduo	ii iiwiwei		
	Aiddle East Reformed Fellowship Subsidiary Company 45-2212089 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
Par										nstruction	ons.		
ine d	-		-	tion because it is: (Fones, or association of		_		-		3			
2		•					eu III Sec	טייו ווטם	וואאוני ועטן	·)-			
3	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 7	\checkmark	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community t	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	urt II.)						
9		An organization receipts from support from	n that normally activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	an 331/3% ions—sub ated bus	of its su oject to d siness ta	ipport fro certain ex xable inc	ceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10 11	_	-	-	operated exclusively doperated exclusive		-	-			-	or to ca	arry ou	t the
				licly supported organisescribes the type of s				•	, , ,			See se	ction
		a ☐ Type I	b 🗌 Type	II c ☐ Type III	-Function	nally inte	grated	d 🗆 1	Type III-N	Non-funct	tionally i	ntegrat	ed
е		other than fou	ndation manage	that the organization rs and other than one									
		or section 509		. written determinets	n from t	ho IDC 4	that it is	a Tupa	I Tuno I	ll or Tur		nnadia	
f		organization, c	check this box .	written determination							e III su 		
g		following person	ons?	ne organization accep	·								
				ndirectly controls, eithody of the supported of						din (ii) au 	nd 11g(Yes	No
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(i	ii)	
				a person described ın							11g(i	ii)	
h		Provide the fol	llowing informati	on about the support	ed organi	zation(s).					,		
(1)		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	un col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	ts the tion in col. zed in the S?	(vii) Amou	unt of mo support	netary
				(000 1100 000010))	Yes	No	Yes	No	Yes	No	1		
(A)		·											
(B)													
(C)													
(D)													
(E)													
Tota		•											

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar 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.")	1.153.370	943.168	<u>759.183</u>	785,669	915.908	4.557.298
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	1.153.370	943.168	7,59.183	785.669	915,908	4.557.298
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	i					
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.	<u> </u>					4.557.298
	on B. Total Support					1 1 2 2 2 2	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1.153.370	943.168	759.183	785.669	915.908	4.557.298
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
		1.020	319	98	116	491	2.044
9	Net income from unrelated business			·			
	activities, whether or not the business is regularly carried on						
40	• •						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
44							· · · · · · · · · · · · · · · · · · ·
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	nne)		<u> </u>	12	4.559.342
13	First five years. If the Form 990 is for the						n 501(c)(3)
10	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line			1 column (fl)		14	100 %
15	Public support percentage from 2011 Sci		-	.,		15	100 %
16a	331/3% support test—2012. If the organi				d line 14 is 33¹		
	box and stop here. The organization qua						. ▶ [
ь	331/3% support test-2011. If the organ			-	r 16a. and line	15 is 331/3%	
-	check this box and stop here . The organ						. ▶ □
170	10%-facts-and-circumstances test — 20	-			₹	a or 16b and	
17a	10% or more, and if the organization me						
	Part IV how the organization meets the "1						
	organization				anon quantos	and a pablicly of	. b ¬
L	•	 044		ot obook a bas	on line 12 14	a 16h a 17-	and line
Ь	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza	_					
	Explain in Part IV how the organization m						
	supported organization				-	-	. • -

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	ii tilo organization tallo to quality	4.144. 11.0 10	010 110104 2011	or, prodec co		,	
	on A. Public Support		,····		·····		
Calen	dar 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						1
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u> </u>
6	Total. Add lines 1 through 5		ļ				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		ļ				
	or 1% of the amount on line 13 for the year	· · · · · · · · · · · · · · · · · · ·					
-	Add lines 7a and 7b						-
8	line 6.)	1					
Sant:	on B. Total Support		l	<u> </u>	L		1
		(a) 2009	(h) 2000	(a) 2010	(4) 2011	(a) 2012	(A Total
Calen 9	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6				 		+
ıv d	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		 			-	
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975		1				
С	Add lines 10a and 10b						
11	Net income from unrelated business		†				
	activities not included in line 10b, whether						
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or						1
	loss from the sale of capital assets						
	(Explain in Part IV.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop he	re		<u> </u>	<u></u> .		<u></u> □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line		-	3, column (f))		15	%
16	Public support percentage from 2011 Sci			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (• •	-		17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box	-	-	-		_	_
b	331/n% support tests - 2011. If the organiz						
	line 18 is not more than 331/3%, check this	=	•	•			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions 🕨 🔲

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part IL Secti	on A. In previous years the organization filed Form 990 under the name of Middle East Reformed Fellowhsip, FEIN # 23:2416249
On January	1. 2012 all assets of Middle East Reformed Fellowshin FEIN # 23-2416249 were transferred to Middle Reformed Fellowshin
Subsidiary.	Company, FEIN #45-2212089, the successor to Middle East Reformed Fellowship.
.The revenue	e reported for 2008, 2009, 2010, and 2011 was reported on the Form 990 filed for 2011 for Middle East Reformed Fellowship
FEJN.#23:24	16249
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Middle East Reformed Fellowship Subsidiary Company 45-2212089 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate 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 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 Part II Conservation Easements. Complete if the organization answered "Yes" to 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 Tax Year **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, 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) ☐ Yes ☐ No 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X .

			•
Schedule	D (Form	990)	2012

Page 2

Part								
3	Using the organization's acquisition, collection items (check all that apply):		, and other rec	ords, ched	ck any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ae prod	rams	
b	☐ Scholarly research		е					
c	☐ Preservation for future generations	s					***************************************	
4	Provide a description of the organiza		ections and exp	lain how t	thev further	the or	panization's exe	mpt purpose in Part
-	XIII.						garmeanon o one	
5	During the year, did the organization	solicit or	receive donatio	ne of art	historical t	reseure	e or other simi	lar
•	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra							
ı aı	line 9, or reported an amour				garnzanon	aiiswc	ieu ies toi	oiii 550, rait iv,
1a	Is the organization an agent, trustee				or contribu	tions o	r other assets r	not .
10	included on Form 990, Part X?							
						• •		∐ Yes ∐ No
b	If "Yes," explain the arrangement in P	art XIII an	a complete the 1	ollowing t	able:		- 	Amount
						-		-viiount
C	Beginning balance					10		
d	Additions during the year					10		
е						10		
f	Ending balance					11		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P							
Par	V Endowment Funds. Compl							
		(a) Curre	nt year (b) P	nor year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				1			
b	Contributions							
C	Net investment earnings, gains, and							
	losses						{	
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses			-	<u> </u>			
g	End of year balance				<u> </u>			
2	Provide the estimated percentage of	the curren	t vear end balar	ce (line 1	a. column (a	a)) held	as:	
а	Board designated or quasi-endowme				,,	,,		
b	Permanent endowment ▶	%						
c	Temporanly restricted endowment ▶		%					
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in th			nization th	at are held	and ac	lministered for t	he
	organization by:	•	3					Yes No
	(i) unrelated organizations							3a(i)
	<u></u>			• • •		•		3a(ii)
b	If "Yes" to 3a(ii), are the related organ			on Sched	tule R?	• •		3b
4	Describe in Part XIII the intended use					• •		<u> </u>
Pari							· · · · · · · · · · · · · · · · · · ·	
	Description of property		Cost or other basis		or other basis	(c)	Accumulated	(d) Book value
	beautiful or property	144	(investment)		other)		epreciation	(a) DOOK VEIDE
	Land			+		7		· · · · · · · · · · · · · · · · · · ·
b	Buildings	·		+		 		
	Leasehold improvements	· -		+		 		
C	-	· -		+	0.001			
d	Equipment	. —	···	+	6,384	1	5,319	828
Total		·	/ Form 000 D==	V och	n /D) !: 1:	0(0) 1		
ı otal.	Add lines 1a through 1e. (Column (d) r	пиът ечиа	<u>i roiiii 990,</u> Pan	A, COIUMI	ıı (0), iine 11	U(U).)	▶	828

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year materials	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	•••		<u>.</u>	
(H)				
(1)			ļ	
	(b) must equal Form 990, Part X, col. (B) line 12.)	1 Can Farm 000 Dark V	line 10	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		·		
<u>(7)</u>				
(8)			1	
(10)				•
	(b) must equal Form 990, Part X, col. (B) line 13)			
Part IX		art X, line 15.		
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<u> </u>		
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c		<u> ▶</u>	
Part X	Other Liabilities. See Form 990.			
1.	(a) Description of liability	(b) Book value		
	l income taxes		<u> </u>	
(2)				
(3)				
(4)			_	
(5)				
(6)		<u> </u>	_	
(7)			_	
(8)			_	
(9)			4	
(10)			4	
(11)	All most are of Fare 2000 Post V 1 MIC 1001 P		4	
	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	1	
	SC 740) Footnote. In Part XIII, provide the			
nadinty for t	incertain tax positions under FIN 48 (ASC)	140). Uneck nere if the text of	i ule loothole has been provided in Pa	ฮมเคม 📙

	te D (Form 990) 2012	Datum	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1	916,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	 	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	916,399
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	916,399
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	1	
1	Total expenses and losses per audited financial statements	1	890,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	 	
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	ļ	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	890,978
	XIII Supplemental Information	B/ P	41 101
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part X, lines 3; Part XI, lines 3d and 4b, and Part XII, lines 3d and 4b, along a part late this part A		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.	provide an	y additional
11101111	duori.		
			•••••
			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

2012 Open to Public Inspection Employer identification number

OMB No 1545-0047

<u>Middle</u>	East Reformed Fellowship Sub						-2212089			
Part		n on Activiti		the United States. Comp	olete if the organi	ization ans	wered "Yes" to			
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?									
	grants or assistance:						∐Yes ∐No			
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.									
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	an be duplicated if addition	nal space is need	ted.)				
	(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e.g., fundraising, program services, in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total a program service, describe specific type of service(s) in region (f) Total a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) If activity listed in (d) is a									
(1)										
(2)										
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(8)										
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(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a	Sub-total									
b	Total from continuation sheets to Part I									
С	Totals (add lines 3a and 3b)									

Page 2

Schedule F (Form 990) 2012

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

(1) Cyprus Support 770,000 Wite Transfer (2) (3) (4) (4) (4) (5) (6) (6) (6) (7) (7) (7) (7) (10) (11) (12) (13) (14) (15) (15) (15) (16) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	ation section and EiN (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) D cash non-cash (if applicable) (grant cash grant disbursement assistance	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	(1)		Cvorus	Support	1 000'077	Wire Transfer			
(4) (6) (9) (10) (12) (13) (14)	(2)								
(4) (5) (6) (7) (12) (12) (15) (15) (15) (15)	(3)								
(6) (7) (8) (9) (10) (11) (12) (14) (15)	(4)								
(9) (9) (10) (11) (12) (13) (14)	(9)								
(10) (12) (13) (15)	(9)								
(9) (10) (11) (12) (13) (15)	6								:
(10) (11) (12) (13) (14) (15)	(8)								
(10) (11) (12) (12) (13) (14) (14) (15)	(6)								
(12) (13) (14) (15)	(10)								
(12) (13) (14) (15)	(11)								
(13) (14) (15)	(12)		:						
(15)	(13)								
(15)	14)								
	(15)								
(91)	(16)								

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

0

Enter total number of other organizations or entities က

Schedule F (Form 990) 2012

Part III can be duplicated it additional space is	ted if additional spa	ce is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(3)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							

			•
Schedule	F (Form	990)	2012

Page 4

Part	V Foreign Forms		-
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	1	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	,	 ✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**12**

OMB No 1545-0047

Open to Public Inspection

Employer identification number

45-2212089

Department of the Treasury Internal Revenue Service

Middle East Reformed Fellowship Subsidiary Company

rm 990 or 990-EZ or to provide any additional informatio

▶ Attach to Form 990 or 990-EZ.

Part VI, Question 2 - Director Family Relationships - Norm De Jong/Brian De Jong - Father/Son relationship; Lee DeYoung/Kevin DeYoung -Father/Son relationship; Elmer Van Drunen/Brian Gesch - Father-in-law/Son-in-law relationship. Part VI, Question 11b - All council members are sent a copy of the 990 prior to its filing with the IRS. Each of the members is encouraged to review the form and forward any comments or questions to the council chairman or treasurer before the return is filed. Part VI, Question 12a,12b - All council members are aware the policies and have committed to adhere to all policies, procedures, and statements of faith and conduct. Part VI, Question 15a & 15b - The organization pays a portion of the salary of the Executive Director of the Middle East Reformed Fellowship, LTD based in Cyprus. The board chairman has input into the salary along with the other organizations that pay for the salary of the Executive Director. Part XI, Line 9 - Other Changes in net assets - On January 1, 2012 all assets of Middle East Reformed Fellowship were transferred to Middle East Reformed Fellowship Subsidiary Company, FEIN #45-2212089, the successor to Middle East Reformed Fellowship. The amount of 88,385 was the amount of the net assets of Middle East Formed Fellowship, FEIN ##23-2416249 at December 31, 2011.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2			
Name of the organization	Employer identification number			
Middle East Reformed Fellowship Subsidiary Company	45-2212089			
Part VI, Line 9 - Addresses of directors: Ken Anema; 3582 Walnut Park Drive; Hamilton, MI 49419: Ben Bo	ersma; 7061 Misty Morning Ct;			
Caledonia, MI 49316: William Bouwer; 27114 S. Quiet Oak Lane; Crete, IL 60417-6303: Bernie Bronsink; 3868 B Drive, South; Battle Creek,				
MI 49015: Kenneth Campbell; 2 Oak Street; Tuakau 212 New Zealand: Brian DeJong N6810 Meadowlark Road; Sheboygan Falls, WI 53083:				
Norm DeJong; 6527 Leisure Creek Dr.; Caledonia, MI 49316: Kevin DeYoung 2306 Northhampton Way; Lansing, MI 48912: Lee DeYoung;				
2718 Parkside Drive; Jenison, MI 49428-9102: Riley Fraas; 56 Cota Road; Merrimack, NH 03054-4051: James Hakim; 217 3rd Street, NW;				
Orange City, IA 51041: Brian Gesch; N978 Palmer Road; Cedar Grove, WI 53013: Connie Knap 382 Tiffany Shores Drive; Holland, MI 49424				
Jeff Pols; 5567 Madison Avenue; Hudsonville, MI 49426: Randy Steele; 9711 Arvilla, NE; Albuquerque, NM 87111: James Veld;				
1818 E. Rietveld Drive; Crete, IL 60417: Elmer VanDrunen; 17228 South Park Avenue; South Holland, IL 60473: Iain Wright; 9340 147th SL;				
Orland Park, IL 60462: Charles Zandstra; 3142 Lakeside Drive; Highland, IN 46322; Frank Vos., Jr.; 17024	Oketo Ave, Tinley Park, IL 60447;			
Nels Huse; 2467 S. 81st Street; West Allis, WI 53219				
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