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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2013 cale	endar year, or tax year b	eginning			, 2013	, and e	ending			, 20	
В		applicable	C Name of organization M		Reform	ed Fellowship	Subsidia	ry Con	npany		D Employer identification number		
	Address	change	Doing Business As									45-2212089	
	Name ch	•	Number and street (or P	O box if mai	l is not de	elivered to street	address)	Roc	om/suite		E Telepho	ne number	
Ħ	Initial ret	-	P.O. Box 1904							i		616-953-0185	
$\overline{\Box}$	Terminat		City or town, state or pro	vince, countr	v. and Z	P or foreign pos	tal code					010 000 0100	
H			_		,,						G Gross re	acointe \$	007 224
\exists	Amende		Holland, MI 49422-190		1/					1111.33.11			887,234
ш	Applicati	on pending	l .	•		neth J. Anema	l			I -		subordinates? Yes	_
			6757 Blackthorn Drive]						4 ''		s included? LYes	
<u>_</u>	Tax-exer	mpt status	✓ 501(c)(3)	∐ 501(c) () <	(insert no)	4947(a)(1) o	r <u>∐ 5</u>	27	1		a list (see instruction	ons)
J	Website									H(c) Group	exemption	number ►	
<u>K</u>		organization	✓ Corporation ☐ Trust	Association	on 📙 O	ther ►	L'	Year of f	ormation	2011	M State	of legal domicile	MI
P	art i 📗	Summ	nary										
	1	Briefly de	escribe the organization	on's missio	on or m	ost significar	nt activitie	es: Th	ne orga	nization is	organize	d for charitable	,
ė		religious	, and educational purpo	ses. As si	uch, it s	olicits and ac	cepts don	ations	and is:	sues funds	in accor	dance with this	
Governance			The organization prim										
E	2		nis box ▶□ if the orga										
Š	3		of voting members of								3	1	19
ω Ο	4		of independent voting	_	-						4		19
es	5		mber of individuals em			-					5		0
Activities &						-					6		
Ę	6		mber of volunteers (es						• •		<u> </u>		<u>lumerous</u>
⋖	7a		related business reven		-			• •	• •		7a		0
	b	Net unre	lated business taxable	e income f	rom Fo	rm 990-1, lin	e 34 .	<u> </u>	· ·		7b		0
										Prior Ye	-	Current Y	
Φ	8		tions and grants (Part						·		915,908		886,800
e L	9	Program	service revenue (Part	VIII, line 2	g) .				·				
Revenue	10	Investme	ent income (Part VIII, c	olumn (A),	lines 3	3, 4, and 7d)					491		434
Œ	11	Other rev	venue (Part VIII, colum	ın (A), lines	5, 6d,	8c, 9c, 10c,	and 11e)						
	12	Total rev	enue-add lines 8 thro	ugh 11 (mi	ust equ	al Part VIII, co	olumn (A),	line 1	2) 🗌		916,399		887,234
	13	Grants a	nd similar amounts pa	aid (Part IX	, colum	nn (A), lines 1	-3)				770,000		775,000
	14		paid to or for member	•					. —				
m	15		other compensation, e	•		• •), <u> </u>		63,307		57,023
se	16a		onal fundraising fees (•			'		00,001		07,023
Expenses	Ь		idraising expenses (Pa						<u>,</u>				
ă			penses (Part IX, colum					43,6	<u> </u>		F7 674		0.400
	17							 25\	`		57,671		8,498
	18		penses. Add lines 13-	•	•		i (A), line	25)	• ⊢		890,978		884,201
	19	Revenue	less expenses. Subtr	act line 18	rom II	RECEIV	/ED	_	-		25,421	F- 4 -4 V	3,033
Sor						IVECE			Det	ginning of Cu		End of Ye	
Ssets	20		sets (Part X, line 16)		امل			ပ္ကြ	<u> </u>		114,368		896,393
Net Asse	21		oilities (Part X, line 26)		[윤]	JUL 3 1	2014	SO	· 🛌		562		779,554
Žű	22	Net asse	ets or fund balances. S	Subtract lin	e 251 fr	om line 20 T	<u> </u>	(O)	<u> </u>		113,806		116,839
	art II		ture Block					图					
Ur	nder pena	Ities of perju	ury, I declare that I have exa	mined this re	tum, incl	௵ௐௐௐ௺	ying schedu	ıles and	stateme	nts, and to th	ne best of i	my knowledge and	i belief, it is
tru	e, correc	t, and comp	lete Declaration of preparer	(other than o	ffi cer) is	based on all info	mationofv	vhich*pr	eparer ha	as any knowle	edge		
		\ \Q	mit of Un	ina						•	שלוכלד	1014	
Sig	gn	Sign	nature of officer		<u> </u>					Dat	te		
He	ere		Cenneth And	ema,	Chai	rman							
			e or print name and title	110-7		111-014							
_		17	/pe preparer's name	Ti-	Preparer'	s signature			Date		Charle 1	PTIN	
Pa						-					Check self-em		
	epare	1							——	T		7	
Us	se Onl									i i	ı's EIN ►		
N 4 -	u tha Ir		address >	orenarer of	201412.2	hove? (see in	etruction	e)		J Pho	ne no		. The
_			s this return with the p				iau ucuon			· · ·		<u></u> Ye:	_=
For	Panery	vork Redu	ıction Act Notice, see tl	he separate	e instru	ctions.		,	Cat No	11282Y		Form \$	990 (2013)

3	90 (2013)				Page				
Part		_	ce Accomplishments a response or note to any line in this Pa		٦				
1		oe the organization's mi		<u> </u>	<u> </u>				
•	•	•	ria broadcasting, discipleship and training, a	and diaconal ald.					
2			significant program services during the year	ar which were not listed on t	he Yes V No				
	If "Yes," desc	ribe these new services	s on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," desc	ribe these changes on	Schedule O.						
4	expenses. Se	ection 501(c)(3) and 501	service accomplishments for each of its (c)(4) organizations are required to report ny, for each program service reported.						
4-) (Expenses \$	832,023 including grants of \$) (Revenue \$	832,023)				
4a	(Code:) (Expenses ϕ	σοσίοσο including grants of φ) (πουστίασ φ	032,023)				
4a	The organizat	ion provides financial as	sistance to Middle East Reformed Fellowshi	p in Cyprus which assists indi	genous Christians				
4a	The organizat	ion provides financial as	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh	p in Cyprus which assists indi ip of believers, and the establi	genous Christians shing of churches.				
48	The organizat in the Middle it also trains i	ion provides financial as East in the presentation on ndigenous pastors, evan	sistance to Middle East Reformed Fellowshi	p in Cyprus which assists indi ip of believers, and the establi	genous Christians shing of churches.				
48	The organizat	ion provides financial as East in the presentation on ndigenous pastors, evan	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh	p in Cyprus which assists indi ip of believers, and the establi	genous Christians shing of churches.				
48	The organizat in the Middle it also trains i	ion provides financial as East in the presentation on ndigenous pastors, evan	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh	p in Cyprus which assists indi ip of believers, and the establi	genous Christians shing of churches.				
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43	The organizat in the Middle it also trains i	ion provides financial as East in the presentation on ndigenous pastors, evan	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh	p in Cyprus which assists indi ip of believers, and the establi	genous Christians shing of churches.				
4a 4b	The organizat in the Middle it also trains i	ion provides financial as East in the presentation on ndigenous pastors, evan	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh	p in Cyprus which assists indi ip of believers, and the establi is diaconal aid in the countries	genous Christians shing of churches.				
	The organizat in the Middle it also trains i other ministri	ion provides financial as East in the presentation of ndigenous pastors, evan es.	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh gelists, teachers, and elders. It also provide	p in Cyprus which assists indi ip of believers, and the establi is diaconal aid in the countries	genous Christians shing of churches.				
	The organizat in the Middle it also trains i other ministri	ion provides financial as East in the presentation of ndigenous pastors, evan es.	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh gelists, teachers, and elders. It also provide	p in Cyprus which assists indi ip of believers, and the establi is diaconal aid in the countries	genous Christians shing of churches.				
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	The organizat in the Middle it also trains i other ministri	ion provides financial as East in the presentation of ndigenous pastors, evan es.	sistance to Middle East Reformed Fellowshi of the Gospel of Jesus Christ, the disciplesh gelists, teachers, and elders. It also provide	p in Cyprus which assists indi ip of believers, and the establi is diaconal aid in the countries	genous Christians shing of churches.				

		••••••••••••	

Other program services (I	Jescribe in Schedule (J.)		
(Expenses \$	including grants of \$) (Revenue \$)

4c (Code: ____) (Expenses \$____including grants of \$_____) (Revenue \$____)

(Expenses \$ 4e Total program service expenses ▶

832,023

Part l	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	~	_
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			~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
•	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		~
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		>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		~
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		~
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			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		~
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	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		~
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		•
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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		~
	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		v
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3) 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		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		,
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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
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		~
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, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .					
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Į				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		ļ.,				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	•	-			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
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 <i>e-file</i> (see instructions)		 				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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							
_	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	ļ	~			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	~			
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	 -			
06	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	-	-			
	gifts were not tax deductible?	6ь					
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	Ĺ	l				
	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	ļ	-			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _					
	required to file Form 8282?	7c	ļ	-			
d e	If "Yes," indicate the number of Forms 8282 filed during the year	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		<u> </u>			
ĥ	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			<u></u> j			
	organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.			<u>'</u>			
a	Did the organization make any taxable distributions under section 4966?	9a					
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-				
10 a	Section 501(c)(7) organizations. Enter: 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	1					
11	Section 501(c)(12) organizations. Enter:	1					
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)			l			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	<u> </u>			
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		1				
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand	1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~			
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h					

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Costi	Check if Schedule O contains a response or note to any line in this Part VI	• •	•	
Secu	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 19	r	.03	110
ra.	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	İ		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	>	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	_3_		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	۱		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-	-
b	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		1
_	the year by the following:			
а	The governing body?	8a	~	 '
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	404		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	T T a		 ,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	i
 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	١	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- <u>, -</u>		
а	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b	-	 -
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		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	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 int financial statements available to the public during the tax year.	erest	holic	y, and
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	a.c		

Form		

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 no	or any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck is pe	rson	e than the state of the state o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rev. Ken Anema - Chairman	2			,		-	,	0	0	
(2) Dr. Rev. lain Wright - Vice-Chairman	1			,						7.7
(3) Mr. Brian Gesch - Secretary	3			,				0	0	
(4) Ms. Connie Knap - Treasurer	3		-	_				0	0	
(5) Mr. Bernie Bronsink - Asst. Treasurer	11			,				0	0	'
(6) Mr. Ben Boersma		,						0	0	
(7) Mr. Kenneth Campbell		,						0	0	
(8) Rev. Brian De Jong	-	,						0	0	
(9) Rev. Kevin De Young		,						0	0	
(10) Rev. James Hakim	-	,						0	0	. ,.
(11) Mr. Nels Huse		,						0	0	
(12) Mr. Jeff Pols		,						0	0	
(13) Dr. Paul Sagan		,		 -				0	0	
(14) Rev. Randy Steele		 	-					0	0	<u> </u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
·					•	C)			!				
	(A)	(B)	(do n	ot ch		rtion more	than o	me	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable		timated	
		hours per week (list any		and	_	rect	or/trust		compensation from	compensation from related		nount of other	
		hours for	Individual trustee or director	Inst	Officer	₩ •	휡	Former	the	organizations	com	pensatio	חג
		related	통	T T	욛	Key employee	Joy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	om the anızatıor	n
		organizations below dotted	₫ <u>#</u>	ona .		믕	# ဋ		(10-2) (033-111130)			d related	
		lme)	28	tru		89	귤				orga	anization	IS
			8	Institutional trustee			Highest compensated employee						
							<u>&</u> _	<u> _</u>	↓		ļ.		
(15) Re	v. Riley Fraas	ļ											
			~	_			<u> </u>		0		4		0
(16) Mr	Elmer Van Drunen		ļ					ļ					
			-				ļ	<u> </u>	0		7		
(17) Mr	. James Veld	<u> </u>											_
				<u> </u>			<u> </u>	ļ	0		<u>'</u>		0
(18) Mr	. Frank Voss, Jr.	ļ								ĺ ,			
44.00.00			-	-	-	-	<u> </u>	┢	0	-	<u>'</u>		0
(19) Mr	. Charles Zandstra	ļ				İ		Į		,			
(00)			-	}—	_	├	-	-	0		<u>'</u>		
(20)		 		İ									
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(21)			1		Ì		1		1				
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(25)		1	<u> </u>	\vdash	╁╌	t		\vdash	 				
120/		†	1		ŀ								
1b	Sub-total			٠.	•			▶	0)		0
С	Total from continuation sheets to Part	VII, Sectio	n A					•	0	(0
d	Total (add lines 1b and 1c)							>	0)		0
2	Total number of individuals (including bu							e) w	ho received m	ore than \$100,0	00 of		
	reportable compensation from the organ									·			
							-				_	Yes	No
3	Did the organization list any former of							emp	oloyee, or high	nest compensa	ted		'
	employee on line 1a? If "Yes," complete							•			- з	<u> </u>	V
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation from	the		
	organization and related organizations	greater th	an \$	150	,000)? /	f "Ye	s, "	complete Sci	nedule J for su		ŀ	,
	individual		• •	•			•	•			· . 4	—	<u> </u>
5	Did any person listed on line 1a receive	or accrue co	ompe	nsa	tion	fro	m an	y ur	nrelated organi	zation or individ	1	-	١.
	for services rendered to the organization	7 IT Yes," (comp	iete	Sci	nea	ule J	ior :	such person	· · · · ·	. 5		
	on B. Independent Contractors								AL A		100.000		
1	Complete this table for your five highest compensation from the organization. Re	compensat	ea in	aep	end	ient	conu	ract	ors that receive	ed more than \$	organiza	JI Honic 1	tov
	year.	port compe	nsau	UH	Or ti	ne c	alenc	י ומו	year ending wi	aror within the	organiza	.1011 5 1	.ax
	•							\mathbf{T}	(P)	I			
	(A) Name and business add	dress							(B) Description of s	services	(C Compe		
								+					
								+					
								+					
								+					
-	· · · · · · · · · · · · · · · · · · ·							t	740				
2	Total number of independent contractor	ors (includi	ng b	ut r	ot	limi	ted to	o ti	hose listed ab	ove) who			
	received more than \$100,000 of compen								0	•			
				_			-	_					

Part	VIII	Statement of Revenue					
1		Check if Schedule O contains a respons	se or note to	(A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns 1a Membership dues 1b			1000100		5,25,1
Contributions, Gifts, Grants and Other Similar Amounts	d e	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	-				
ontributiond of Other	f g	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	886,800		:		
	h	Total. Add lines 1a–1f	▶	886,800			· - · · · · · · · · · · · · · · · · · ·
Program Service Revenue	2a b c	Bu	siness Code				
ogram Se	d e f	All other program service revenue .					
<u> </u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends and other similar amounts)	▶	434			
	5	Royalties	►				
	6a b c d	Gross rents					
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(ii) Other				,
	c d	Gain or (loss)	▶				
evenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other Re	ь	See Part IV, line 18 a Less: direct expenses b					
0	С	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19 a	nts . 🕨				
	С	Less: direct expenses b Net income or (loss) from gaming activitie	s >				
		Gross sales of inventory, less returns and allowances a					
	С	Less: cost of goods sold b Net income or (loss) from sales of invento Miscellaneous Revenue Bu	ry ►		-	-	
	11a b						
	c d	All other revenue					
	12	Total revenue See instructions		887 234			

	0 (2013)				Page IU
	X Statement of Functional Expenses				(4)
ectio	n 501(c)(3) and 501(c)(4) organizations must con	<u> </u>			
	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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.	775,000	775,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	57,023	57,023		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a b	Other employee benefits				
c d e f g	Accounting	4,250		4,250	
12 13 14 15 16	Advertising and promotion	39,959 400			39,959 400
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21 22	Conferences, conventions, and meetings Interest	355		355	
23 24	Insurance				
a b c	Membership Fees Miscellaneous	3,321 3,893		3,893	3,321
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	884,201	832,023	8,498	43,680
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 following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash—non-interest-bearing 77,268 546,305 2 Savings and temporary cash investments 1,493 2 306,921 3 3 42,544 34,654 4 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. 6 Notes and loans receivable, net 7 8 8 Prepaid expenses and deferred charges . . . 125 150 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6384 b Less: accumulated depreciation 10b 5911 828 10c Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 114,368 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 896,393 17 562 Accounts payable and accrued expenses 17 779,554 18 18 19 Deferred revenue 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 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 62,731 27 27 101,948 51,075 28 28 14,891 29 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 . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 113,806 33 116,839 114,368 896,393 34 Total liabilities and net assets/fund balances . 34

Form 990 (2013)	

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		88	7,234
2	Total expenses (must equal Part IX, column (A), line 25)	2		88	4,201
3	Revenue less expenses. Subtract line 2 from line 1	3			3,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	3,806
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		11	6,839
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. </u>
				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	kplain i	n		
	Schedule O.				ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	~
	If "Yes," check a box below to indicate whether the financial statements for the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were comparisoned as a consistence of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year were consistency of the year w	ipiled d	or [
	reviewed on a separate basis, consolidated basis, or both:		ŀ		
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	~	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a		
	separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		—		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acco		.	. '	
	If the organization changed either its oversight process or selection process during the tax year, e		<u> </u>	~	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain i	n		
2-		forth	<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui	I .		
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	 orac +h	. 3a		~
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b	ĺ	
	required addit of additio, explain why in deficions of and describe any steps taken to undergo such	addits.		i '	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Middle East Reformed Fellowship Subsidiary Company 45-2212089 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization in col (i) listed in your (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) is the (vii) Amount of monetary organization (described on lines 1-9) the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? U.S.? (see instructions)) No Yes Yes Yes (A) **(B)** (C) (D) (E)

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (d) 2012 (f) Total **(b)** 2010 (c) 2011 (e) 2013 grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 943,168 759,183 785,669 915,908 886,800 4,290,728 2 revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 943,168 759,183 785,669 915,908 886,800 Total. Add lines 1 through 3. . . . 4,290,728 The portion of total contributions by 5 person (other than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 4,290,728 Section B. Total Support (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total (e) 2013 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 943,168 759,183 785,669 915,908 886,800 4,290,728 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 319 98 116 491 434 1,458 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 4,292,186 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 100 % Public support percentage from 2012 Schedule A, Part II, line 14 15 100 % 15 331/2% support test -2013. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331/2% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization V 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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.)

Casti	- A Dublic Current	<u> </u>	oto notou bon	311, p.oudo 00	,,,,p,,o,,o,,, a,,,,,		
	on A. Public Support	()			1 2 2 2 2 2	43.0040	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees]				
2	received. (Do not include any "unusual grants.") 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		1				
	unrelated trade or business under section 513						
4	Tax revenues levied for the		ŀ				
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		1	}			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						ŀ
	persons that exceed the greater of \$5,000		•				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					}	
	royalties and income from similar sources .			1			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						}
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carned on					į	
12	Other income. Do not include gain or						1
	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	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he	re					▶ 🖂
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2013 (line	3, column (f) d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2012 Scl	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2013 (line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ	ization dıd not	t check the bo	x on line 14, a	nd line 15 is m	nore than 331/	3%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	on qualifies as	a publicly supp	orted organiza	ıtion . 🕨 🗌
ь	331/3% support tests-2012. If the organiz	cation did not o	check a box on	line 14 or line	19a, and line 16	s is more than	331/3%, and
	line 18 is not more than 331/2%, check this	box and stop I	here. The organ	uzation qualifies	s as a publicly s	supported orga	anization 🕨 🗌
20	Private foundation If the organization di	d not chack a	hov on line 1/	10a or 10b	chack this hav	and coo inetr	uctions 🕨 🗆

Pantiv	Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, Sec	tion A. Prior to 2012 the organization filed Form 990 under the name of Middle Easat Reformed Fellowship, FEIN 23-2416249.
On Januar	y 1, 2012 all assets of Middle East Reformed Fellowship FEIN 23-2416249 were transferred to Middle East Reformed Fellowship
Subsidiary	Company, FEIN 45-2212089, the successor to Middle East Reformed Fellowship.
The reven	ue reported for 2009, 2010, and 2011 was reported on the Form 990 for these years for Middle East Reformed Fellowship
FEIN #23-2	·416249.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Middle	East Reformed Fellowship Subsidiary Compa	ny	45-2212089
Par	Organizations Maintaining Done	or Advised Funds or Other Similar I	Funds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subje	ct to the organization's exclusive legal co	ontrol? Yes No
6	Did the organization inform all grantees, do		•
	only for charitable purposes and not for the		
			· · · · · · · · · · · · · · · · · · ·
Pari			_
		vered "Yes" to Form 990, Part IV, line	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,		
	Protection of natural habitat	☐ Preservation	on of a certified historic structure
_	Preservation of open space	etion hold a muslified companyation contails	nution in the form of a concentation
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	ation neid a qualified conservation contrib	Held at the End of the Tax Year
_	•		
a	Total number of conservation easements		2a 2b
b	Total acreage restricted by conservation ea Number of conservation easements on a ce		
d	Number of conservation easements included the conservation of the	` '	
	historic structure listed in the National Regis		1 1
3	Number of conservation easements modifie		
•	tax year ▶	, a 2 10101100, 10100000, 0711111galoriso, 01	tommator by and organization during and
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		inspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conserva	tion easements during the year
	-		
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation e	easements during the year
	> \$		
8	Does each conservation easement reported	I on line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, th		s financial statements that describes the
	organization's accounting for conservation		
Part		ections of Art, Historical Treasures	
		vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other public service, provide, in Part XIII, the text		
	•		
Ь	If the organization elected, as permitted users of art, historical treasures, or other		
	public service, provide the following amount	•	i, education, or research in furtherance of
	(i) Revenues included in Form 990, Part VII	-	▶ €
	(ii) Assets included in Form 990, Part X .	i, iii i	
2	If the organization received or held works	of art, historical treasures, or other sin	nilar assets for financial gain provide the
~	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII, li	· · · · · · · · · · · · · · · · · · ·	
	Assets included in Form 990, Part X		\$

_	III Organizations Maintaining Co				
3	Using the organization's acquisition, accollection items (check all that apply).	ession, and other reco	ords, check any of th	e following that are a s	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	☐ Scholarly research	е			
С	☐ Preservation for future generations		***************************************		
4	Provide a description of the organization XIII.	's collections and expl	lain how they further	the organization's exer	mpt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather that				
Part	IV Escrow and Custodial Arrang	jements.			
	Complete if the organization ar 990, Part X, line 21.			,	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?		•		ot Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the f	ollowing table:		
			_	A	mount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount of	on Form 990, Part X, lin	e 21?		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the e	explanation has been	provided in Part XIII .	🔲
Par	t V Endowment Funds.				
	Complete if the organization ar	nswered "Yes" to For	m 990, Part IV, line	e 10.	
		(a) Current year (b) Pi	nor year (c) Two year	rs back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance				
ь	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses			·	
g	End of year balance				
2	Provide the estimated percentage of the	current year end balan	ce (line 1g. column (a	n)) held as:	
a	Board designated or quasi-endowment I		g, (c	-,,	
b	·	%			
C	Temporanly restricted endowment ▶	%			
·	The percentages in lines 2a, 2b, and 2c s				
3a	Are there endowment funds not in the p		uzation that are held	and administered for th	ne
•	organization by:	cocconon or the organ	neation that are more	and deminiotored for th	Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
Ь	If "Yes" to 3a(ii), are the related organizat				3b
4	Describe in Part XIII the intended uses of	•			00
Pari					·
ı ar	Complete if the organization ar		m 990 Part IV line	11a See Form 990	Part Y line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	bescription of property	(investment)	(other)	depreciation	(u) Book value
1a	Land	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	 	•	
b	Buildings		+		
	Leasehold improvements				<u></u>
q	Equipment		6,384	5,911	473
d e	oi '		0,384	5,311	4/3
	Add lines 1a through 1e. (Column (d) mus	et equal Form 000, Dad	Y column (B) line 10	2(0)	470
ı val.	roughites radiiough le, (Coluitii) (0) Mus	i eduai i Onn 330. Parl	A. CUIUITIII (DJ. IIII)	O(c).) ▶	473

	Investments—Other Securities.	-84- F 000 D 11	line 14h C F	- 000 D-4 V 15 40
	Complete if the organization answered "Ye (a) Description of security or category (including name of security)	s" to Form 990, Part IV (b) Book value	(c) M	n 990, Part X, line 12. lethod of valuation: nd-of-year market value
) Financial	derivatives			
) Closely-h	eld equity interests			
) Other				
(A)				
(B) (C)				
(D)				
(E)				
-\ <u>``</u> ' (F)			-	
(G)				
(H)				
	n) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Ye			
	(a) Description of investment	(b) Book valu		Method of valuation and-of-year market value
1) 2)				
3)			- 	
4)				
5)				
6)				
7)				
B)				
9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Ye (a) Description	s" to Form 990, Part IV	, line 11d. See For	m 990, Part X, line 15.
	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 3) 4)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 3) 4)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 3) 4) 5)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 33) 4) 5) 6)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 3) 4) 5) 6) 7)	Complete if the organization answered "Ye	s" to Form 990, Part IV	, line 11d. See For	
1) 2) 3) 4) 5) 6) 77 8)	Complete if the organization answered "Ye		, line 11d. See For	
1) 2) 3) 4) 5) 6) 77 8)	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Yes	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25.	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25.	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colument X	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colui Part X	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation X 1) Federal in (2) 3) 4)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 22) 33) 44) 55) 66) 77) 89) 99) otal. (Column Part X 1) Federal in 22) 33) 44)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal in 2) 3) 4) 5) 6)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column Part X 1) Federal in 2) 3) 4) 5) 6)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Column Part X 11) Federal in 22) 33) 44) 55) 66) 77) 88)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value
1) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Column Part X 1) Federal in 22) 33) 44) 55) 66) 77) 88) 99)	Complete if the organization answered "Ye (a) Description mn (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability (b)	5.)		(b) Book value

Schedule D (Form 990) 2013

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

20'

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Middl	e East Reformed Fellowship Su	bsidiary Comp	oany		İ	45-2212089
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	lete if the organizat	ion answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	ords to substantiate the amount of the selection	ount of its grants an critena used to aw	nd other vard the □Yes □No
2	For grantmakers. Describe assistance outside the Unite	ed States.				
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if addition	al space is needed	.)
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in a program servic describe specific ty service(s) in regio	e, expenditures for pe of and investments
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)			<u>. </u>			
(13)						
(14)						
(15)					_	
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	ne of (b) IRS code (c) Region (d) Purpose of (e) Amount of cash grant disbursement assistance (f) applicable)	(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, pMV, appraisal, other)
Ξ			Cyprus	Support	775,000	775,000 Payable at Year End			
<u>R</u>									
ල									
€									
<u>(Q</u>									
(9)									
E							:		
<u>@</u>									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)			:						
(15)									
(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

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of reciplents (b) Region (a) Type of grant or assistance Part III 9 **£** (12) (13) (14) (15) (16) 3 (18) Ξ ල 3 <u>(3)</u> (9) E <u>®</u> <u>@</u>

Schedule F (Form 990) 2013

Schedule	F (Form	990) 2013	

	·			age -
Part	<u> </u>	Foreign Forms		
1	the o	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes 🗹 N	lo
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	Yes 🗹 N	۷o
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	Yes 🗹 N	No
4	qual <i>Infor</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d. (see Instructions for Form 8621)	Yes 🗹 N	1 0
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	Yes 🗹 N	Vo
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	Yes 🗹 N	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**13**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Middle East Reformed Fellowship Subsidiary Company 45-2212089 Part VI, Question 2 - Director Family Relationships - 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 member 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 of the policies and have committed to adhere to all policies, procedures, and statements of faith and conduct. Part VI, Line 9 - Addresses of directors: Ken Anema; 6757 Blackthorn Drive; DeMotte, IN 46310: Ben Boersma; 7061 Misty Morning Ct.; Caledonia, MI 49316; Bernie Bronsink; 3608 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: Kevin DeYoung 2306 Northhampton Way; Lansing, MI 48912: Riley Fraas; 325 16th St]Burlington, CO 80807: James Hakim; 607 Michigan Avenue, SW; 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 Street; Orland Park, IL 60462: Charles Zandstra; 3142 Lakeside Drive; Highland, IN 46322: Frank Voss, Jr.; 17024 Oketo Avenue; Tinley Park, IL 60447: Neis Huse; 2467 S. 81st Street; West Allis, WI 53219: Paul Sagan; 2112 e Gentle Oaks Ln; @Fayetteville, AR@