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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		Note The foundation may					<u> </u>		
For	caler	ndar year 2009, or tax year beginning DE	C <u>10, 200</u>) 9	, and end	ding	DEC	31, 200	9
G (Check	k all that apply: X Initial return			ormer public ch	arıty		Final retu	rn
		Amended return	Add	fress chan	ge		Name ch	ange	
lise	the	IRS Name of foundation					A Empl	yer identificatio	on number
	label.								
	erwi	L G	FOUNDATI	ON			27	-076950	8
	print	Number and street (or P O box number if mail is not	delivered to street add	ress)		Room/suite		hone number	
0	r typ	e. 43 EAST EIGHT STREET	, SUITE 1	L50				16)394-	9010
	Spe	City or town, state, and ZIP code	,						pending, check here
inst	ructi	ons. HOLLAND, MI 49423						eign organizatio	
ш (hack	type of organization: X Section 501(c)(3)	evemnt orwate four	ndation			2. For	eign organizations r	neeting the 85% test, computation
"	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable priv		stion		ł		
				Cash		- I			tatus was terminated
		· —	-	Cash	Accrua	41	unaer	section 507(b)(1)(A), check here
			Other (specify) Jumn (d) must be	on occh l	haora l				a 60-month termination
	·\$		umn (a) must be	on casn t	oasis.)		1	, , , ,	1)(B), check here
Pa	ırt I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue		(b) Net inve		(c)	Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses pe		incon	ile	L	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	3,	600.				N/A	
	2	Check If the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities		2.		2.			STATEMENT 1
	5a	Gross rents							
	Ь	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	181	895.			Ì		
že	h	Gross sales price for all assets on line 6a 182,795.							
Revenue	7	Capital gain net income (from Part IV, line 2)			181	,895.			
æ	8	Net short-term capital gain			101	.,055.			
		. •					-		
	9	Income modifications Gross sales less returns							
	10a								
		Less Cost of goods sold	1						
	C	Gross profit or (loss)	ļ						<u> </u>
	11	Other income							<u> </u>
	12	Total Add lines 1 through 11	185,	497.	181	<u>.,897.</u>			
	13	Compensation of officers, directors, trustees, etc		0.		0.			0.
	14	Other employee salaries and wages							
	15	Pension plans, employee benefits					<u> </u>		
ses	16a	Legal fees							
ě	Ь	Accounting fees							
and Administrative Expens	c	Other professional fees RECEIVED	11						
Š	17	Interest			•		1		
ati	18	Taxes &	K N						
istr	19	Taxes Depreciation and appletion UL 0 6 2010	R\$-0\$. —			···		1
	20	Occupancy	\$						-
둥		Travel, conferences, and the LDE N. UT	#					· · · · · · · · · · · · · · · · · · ·	
, p	21		Ц						+
<u>a</u>	22	Printing and publications						 	
Operating	23	Other expenses	-		 -		_		
rat	24	Total operating and administrative				_			
) De		expenses Add lines 13 through 23		0.		0.			0.
J	25	Contributions, gifts, grants paid							
	26	Total expenses and disbursements							
		Add lines 24 and 25		0.		0.			0.
	27	Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements	185.	497.					
†		Net investment income (if negative, enter -0-)			181	,897.			
		Adjusted net income (if negative, enter -0-)		-		<u>,</u>		N/A	
92350)1	LHA For Privacy Act and Paperwork Reduction	n Act Notice see t	he instruct	ions				Form 990-PF (2009)

27-0769508

E	art	Balance Sheets Attached schedules and amounts in the description	beginning of year	Ena o	r year
<u>-</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ŀ	Cash - non-interest-bearing			
		Savings and temporary cash investments		80,996.	<u>80,996.</u>
	3	Accounts receivable >			
	١.	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable -			
	١.	Less: allowance for doubtful accounts			
	1	Grants receivable		_	
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	_	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
-		Investments - U.S. and state government obligations Investments - corporate stock STMT 2		76 060	622 204
			0.	76,968. 27,444.	622,384. 27,431.
	1	·		21,444.	41,431.
	'''	Investments - land, buildings, and equipment basis			
	1.	Less accumulated depreciation			 ::
		Investments - mortgage loans			
	1	Investments - other			
	14	Land, buildings, and equipment: basis Less accumulated depreciation			
	1.5				
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	0.	185,408.	730,811.
_	1	Accounts payable and accrued expenses		103,4001	750,011.
		Grants payable			
'n	19	Deferred revenue			
Liabilities	i	Loans from officers, directors, trustees, and other disqualified persons			
<u>=</u>	,	Mortgages and other notes payable			
Ë		Other liabilities (describe)			
		Other habilities (describe		-	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	$\overline{}$	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
au	25	Temporarily restricted			
Ba		Permanently restricted			
Б	4	Foundations that do not follow SFAS 117, check here			
ŕ		and complete lines 27 through 31			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	185,408.	
Net Assets or Fund Balan	30	Total net assets or fund balances	0.	185,408.	
	31	Total liabilities and net assets/fund balances	0.	185,408.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_					·
		net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
	-	t agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	185,497.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	185,497.
		asses not included in line 2 (itemize) BOOK/TAX DIFFER			89.
<u>6</u>	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30		185,408.
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Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	m 990-PF (2009) MERLE & SHERI DEWITT FOUNDATION 27-07 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	69508 e instru	Pa I ction s	ge 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			<u> </u>
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		3,63	8.
	of Part I, line 27b			
c	e All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		3,63	8.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,63	8.
6	Credits/Payments:	-		
а	2009 estimated tax payments and 2008 overpayment credited to 2009			
b	Exempt foreign organizations - tax withheld at source			
C	: Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		6	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 4 > 9		3,69	8.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	
11	Enter the amount of line 10 to be; Credited to 2010 estimated tax			
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes N	VO.
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	: Did the foundation file Form 1120-POL for this year?	1c	:	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		•	
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	:	X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	:	X _
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a		\mathbf{x}_{-}^{-}
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		<u>X_</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col (c), and Part XV			_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
	<u>M</u> I	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 5	10	X	
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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) MERLE & SHERI DEWITT FOU			27-07695	<u> 800</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Hequired (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	ļ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			i	İ
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?		Y	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	uned			
expenditure responsibility for the grant?	N	J/A 🗌 Y	es D No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)		İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Information About Officers Directors Truck		nagers. Highl			
Part VIII Paid Employees, and Contractors		g,g	•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(е	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, otner lowances
SEE STATEMENT 8		0.	l o.		0.
		<u> </u>			
				1	
- · · · · · · · · · · · · · · · · · · ·				 	
		_	<u></u>	-	
				1	
Compensation of five highest-paid employees (other than those incl	luded on line 1). If non-	enter "NONE "	<u>l</u>	<u></u>	
Compensation of five highest-paid employees tother than those inc	(b) Title, and average	enter NONE."	(d) Contributions to	101) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acci	ount, other
370379	devoted to position	-	compensation	all	lowances
NONE					
				ļ	
				<u> </u>	
otal number of other employees paid over \$50,000		-		•	0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	649,815.
b	Average of monthly cash balances	1b	649,815. 80,996.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	730,811.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	730,811.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,962.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	719,849.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,170.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,170.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,638.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	 -
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies for the	ne section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only			- 0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$0.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:			" · •	
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
				5 000 DE (0000)

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Part XIV Private Operating F	SHERT DEWT				0769508 Page 10
			FA, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	-	.n.oootton	1040(3)(2) 05	4040(-)(5)
b Check box to indicate whether the found	Tax year	ig louridation described	Prior 3 years	4942(<u>J)(3)_or</u>	J 4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	(4) 2000	(5) 2000	(6) 2001	(6) 2000	(5) 10(2)
investment return from Part X for					
each year listed		_			
b 85% of line 2a			 	-	
c Qualifying distributions from Part XII,	,				
line 4 for each year listed			 		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			-	- 	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 	-	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	<u> </u>		 	- 	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter		<u> </u>			
2/3 of minimum investment return					
shown in Part X, line 6 for each year			}		
listed		,			
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			ļ	 	<u> </u>
(3) Largest amount of support from					
an exempt organization				 	
(4) Gross investment income	ma etian (Cample	ta this wast amb.	if the formulation	- b - d 65 000 and	
Part XV Supplementary Info at any time during t			if the foundation	n naa \$5,000 or	more in assets
1 Information Regarding Foundation	_	than 30/ of the total con-	tributions received by th	a foundation hafara tha	along of any toy
a List any managers of the foundation wh year (but only if they have contributed n			iribulions received by in	e toutidation delote the	close of any tax
SEE STATEMENT 9					
b List any managers of the foundation wh	no over 10% or more of the	stock of a corporation	/or an aqually large port	ion of the ownership of	a partnership or
other entity) of which the foundation ha			(or arrequally large port	ion of the ownership of	a partificistifp of
NONE	• • • • • • • • • • • • • • • • • • • •				
	ion Grant Citt Loop	Scholarship etc. D			
2 Information Regarding Contribution Check here ► X if the foundation of				not accept uncollected r	equacte for funde. If
the foundation makes gifts, grants, etc.					
	·				
a The name, address, and telephone num	nei Oi me heizon manu	applications should be	auui 55550.		
h. The form in which applications should h	a cubmitted and informat	on and materials they s	hould include:		
b The form in which applications should be	ie subiliitieu and illivilliali	ion and materials tiley S	กอนเน เกอเชนซ.		
Any cultimication deadlines:		-			
c Any submission deadlines:					
d Any restrictions or limitations on award:	e such as hy geographica	l areas charitable fielde	kinds of institutions or	other factors:	
a may restrictions or infiltations on awalts	, such as by geograpillea	, aroas, charnable licius,	, minus or manianions, Or	other rapidles,	
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Grants and Contributions Paid During th	If regionant is an individual	ayment		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	Amount
Paid during the year				
NONE				
NONE				
Total			▶ 3a	
Approved for future payment			Ja	
,,				
NONE				
NONE				
Total	<u> </u>		▶ 3b	
11 02-02-10			For	m 990-PF (20

Part XVI-A **Analysis of Income-Producing Activities**

Inter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
-	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion	Amount	function income
a					
b					
c	1 1				-
d					
e	i i				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	2.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	181,895.	· · · · · · · · · · · · · · · · · · ·
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory	<u> </u>				
1 Other revenue:					
a					
b	L I				
c					
d					
e					· · · · · · · · · · · · · · · · · ·
2 Subtotal. Add columns (b), (d), and (e)		().	181,897.	
3 Total. Add line 12, columns (b), (d), and (e)				13	181,897
See worksheet in line 13 instructions to verify calculations.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						
-							
923621 02-02-10	Form 990-PF (2009						

Р	art XV	II Information Re Exempt Organ		rs To	and Transactions ar	nd Relationships \	With Noncha	ritable)	
1	Did the			e followir	ng with any other organization	described in section 501/		1	Yes	No
'					27, relating to political organiz		0) 01			
,		ers from the reporting found				ations				
•		(1) Cash <u>1a(1)</u> X								
	• •	her assets						1a(2)		X
t	b Othert									
	(1) Sa	les of assets to a noncharital	ble exempt organization					1b(1)		<u>x</u>
	(2) Pı	irchases of assets from a noi		1b(2)		X				
	(3) Re	ental of facilities, equipment,	or other assets					1b(3)		X
	(4) Re	embursement arrangements						1b(4)		X
	(5) Lo	ans or loan guarantees						1b(5)		X
	(6) Pe	rformance of services or me	mbership or fundraising	solicitatio	ons			1b(6)		X
(g of facilities, equipment, ma	-					1c		X
(edule. Column (b) should alwa				ets,	
		• • •			ed less than fair market value	in any transaction or shar	ing arrangement, s	how in		
<u></u>		(d) the value of the goods,				1 (4) 5				
(a)	Line no	(b) Amount involved			e exempt organization	(d) Description of transf	es, transactions, and	snaring arr	angeme	nts
				N/A		+				
_										
_						<u> </u>				
					 	-				
_										
_							-			
_										
					-					
						1				
28	a Is the f	oundation directly or indirect	ly affiliated with, or relate	ed to, one	or more tax-exempt organiza	itions described	_			_
	ın secti	on 501(c) of the Code (other	than section 501(c)(3))	or in sec	tion 527?		L	Yes	X	No
t	If Yes,	complete the following sche		···	[[]]	() 5				
		(a) Name of org	anization		(b) Type of organization	(c) Desc	ription of relations	nip		
_		N/A								
_										
_										
	Under per	nalties of perjury. I declare that I ha	ave examined this return, incl	luding acco	I I I I I I I I I I I I I I I I I I I	nts, and to the best of my know	vledge and belief, it is	true, corre		
					all information of which preparer h	as any knowledge	,	<u>.</u>	·	
		\mathcal{M}	. O. LINA	\mathcal{T}	16/29/10	preside	lent			
ē	Sigi	nature of officer or trustee	<u> </u>		Date	Tibe	<i></i>			
휣		Preparer's	1	/ 	Da	te Check if self-	Prepare	a's identify	ing nun	nber
Sign Here		signature	sig S. How	water		self- employed	▶ □			
ונט	Paid spare	Firm's name (or yours KORT	E CONSULTIN	G, P	LLC	EIN D	<u> </u>			
ļ			ONIA AVE SW		ITE 505		·			
			D RAPIDS, M		503	Phone	no. (616) 77	<u>4 – 2</u>	<u>727</u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

MERLE & SHERI DEWITT FOUNDATION

OMB No 1545-0047

2009

A1		
Name (ot tne	organization

Employer identification number

27-0769508

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
•	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(General Rule	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions I filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II					
Special Rules						
509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (a)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II					
aggregate contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributions for us If this box is check purpose. Do not co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
but it must answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 1 of Part i

Name of organization

Employer identification number

MERLE & SHERI DEWITT FOUNDATION

27-0769508

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MERLE DEWITT 8700 124TH AVENUE WEST OLIVE, MI 49460	\$3,600.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)

Employer identification number

MERLE & SHERI DEWITT FOUNDATION

27-0769508

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	60,000 SHARES SARA LEE COMMON STOCK	-	
		\$ 730,800.	12/10/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 02-01-		\$	0, 990-EZ, or 990-PF) (200

LIST OF SUBSTANTIAL CONTRIBUTORS FORM 990-PF STATEMENT

PART VII-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

MERLE DEWITT 8700 124TH AVENUE WEST OLIVE, MI 49460

•						
FORM 990-PF	DIVIDENDS	AND	INTEREST FROM	SECURITIES	STATEMENT	
SOURCE		GROSS AMOUNT		CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
STATE STREET BANK		-	2.	0.	2	
TOTAL TO FM 990-PF,	PART I, LN	4 =	2.	0.	2	
FORM 990-PF		COI	RPORATE STOCK		STATEMENT 2	
DESCRIPTION				BOOK VALUE	FAIR MARKET VALUE	
CORPORATE STOCK TOTAL TO FORM 990-PF, PART II, LINE 10B			76,968.	622,384.		
			76,968.	622,384.		
FORM 990-PF		COI	RPORATE BONDS		STATEMENT :	
DESCRIPTION				BOOK VALUE	FAIR MARKET VALUE	
CORPORATE BONDS				27,444.	27,431	
TOTAL TO FORM 990-P	F, PART II,	LIN	E 10C	27,444.	27,431.	
FORM 990-PF	INTER	EST	AND PENALTIES		STATEMENT 4	

	LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MERLE J. DEWITT 8700 124TH AVENUE WEST OLIVE, MI 49460	PRESIDENT/TREA		0.	0.
SHERELYN DEWITT 8700 124TH AVENUE WEST OLIVE, MI 49460	SECRETARY/VICE 0.50	PRESIDENT 0.	0.	0.
AARON J. DEWITT 10061 ANTELOPE DR. ZEELAND, MI 49464	DIRECTOR 0.50	0.	0.	0.
ALEX L. DEWITT 10107 TYLER STREET ZEELAND, MI 49464	DIRECTOR 0.50	0.	0.	0.
ALYSE DEWITT 8700 124TH AVENUE WEST OLIVE, MI 49460	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.
	PART XV - LINE 1A OF FOUNDATION MANAGE	RS	STATI	EMENT 9

NAME OF MANAGER

MERLE J. DEWITT SHERELYN DEWITT

^c 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o		 this form	. ▶ ☒
Do not com	olete Part II unless you have already been granted an automatic 3-month extension on a p	on page 2 of previously filed	Form 88). 68.
	Automatic 3-Month Extension of Time. Only submit original (no copies need			
A corporation Part I only .	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box and	comple	te . ▶ []
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ncome tax returns.	7004 to reque	est an ex	tension of
one of the relectronically returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file to	ver, you cant s 990-BL, 600 d signed pag	not file F 69, or 88 e 2 (Part	orm 8868 70, group II) of Form
Type or print	Name of Exempt Organization MERLE AND SHERI DEWITT FOUNDATION	Employer ide		n number
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions 8700 124TH AVENUE		<u> </u>	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions WEST OLIVE, MI 49460			
Check type Form 99 Form 99 Form 99 Form 99	0-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) 0-EZ ☐ Form 990-T (trust other than above)	□ F □ F	form 472 form 522 form 606 form 887	7 9
• The books	s are in the care of ▶STEVEN BUTLER		_	
If the orgaIf this is for the whol	No. ► (616) 394-9010 FAX No. ► (616) 394-98 inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) is group, check this box ►	box	If t	. ► □ his is itach
1 I requuntil	est an automatic 3-month (6 months for a corporation required to file Fo AUGUST 16, 2010, to file the exempt organization return for the organization organization's return for: calendar year 2009 or tax year beginning, 20, and ending	named abov	e. The e	xtension is
2 If this t	ax year is for less than 12 months, check reason: 🗵 Initial return 🗌 Final return	☐ Change i	n accour	iting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta y nonrefundable credits. See instructions.		\$	0
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to not made. Include any prior year overpayment allowed as a credit.	ax 3b	\$	0
deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.		\$	0.00
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 instructions.			