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Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For o	alenda	r year 2009, or tax year beginning , a	and ending				
G C	heck all	· · · · · · · · · · · · · · · · · · ·	turn of a former public o		Į	Final return	
		Amended return Add	ress change	Name	change		
Use	the IRS	Name of foundation				loyer identification numl	ber
li	abel.	DELITER DANTI IDG CONDUITE EG	NINI DA MITONI			-2761226	
	erwise,	DEWITT FAMILIES CONDUIT FO			•	hone number (see page 1) 6-393-8160	0 of the instructions)
-	rint	Number and street (or PO box number if mail is not delivered 280 N RIVER AVENUE, SUITE	•	Room/suite			ung shock bara
	type. Specific		D			mption application is pend preign organizations, check	
	uctions	Only of town, dutie, and an edge	49424				_
		pe of organization: X Section 501(c)(3) exempt private				reign organizations meetir i% test, check here and att	
_			e private foundation			ate foundation status was	
		et value of all assets at end J Accounting method:	X Cash Acc	nual		on 507(b)(1)(A), check here	
		om Part II, col. (c), Other (specify)			F If the	foundation is in a 60-mont	h termination
	e 16) ▶		oe on cash basis)		-	section 507(b)(1)(B), che	► 1 1
		Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
• •		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net	for chantable
110		the amounts in column (a) (see page 11 of the instructions))	books	inco	me	income	purposes (cash basis only)
2	1 (Contributions, gifts, grants, etc , received (attach schedule)	656,991	2 4		7 7 A 78	
₩	2 (Check ► I if the foundation is not required to attach Sch. B					
es :	3 1	nterest on savings and temporary cash investments	39		39		- 1
MAY	4 [Dividends and interest from securities	_13		13	-	
\geq	5a (Gross rents .					<u> </u>
@	b N	Net rental income or (loss)					
	6a №	Net gain or (loss) from sale of assets not on line 10	-725				
		Gross sales price for all assets on line 6a 656, 265			27 250		<u>'</u>
SCREVENTED		Capital gain net income (from Part IV, line 2)		637,958			
S		Net short-term capital gain				0	
		ncome modifications					
		Gross sales less returns & allowances			,		
		ess: Cost of goods sort CEVED					
		Other income (attach schedule)					
		Other income (attach schedule) Other income (attach schedule) Fotal. Add lines, 1 through 11	656,318	6	38,010	0	
		Compensation of officers, directors, trustees, etc.	000/010		30,020		
es	14 (Other employee salaries and wages					
penses		Pension plans, employee benefits					
g		egal fees (attach schedule)					
Ω		Accounting fees (attach schedule) STMT 1	4,817		1,209		3,608
ive	c C	Other professional fees (attach schedule)					
and Administrative Ex		nterest					
ist		axes (attach schedule) (see page 14 of the instructions) STMT 2	8,762				
nin		Depreciation (attach schedule) and depletion					
dr		Occupancy					
þ		ravel, conferences, and meetings					
an		Printing and publications	107	· · · · · · · · · · · · · · · · · · ·			74
		Other expenses (att. sch) STMT 3	127		53		
ati		Total operating and administrative expenses.	13,706		1,262		3,682
Operating		Add lines 13 through 23	648,704		1,202		648,704
σ		Contributions, gifts, grants paid otal expenses and disbursements. Add lines 24 and 25	662,410		1,262	0	652,386
		Subtract line 26 from line 12:			1,202		302,000
		excess of revenue over expenses and disbursements	-6,092	. •			ı
		let Investment Income (if negative, enter -0-)		6:	36,748		,
		Adjusted not Income (if negative, enter -0-)		,- -			

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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_ F	Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	28,990
2	Enter amount from Part I, line 27a	2	-6,092
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	22,898
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	22,898

28,990

22,898

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of the instructions)

Part IV Capital Gains a	<u>nd Losses for Tax on Investmer</u>	nt Income	, .			
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired PPurchase DDonation	(c) Date ad (mo , day		(d) Date sold (mo , day, yr)
1a SEE WORKSHEET						
b						
С		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
<u>d</u>						
е			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	((h) Gain (e) plus (f)	
<u>a</u>				 .		
<u>b</u>						
<u>c</u>				· · · · · · · · · · · · · · · · · · ·		
d e						
	gain in column (h) and owned by the four	dation on 12/31/69				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any	col (k		(h) gain minus ess than -0-) or m col (h))
a						
b						
с_						
d						
е						
2 Capital gain net income or (net ca	pital loss) If gain, also enter in F If (loss), enter -0- in F			2		637,958
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6):					
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the in	structions).				
If (loss), enter -0- in Part 1, line 8	<u> </u>	<u></u>		3		<u>637,958</u>
	der Section 4940(e) for Reduce			<u> </u>		
f section 4940(d)(2) applies, leave this	foundations subject to the section 4940(a) s part blank. on 4942 tax on the distributable amount of			s XI No		
	fy under section 4940(e). Do not complete	• •	e period : re:	2 (Z) NO		
	ach column for each year; see page 18 of	<u></u>	re making any entries			
(a) Base penod years	(b)		(c) of noncharitable-use asse	4.		(d) oution ratio
Calendar year (or tax year beginning 2008	586		29,5	'	COI (D) GIV	19.828377
2007	1,341		85,7			15.645900
2006	1,242		37,7			32.874686
2005	1,030	597	34,5			29.810164
2004	1,623		61,9			26.219340
2 Total of line 1, column (d)				2	1	24.378467
	year base period—divide the total on line	2 by 5, or by the	•			
_	as been in existence if less than 5 years			3		24.875693
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X, line 5			4		23,953
5 Multiply line 4 by line 3				5		595,847
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6		6,367
7 Add lines 5 and 6				7		602,214
8 Enter qualifying distributions from	•			8		652,386
	line 7, check the box in Part VI, line 1b, an	d complete that part	using a 1% tax rate. S	See the		
Part VI instructions on page 18.	· -				F	orm 990-PF (2009)

Forn	1990-PF (2009) DEWITT FAMILIES CONDUIT FOUNDATION 38-2761226				F	Page 4
Pi	art VI : Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	struc	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter *N/A* on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			6.	367
	here ► X and enter 1% of Part I, line 27b	7			,	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	- 1				
·	Part I, line 12, col. (b)				•	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
	Add lines 1 and 2					367
3	· · · · · · · · · · · · · · · · · · ·	3			0,	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			6,	367
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6, 378					,
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld 6d 6d		,			
7	Total credits and payments. Add lines 6a through 6d	7			6,	378
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				11
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 11 Refunded ▶	11				
	rt 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			-	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					<u> </u>
~	of the 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					<u> </u>
						'
_	published or distributed by the foundation in connection with the activities.			4.5		X
C	Did the foundation file Form 1120-POL for this year?			1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_]
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ļ			
	on foundation managers. \$		ļ			[']
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		X
	If "Yes," attach a detailed description of the activities.		ļ			ŀ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ļ			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ļ	3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	ľ	N/A	4b		l
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		ļ	5		Х
	If "Yes," attach the statement required by General Instruction T.		ļ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			ľ
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1		
	conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		ļ	7	X	
				<u> </u>		-
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MI					
ı.						ŀ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			ا ا	v	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	├─-
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 on page					۱.,
	27)? If "Yes," complete Part XIV			9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					١.
	names and addresses			10		<u> X</u>
			Fo	m 99 (0-PF	(2009)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

	FAMILIES CONDUIT FOUND		2761226			Page 6
	Regarding Activities for Which For	m 4720 May Be Re	quired (contin	nued)		
5a During the year did the foundat	•			-		
.,	therwise attempt to influence legislation (section	• • •	□ `	Yes 🔀 No		
• •	ny specific public election (see section 4955);	or to carry on,				j
directly or indirectly, any vo		•_	H .	Yes X No		İ
· · ·	dual for travel, study, or other similar purposes		□ '	Yes 🔀 No	1	1
,,	ization other than a charitable, etc., organizati]	
, , , , , , ,), or section 4940(d)(2)? (see page 22 of the i	•	□ '	Yes 🔀 No		
• • • • • • • • • • • • • • • • • • • •	ner than religious, charitable, scientific, literary	, or educational	П.	. G.	[[1
	tion of cruelty to children or animals?			Yes X No		
•	(5), did any of the transactions fail to qualify un	•		NI / 7		
	in a current notice regarding disaster assistan	. · · · · ·	nstructions)?	N/A	5b	
, ,	ent notice regarding disaster assistance check					1
·	on 5a(4), does the foundation claim exemption	from the tax	NI / 7 .			
because it maintained expendit	· · · · · ·		N/A 📙	Yes No		1
	equired by Regulations section 53.4945-5(d).					
= *	ear, receive any funds, directly or indirectly, to	pay premiums	┌ .	ISI	(·	- 1 '
on a personal benefit contract?	and the same of th		I	Yes X No	<u> </u>	
	ear, pay premiums, directly or indirectly, on a	personal benefit contract	?		6b	<u> X</u>
If "Yes" to 6b, file Form 8870.	and the form detter a contrate a contribution of the standard section of the s	-h-H4	п,			
• •	was the foundation a party to a prohibited tax	•		res ⊠ No N/A	F	
	e any proceeds or have any net income attribution Officers, Directors, Trustees,				7b	
Part VIII Information Al		roundation manag	ers, nighty F	aid Employee:	5,	
	ees, foundation managers and their compe	nsation (see page 22 o	f the instructions			
	oco, roundation managero and them compo			(d) Contributions to	ī	
(a)	Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation		ense account, allowances
MARVIN G DEWITT	ZEELAND	PRESIDENT			<u> </u>	
9903 STANTON STREET	MI 49464	0.25	0	0	.i	0
WILLIAM G DEWITT	EL MIRAGE	VICE PRESIDE		<u> </u>		
10824 N 127TH AVE	AZ 85335-9727	0.25	0	0		0
GARY D DEWITT	HOLLAND	VICE PRESIDE		<u>_</u>	†	
861 ALLEN DRIVE	MI 49423	0.25	0	0		0
WILLIAM J DEWITT	HOLLAND	SEC/TREAS			1	
1671 S SHORE DRIVE	MI 49423	0.25	0	o		0
	-paid employees (other than those include					
If none, enter "NONE."	- Farm annual and family many mone money					
	each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NONE						
					-	
•	•					
			_			
	•	{				
						
					i	
					1	
				<u> </u>	<u> </u>	
Total number of other employees paid	over \$50,000	···-			<u> </u>	<u> </u>
				For	m 990	-PF (2009)

Form 990-PF (2009) DEWITT FAMILIES CONDUIT FO	OUNDATION	38-2761226	Page 7
Part VIII	Information About Officers, Directors, Trust and Contractors (continued)			
3 Five hig	hest-paid independent contractors for professional service	es (see page 23 of th	e instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,		(b) Type of service	(c) Compensation
NONE				
	• •	•		
				
Total number of	of others receiving over \$50,000 for professional services		<u></u>	
				
Part IX-A	Summary of Direct Charitable Activities			
	ion's four largest direct chantable activities during the tax year. Include ind other beneficiaries served, conferences convened, research papers j		tion such as the number of	Expenses
1 N/A				
			,	
				
2				
3		•		
				
•				
			•	
Part IX-B	Summary of Program-Related Investments	(see page 24 of	f the instructions)	
	o largest program-related investments made by the foundation during th	e tax year on lines 1 and 2	2	Amount
1 N/A				
2				
r		•		
A.II 11				
All other progra	m-related investments See page 24 of the instructions			
_				
	·	·		
Total Add lines	1 through 3			

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

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3b

4

6

Pa	art XIII Undistributed Incom	e (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part	XI,	Corpus	Years pnor to 2008	2008	2009
•	line 7					0
2	Undistributed income, if any, as of the er	nd of 2009.				
a	Enter amount for 2008 only					
		, 20				
b	· · · · · · · · · · · · · · · · · · ·					
3	Excess distributions carryover, if any, to	1				
a	From 2004	1,639,601		!		
b	From 2005	1,041,040				
С	From 2006	1,254,725				
d		1,354,673				
e	From 2008	592,427				I
f	Total of lines 3a through e		5,882,466		ļ	·
4	Qualifying distributions for 2009 from Pa	rt XII,	ļ			
	line 4: ▶ \$652,386					,
а	Applied to 2008, but not more than line 2	?a .				
b	Applied to undistributed income of prior y	years				1
	(Election required-see page 26 of the in	nstructions)				
С	Treated as distributions out of corpus (El	lection				
	required—see page 26 of the instruction	s)	652 , 386			
ď	Applied to 2009 distributable amount	•				
e	Remaining amount distributed out of corp	Dus				
5	Excess distributions carryover applied to					
•	(If an amount appears in column (d), the	•		········		
	amount must be shown in column (a).)	oao			i	
6	Enter the net total of each column as		İ			
•	indicated below:					, ,
_	Corpus. Add lines 3f, 4c, and 4e. Subtract	ct line 5	6,534,852		·	
	•	•	0,334,032			
ь	Prior years' undistributed income. Subtra	ici				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency h					i
	been issued, or on which the section 494	12(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions	•				
e	Undistributed income for 2008. Subtract					
	4a from line 2a. Taxable amount—see pa	age				ı
	27 of the instructions					
f	Undistributed income for 2009. Subtract	lines				
	4d and 5 from line 1. This amount must b	oe				
	distributed in 2010]				0
7	Amounts treated as distributions out of co	orpus		ł		•
	to satisfy requirements imposed by section	on		. a saluman ies		and the second second
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
	instructions)		656,991	ł		. <u></u>
8	Excess distributions carryover from 2004	Inot				
_	applied on line 5 or line 7 (see page 27 o					
	instructions)		982,610			
9	Excess distributions carryover to 2016	o.				
-	Subtract lines 7 and 8 from line 6a		4,895,251		}	
10	Analysis of line 9:					
	Excess from 2005	1,041,040	Í			ì
	Excess from 2006	1,254,725	1			
b	Excess from 2006 Excess from 2007	1,354,673				
C	•		1			!
ď	Excess from 2008	592,427	İ			1
е	Excess from 2009	652,386				

<u>Pa</u>	rt XIV Private Operating Fou	ndations (see pa	age 27 of the instr	uctions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or o	letermination letter tha	t it is a private operating	3		
	foundation, and the ruling is effective for 2	009, enter the date of	the ruling			
ь	Check box to indicate whether the foundar			d in section 4	942(j)(3) or 4942	(_j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(-) T-4-1
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for					
	each year listed				ļ	
b	85% of line 2a			· · · · · · · · · · · · · · · · · · ·		
	Qualifying distributions from Part XII,		–			
С	· · ·					
	line 4 for each year listed				 	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		<u> </u>			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under		}		ł	
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test—enter 2/3	i				
	of minimum investment return shown in	i				
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross	1				
	investment income (interest,	i			 	
	dividends, rents, payments on]	
	securities loans (section				ŀ	
	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)					
	(3) Largest amount of support from					
	an exempt organization				-	
-	(4) Gross investment income	ation (Complete	Abia and anly if the	a farmdatian bad	l CE 000 or more in	
Pa	rt XV Supplementary Inform				\$5,000 or more in	assets at
_	any time during the ye		or the instruction	S.)		
1	Information Regarding Foundation Man	-	4h 00/ -64h - 4-4-1		tha farradation	
а	List any managers of the foundation who h				ine toundation	
	before the close of any tax year (but only i	they have contributed	more than \$5,000). (Se	ee section 507(a)(2))		
	SEE STATEMENT 4					
b	List any managers of the foundation who o				rtion of the	
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater	interest.		
	N/A			 -		
2	Information Regarding Contribution, Gr					
	Check here \blacktriangleright X if the foundation only					
	unsolicited requests for funds. If the founds	ation makes gifts, gran	its, etc. (see page 28 of	the instructions) to ind	ividuals or	
	organizations under other conditions, com					
а	The name, address, and telephone number	r of the person to who	m applications should b	e addressed:		
	N/A					
b	The form in which applications should be s	ubmitted and informati	ion and materials they s	should include:		
	N/A					
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards, s	uch as by geographica	al areas, chantable fields	s, kinds of institutions,	or other factors:	
	N/A		<u></u>			
	<u> </u>					Form 990-PF (2009

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of recipient **Amount** any foundation manager contribution Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 5 648,704 648,704 ▶ 3a Total b Approved for future payment N/A **▶** 3b Total

DAA

Enter gross at	 Analysis of Income-Producing Acmounts unless otherwise indicated. 		d business income	Excluded	by section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
_	service revenue:		 	++		the instructions)
		-		1 -		
				+		
		_		1		
				1		
	and contracts from government agencies					
	hip dues and assessments			 		
	n savings and temporary cash investments			14	39	
	and interest from securities			14	13	
5 Net rental	income or (loss) from real estate:					
a Debt-	financed property					
b Not de	ebt-financed property					
6 Net rental	income or (loss) from personal property					
7 Other inve	estment income					
8 Gain or (lo	oss) from sales of assets other than inventory			18	-725	
9 Net incom	ne or (loss) from special events					
•	fit or (loss) from sales of inventory			<u> </u>		
11 Other reve	enue: a	_				
b	<u> </u>	_				
		_				
d		-		+		
е		_		+		
	Add columns (b), (d), and (e)			0		0
	d line 12, columns (b), (d), and (e)				13	-673
	et in line 13 instructions on page 28 to verify calculation		-4 -4 E4 D			_ · · ·
Part XVI-						
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpoinstructions.)					he
N/A	instructions.)	· · · · · · · · · · · · · · · · · · ·				
IN / FI	-					
						
··						
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Form 990-PF (2009) DEWITT FAMILIES CONDUIT FOUNDATION

3	Ω.	-2	7	6	12	2	6
J	O	_	•	υ.	_	_	v

P	art XVII	Information I Exempt Orga		ansfers To and Trans	sactions and	d Relationshi	ps With No	ncharitable			
1	Did the			ge in any of the following wit	h any other org	anization describe	ed			Yes	No
		•		on 501(c)(3) organizations)							
	organiza	ations?							l		j
а	Transfe	rs from the reporting for	oundation to a no	oncharitable exempt organiz	ation of:						لـــــ
	(1) Cas	h						[:	la(1)		X
	(2) Oth	er assets						. [a(2)		X
b	Other tra	ansactions:						-			ديي
	(1) Sale	es of assets to a nonc	haritable exempt	organization .				1	b(1)		<u>X</u>
	(2) Pur	chases of assets from	a noncharitable	exempt organization				ļ:	b(2)		<u>X</u>
	(3) Ren	tal of facilities, equipn	nent, or other as:	sets .				[2	b(3)		<u>X</u>
	(4) Rein	mbursement arrangen	nents					. [b(4)		<u>X</u>
	(5) Loa	ns or loan guarantees	;						b(5)		<u>X</u>
	(6) Peri	formance of services of	or membership o	r fundraising solicitations				[1	b(6)		<u>X</u>
C	Sharing	of facilities, equipmen	nt, mailing lists, o	ther assets, or paid employe	es			L	1c		<u>X</u>
d	If the an	swer to any of the abo	ove is "Yes," com	plete the following schedule	e. Column (b) sh	hould always show	w the fair marke	t			
	value of	the goods, other asse	ets, or services g	iven by the reporting founda	tion. If the found	dation received le	ss than fair ma	ket			
	value in	any transaction or sha	aring arrangeme	nt, show in column (d) the v	alue of the good	ds, other assets, o	or services rece	ived.			
	(a) Line no	(b) Amount invol	ved (c) Nam	e of nonchantable exempt organ	ization	(d) Description of	transfers, transact	ions, and sharing a	ranger	nents	
N/.	Α				l						
											
											
							<u> </u>				
2a	Is the for	undation directly or inc	directly affiliated	with, or related to, one or mo	ore tax-exempt	organizations		_	_	_	
	describe	d in section 501(c) of	the Code (other	than section 501(c)(3)) or in	section 527?				Ye	s X	No
b	If "Yes,"	complete the following	g schedule.								
		(a) Name of organization	on	(b) Type of organizati	on		(c) Description of	relationship			
	N/A										
		\bigcirc									
	Under per	nalties of perjury, I declar	e that I have ekamı	ned his return, including accompose parer (other than tax payer or	panying schedules	s and statements, ar	nd to the best of m	y knowledge and			
- 1	belief, it is	troe, correct, and comple	ete Declaration of	preparer (other that taxp yer or	fiduciary) is based	on all information of	of which preparer I	nas any knowledge			
- 1		_ / ///w	' Υ / χ	X ////////////////////////////////////	ら // >		VILL PRO	211000			
ا بو	Signa	ature of officer of trustee	70		Date /	7/ T:	Title				
፬፻			, ,	/_A		Date	T.,	Preparer's			
=	s -	Preparer's	1 Km	-l-			Check if self-employed	number (s	ee Sign I the insi	ructions)	n)
Sign Here	ا الله الله الله الله الله الله الله ال	signature MAF	RK A. VEEN	STRA		5-13-10		P00			
"	Paid Preparer's Use Only	Firm's name (or yours	DE DO	ER, BAUMANN &	COMPANY	P.L.C.					
	£ 5	self-employed), addres	" 🛦 🗕 🗕 -	ETTLERS ROAD				EIN ► 38-1	<u>9</u> 68	<u> 30</u> 22	2
- 1		and ZIP code	HOLL		3			Phone no 616-			
										-PF	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

DEWITT FAMILIES CONDUIT FOUNDATION 38-2761226 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. 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. 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. If 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page 1 of 3 of Part I

Name of organization

DEWITT FAMILIES CONDUIT FOUNDATION

Employer identification number

38-2761226 Part I Contributors (see instructions) (a) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 1 SHIRLEY DEDOES Person 10777 FM RD 902 Payroll 59,775 Noncash TX 76233-2150 COLLINSVILLE (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 GARY & JOYCE DEWITT LIMITED PARTNERS Person 861 ALLEN DRIVE Payroll 27,363 Noncash MI 49423 HOLLAND (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 3 KEITH DEWITT Person 12215 CROSWELL Payroll 50,236 Noncash WEST OLIVE MI 49460 (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 4 GARY & JOYCE DEWITT LIMITED PARTNERS Person 861 ALLEN DRIVE Payroll 27,512 Noncash HOLLAND MI 49423 (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Type of contribution No. Aggregate contributions Name, address, and ZIP + 4 5 DONALD L DEWITT TRUST Person 8029 120TH AVENUE Payroll 25,305 \$ Noncash MI 49424 HOLLAND (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 6 MERLE J DEWITT TRUST Person 8700 124TH AVENUE Payroll \$. 70,470 Noncash MI 49460 WEST OLIVE (Complete Part II if there is a noncash contribution.)

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

Page 2 of 3 of Part I

Name of organization DEWITT FAMILIES CONDUIT FOUNDATION Employer identification number 38-2761226

Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
7	DAWN R DEWITT-BRINKS 1440 WAUKAZOO DRIVE HOLLAND MI 49424	\$ _. 6,521	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	
8	GARY & JOYCE DEWITT LIMITED PARTNERS 861 ALLEN DRIVE HOLLAND MI 49423	\$. 59 , 425	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	
9	GARY & JOYCE DEWITT LIMITED PARTNERS 861 ALLEN DRIVE HOLLAND MI 49423	s 61,700	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	
10	GARY & JOYCE DEWITT LIMITED PARTNERS 861 ALLEN DRIVE HOLLAND MI 49423	\$ 61,950	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	
11	DONALD L DEWITT TRUST 8029 120TH AVE. HOLLAND MI 49424	\$ 28,925	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	
12	DONALD L DEWITT TRUST 8029 120TH AVE. HOLLAND MI 49424	\$. 29,825	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) Form 990, 990-EZ, or 990-PF) (2009)	

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

Page 3 of 3 of Part I

Name of organization DEWITT FAMILIES CONDUIT FOUNDATION Employer identification number

38-2761226

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	KERRI SUE SMITS 4280 64TH STREET HOLLAND MI 49423	s 15,087	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
14	DONALD L DE WITT TRUST 8029 120TH AVENUE HOLLAND MI 49424	\$. 36,210	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
15	DONALD L DE WITT TRUST 8029 120TH AVENUE HOLLAND MI 49424	\$ 37,425	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
16	DONALD L DE WITT TRUST 8029 120TH AVENUE HOLLAND . MI 49424	\$ 36,780	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
17	DONALD L DE WITT TRUST 8029 120TH AVENUE HOLLAND MI 49424	\$ 18,472	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.)

me of org	(Form 990, 990-EZ, or 990-PF) (2009) ganization T FAMILIES CONDUIT FOUNDATION	·		Page 1 of 3 of 1 Employer identification number 38-2761226
Part II	Noncash Property (see instructions)			
a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
1	5,000 SHARES SARA LEE COMMON STK			
		\$	59,775	11/11/09
a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
2	2,500 SHARES SARA LEE COMMON STK			
		\$.	27,363	09/29/09
a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
3	4,150 SHARES SARA LEE COMMON STK			
		\$	50,236	11/30/09
a) No. from Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
4	2,500 SHARES SARA LEE COMMON STK			
	•	\$	27,512	09/30/09
n) No. From Part I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
5	3,000 SHARES SARA LEE COMMON STK			
		\$	25,305	04/06/09
) No. rom art I	(b) Description of noncash property given		(c) MV (or estimate) see instructions)	(d) Date received
5	6,000 SHARES SARA LEE COMMON STK			
		\$	70,470	11/05/09

 Schedule B (Form 990, 990-EZ, or 990-PF) (2009)
 Page
 2 of
 3 of Part II

 Name of organization
 Employer identification number

 DEWITT FAMILIES CONDUIT FOUNDATION
 38-2761226

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
7	525 SHARES SARA LEE COMMON STOCK			
		\$	6 _. , 521	11/24/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
8	5,000 SHARES SARA LEE COMMON STK			
		\$	59,425	11/13/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
9	5,000 SHARES SARA LEE COMMON STK			
		\$	61,700	11/20/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
10	5,000 SHARES SARA LEE COMMON STK			
	•	\$	61,950	12/02/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
11	2,500 SHARES SARA LEE COMMON STK	-		
		\$	28,925	10/23/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
12	2,500 SHARES SARA LEE COMMON STK			
		\$	29,825	11/12/09

Name of org	(Form 990, 990-EZ, or 990-PF) (2009) ganization T FAMILIES CONDUIT FOUNDATION			Page 3 of 3 of Part I Employer identification number 38-2761226
Part II	Noncash Property (see instructions)			30 2701220
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
13	1,250 SHARES SARA LEE COMMON STK			
	·	\$.	15,087	11/17/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see Instructions)	(d) Date received
14	3,000 SHARES SARA LEE COMMON STK			
	· · · · · · · · · · · · · · · · · · ·	\$	36,210	11/17/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see Instructions)	(d) Date received
15	3,000 SHARES SARA LEE COMMON STK			
		\$	37,425	11/23/09
(a) No. from Part I	(b) Description of noncash property given	_	(c) FMV (or estimate) (see instructions)	(d) Date received
16	3,000 SHARES SARA LEE COMMON STK			
		\$	36,780	12/04/09
(a) No. from Part I	(b) Description of noncash property given	- "	(c) FMV (or estimate) (see instructions)	(d) Date received
17	1,500 SHARES SARA LEE COMMON STK			
- '	·	\$	18,472	12/15/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	·	\$		

_	990-PF	apital Gains and Losses	s for Tax on Inv	estment Inco	ome	2009			
Form		lar year 2009, or tax year beginning		, and ending					
Name				Employer Id					
DEWI	TT FAMILIES C	ONDUIT FOUNDATION			38-2761	761226			
	(a) List and descr 2-story bnck w	be the kind(s) of property sold, e.g., real esta arehouse, or common stock, 200 shs MLC (ate, Co	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
(1) SA	ARA LEE - 3,00	0 SHS		D-Donation D	04/06/09	04/30/09			
	RA LEE - 2,50			D	10/23/09	10/31/09			
(3) SA	ARA LEE - 2,50			D	11/12/09	11/30/09			
	RA LEE - 3,00			D	11/17/09	11/30/09			
	RA LEE - 3,00			D	11/23/09	11/30/09			
	ARA LEE - 3,00 ARA LEE - 1,50			D 	12/04/09	12/31/09 12/31/09			
		SHS		D	09/15/09	09/30/09			
	RA LEE - 1,25			D	11/17/09	11/30/09			
	ARA LEE - 5,00			D	11/11/09	11/30/09			
		SHS		D	11/24/09	11/30/09			
	ARA LEE - 4,15			D	11/30/09	11/30/09			
	ARA LEE - 6,00	D	11/05/09	11/30/09					
	RA LEE - 2,50			D	09/29/09	09/30/09			
(15) SA	RA LEE - 2,50	0 SHS	 	D D	09/30/09 09/30/0				
1					 	ي د ه			
(e)) Gross sales price	(f) Depreciation allowed (or allowable)	ther basis e of sale	(h) Gain (e) plus (i	or (loss)) minus (g)				
(1)	25,200		930	24,270					
(2)	28,799			775	28,024				
(3)	29,649			775	28,874				
(4)	36,539		930	35,609					
(5)		37,406 930				36,476 35,780			
(6)	36,719			930 465	35,789 18,015				
(7)	18,480 3,980			124	18,015 3,856				
(8) (9)	15,162			388	3,85 <u>6</u> 14,774				
(10)	59,598		· · · · · ·	2,550	57,048				
(11)	6,557			163	6,394				
(12)	50,131			1,287	48,844				
(13)	70,618			1,860	68,758				
(14)	27,424			775		26,649			
(15)	27,389			775	26,614				
Compl	lete only for assets showing	gain in column (h) and owned by the fo	oundation on 12/31/69	·		<u></u>			
	F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (of col (i)	(I) Gains (Co col (k), but not lo Losses (fror	ol (h) gain minus ess than -0-) or n col (h))			
(1)	<u> </u>					24,270			
(2)	-	-		 		28,024			
(3)						28,874			
(4)						35,609			
(5)						36,476			
(6)						35,789			
<u>(7)</u>	·					18,015			
(8)			- 			3,856 14,774			
(9)			_	<u> </u>		57,048			
(10) (11)		 				6,394			
(12)						48,844			
(13)						68,758			
(14)						26,649			
(15)						26,614			

Form 9	90-PF		apital Gains and Losses tar year 2009, or tax year beginning			ne 	2009		
Name		For calend	nd ending	Employer Ider	Employer Identification Number				
Namo									
_DEWIT	T FAMI	LIES C	ONDUIT FOUNDATION			38-2761	.226		
	(a)	List and descri 2-story brick w	be the kind(s) of property sold, e.g., real esta arehouse, or common stock, 200 shs MLC C	ite, Co (b)	low acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
(1) SAR			0 SHS		-Donation D	11/13/09	11/30/09		
(1) SAR (2) SAR		- 5,00			D	11/20/09	11/30/09		
		- 5 , 00			D	12/02/09	12/31/09		
(4)									
(5)									
(6)									
(7)									
(8)									
(9) (10)									
(10) (11)					+				
(12)					<u> </u>				
(13)									
(14)									
(15)			W-14-11-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0						
· · · · · · · · · · · · · · · · · · ·			•		<u> </u>				
(e) (Gross sales pri	ce	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale	s	(h) Gair (e) plus (i	n or (loss) f) minus (g)		
(1)	59,4	110	(or allowable)	1,5			57,868		
(1) (2)	61,		· · · · · · · · · · · · · · · · · · ·		550		60,048		
(3)	61,5				550	60,048			
(4)				<u> </u>					
(5)							-		
(6)									
(7)									
(8)									
(9)			 						
(10) (11)				- 					
(12)					·				
(13)									
(14)									
(15)				<u></u>					
									
Complete	only for ass	ets showing	gain in column (h) and owned by the fo	oundation on 12/31/69		(I) Gains (Co	ol (h) gain minus		
(i) FM	IV as of 12/3	1/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i), if any)	(I) Gains (Co col (k), but not le Losses (fror	ess than -0-) or n col (h))		
(1)							57,868		
(2)				 			60,048		
(3)							60,048		
(4)									
(5)									
6)									
(7)									
8)							·		
9) 10)				 		 			
11)							<u> </u>		
12)						 -			
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00018735 DEWITT FAMILIES CONDUIT FOUNDATION 38-2761226 FYE: 12/31/2009	IT FOUNDATION Federal	Statements		5/12/2010 9:08 AM
Sta	Statement 1 - Form 990-PF, F	990-PF, Part I, Line 16b - Accounting Fees	ounting Fees	•
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES TAX PREPARATION	\$ 2,417	\$ 1,209	ω	\$ 1,208
TOTAL	\$ 4,817	\$ 1,209	0 s	\$ 3,608
	Statement 2 - Form 990-PF,	Part I, Line 18	- Taxes	
Description	Total	Net Investment	Adjusted Net	Charitable
FED EXCISE TAX-2009 ESTIMATES FED EXCISE TAX - 2008 TAX DUE	\$ 6,378	\$	\$	\$
TOTAL	\$ 8,762	w.	0 %	\$
180	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line 23 - Oth	er Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
K H K K H K K K K K K K K K K K K K K K	٠ ٠	တ	φ.	v,
BANK FEES OFFICE SUPPLIES	105	53	m	52
	\$ 127	\$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 5
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00018735 DEWITT FAMILIES CONDUIT FOUNDATION 38-2761226 Federal Statements

FYE: 12/31/2009

Name of Manager	Amount
GARY D DEWITT	\$
MARVIN G DEWITT	
WILLIAM G DEWITT	
WILLIAM J DEWITT	
TOTAL	\$0

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ILIES CONDUIT FOUNDATION	
ITT FAM	
0018735 DEW	

5/12/2010 9:08 AM	•		Amount	1,000	200	9,000	250	300	2,000	3,750	8,102	1,000	200	9,100	800	250	17,951	200	2,450	7,400	750
nents	Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the		Purpose	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT	ANNUAL SUPPORT
Federal Statements	Part XV, Line 3a - Gra		Status	D PARK DR CHURCH	WOOD CHARITY BD SWE	_	CHARITY	EDUCATIONAL	CHARITY	CHARITY	CHARITY	ARKWA1 CHARITY PRIVE	DAIVE EDUCATIONAL	CHARITY	CHARITY	CHARITY CHARITY	CHURCH		COURT CHARITY	CHARITY	TKEE1 CHARITY
CONDUIT FOUNDA	lent 5 - Form 990-PF,	Address	Relationship	762 WEST WOODLAND PA NONE	12/23 NOKIH BELLWOOD NONE	~ (FO BOX 63422 80962 NONE 172 DITTEDCE AVENITE	NONE	NONE TAMPS STREET		~~		SEVEN FARMS NONE	FO BOX 340337 NONE	NONE NONE	ה מ ה מ	NONE				1809 CARROL CI SIREEI NONE
00018735 DEWITT FAMILIES CONDUIT FOUNDATION 38-2761226 FYE: 12/31/2009	Statem	Name	Address	AMAZING GRACE CHURCH BROHMAN MI 49312		ARLINGTON VA 22206	AFOLUGIA COLORADO SPRINGS CO 8	ASHLEI HALL SCHOOL CHARLESTON SC 29403 AWAKFNING FOR TODAY	CANON CITY CO 81215	HOLLAND MI 49424	SAN ANTONIO TX 78258-4019 NONE	CHARLOTTE NC 28201	CHARLESTON SC 29492	DECESSI MINISIKIES ORLANDO FL 32854 DOBCIIO CUDISTIAN SCHOOL	ZEELAND MI 49464		HOLLAND MI 49423	CAMP ROGER ROCKFORD MI 49341			CAMPUS CRUSADE FUR CHRISI LEBANON OH 45036

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		Amount	300	3,250	10,000	200	5,500	3,300	200	2,500	300	18,000	43,200	200	5,750	2,000	2,000	2,000	2,500	2,000
Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose Am	SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT	AL SUPPORT
rants a			ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL
rt XV, Line 3a - G Year (contin		Status	EDUCATIONAL	7E CHARITY	EDUCATIONAL	CHARITY	CHARITY	CHARITY	CHARITY	CHARITY	EDUCATIONAL	СНОВСН	СНИВСН	CHARITY	CHARITY	CHARITY	CHARITY	EDUCATIONAL	CHURCH	CHURCH
lent 5 - Form 990-PF, Pa	Address	Relationship	4 STATE ROAD NONE	BUTTERNUT DRIV NONE	F.O. BOA //OOO NONE	12125 ONION SINEEL NONE	NONE NONE	NONE COST TAKESHOPE DETVE	NONE CTBEFF	NONE	OOI TO CANIS DAIVE NONE	NONE TELCH		1444	NONE PO ROX 10		13020 SCHARLINGER SKEAR	50463 NONE	NONE NONE MEST A	NONE
<u>Statem</u>	Name	Address	CANE BAY PUBLIC SCHOOL SUMMERVILLE SC 29483	CENTER FOR WOMEN IN TRANS HOLLAND MI 49424 CENTERAL MICHIGAN INTE	CENTRAL MICHIGAN ONIV. DETROIT MI 48277 CHILDREN ASSESSMENT CENTE	CHILDREN'S ADVOCACY CER	CHILDREN'S RIBLE HOUR	GRAND RAPIDS MI 49501	GRAND HAVEN MI 49417 CITY ON A HILL MINISTIES	ZEELAND MI 49464	COMMINITY REF CHIRCH-BIDG	ZEELAND MI 49464	ZEELAND MI 49464 COTHRNIX INTERNATIONAL		CRYSTAL CATHEDRAL MINISTR	GARDEN GROVE CA 92642	COLORADO SPRINGS CO 80921	•		ZEELAND MI 49464

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00018735 DEWITT FAMILIES CONDUIT FOUNDATION	38-2761226 Fe	FYE: 12/31/2009

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		XV, Line 3a - Gra Year (continue	Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	<u>h</u> e
Name	Address			
Address	Relationship	Status	Purpose	Amount
	NING AT HOM	CHARITY	ANNUAL SUPPORT	23,000
A	801 G STREET, NW NONE 1405 FAST 131ST STEFFT	CHARITY	ANNUAL SUPPORT	7,750
	NONE TWO TSTAND	INEEL CHARITY SHITTE 20	ANNUAL SUPPORT	3,000
; 9	TOTELL UI	CHARITY	ANNUAL SUPPORT	1,000
401 HIRCH		EDUCATIONAL	ANNUAL SUPPORT	300
x 76233	5500	сниксн	ANNUAL SUPPORT	13,000
OLORADO SPRINGS CO 80 ORCHESTER PUB SCHOOL	1935 NONE 8500 PATRIOT BLVD	CHARITY	ANNUAL SUPPORT	34,000
CHARLESTON SC 29403 LER SEMINARY	NONE NORTH OAKLAND	EDUCATIONAL	ANNUAL SUPPORT	300
. 91182 ETREAT CEN	-	CHARITY E DRIV	ANNUAL SUPPORT	200
VATI	NONE PO BOX 123	_	ANNUAL SUPPORT	32,150
	NONE 14707 ALEXANDER ROAD	CHARITY D	ANNUAL SUPPORT	500
44146 MICHI		CHURCH AD	ANNUAL SUPPORT	200
36 E UNIV	NONE MICHIGAN STRE	CHARITY	ANNUAL SUPPORT	8,000
о Б	NONE DRIVE		ANNUAL SUPPORT	3,000
3 MI 49401 C SCHOOL	_ ~~	EDUCATIONAL	ANNUAL SUPPORT	500
29410 - WATERSHED	Ω	EDUCATIONAL BLVD	ANNUAL SUPPORT	300
[49424	NONE TAKE BINE	сниксн	ANNUAL SUPPORT	2,500
	SHACK	ンチェロベコン	TANNITAL STIDBORT	001

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DEWITT FAMIL	
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00018735 DEWITT FAMILIES CONDUIT FOUNDATI 38-2761226 FYE: 12/31/2009	ONDUIT FOUNDATION Fe	ION Federal Statements	nents	5/12/2010 9:08 AM
Stateme	Statement 5 - Form 990-PF, Part XV,	XV, Line 3a - Gra Year (continu	Line 3a - Grants and Contributions Paid During the Year (continued)	<u>ng th</u> e
Name	Address			
Address	Relationship	Status	Purpose	Amount
HEIGHTS OF HOPE HOLLAND MI 49423	995 EAST 8TH STREET NONE	CHARITY	ANNUAL SUPPORT	200
LAND MI 49423 RESCHE MISSIONS	NONE FAIRBANKS	CHARITY	ANNUAL SUPPORT	200
LAND MI 49423	α	CHARITY	ANNUAL SUPPORT	1,142
HOLLAND MI 49423		EDUCATIONAL	ANNUAL SUPPORT	36,854
HOLLAND MI 49423	NONE	EDUCATIONAL	ANNUAL SUPPORT	1,000
HOFE COLLEGE-FAIRONS OF I 2 HOLLAND MI 49423 HOPE COLLEGE-THE HOPE FD 1	Z63 COLLEGE AVENUE NONE 141 FAST 12TH STRFFT	EDUCATIONAL	ANNUAL SUPPORT	300
HOLLAND MI 49423	NONE	EDUCATIONAL	ANNUAL SUPPORT	1,500
ب ع	NONE BLVD	CHARITY	ANNUAL SUPPORT	3,250
Y SVC, II 49501	3351 CLAYSTONE, SE, NONE	·^ ~	ANNUAL SUPPORT	250
34	O-1859 LAKE MICHIGAN NONE	DR CHARITY	ANNUAL SUPPORT	250
	FO BOX 28900 NONE CENTER SERVER	CHARITY	ANNUAL SUPPORT	200
INSIIIOIE FOR GLOBAL ENGA 3 ARLINGTON VA 22209 INTERNATIONAL AID INC	NOKIH KENI S IONE WFST HICKOR	CHARITY	ANNUAL SUPPORT	2,500
6-9	712 NONE	CHARITY	ANNUAL SUPPORT	2,000
	NONE	CHARITY	ANNUAL SUPPORT	2,000
	NONE	CHARITY	ANNUAL SUPPORT	200
49464	NONE	CHARITY	ANNUAL SUPPORT	000 '9
GRAND RAPIDS MI 49525-974	ر " د	EDUCATIONAL	ANNUAL SUPPORT	200
rregnanci cente ND MI 49423	NONE	CHARITY	ANNUAL SUPPORT	5,200
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JUIT FOUNDATION	Federal Statements
00018735 DEWITT FAMILIES CONDUIT FOUNDAT	38-2761226

38-2761226 FYE: 12/31/2009 Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

SIONS 356 FAIRBANKS AVENUE	Name	Address		ſ	•
356 FAIRBANKS AVENUE NONE NONE 142 NONE 142 NONE 144 STREET, STE 241 NONE 145 NONE 146 NONE 147 MAPLE AVENUE 148 STREET 149 STREET 149 STREET 149 STREET 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 141 NONE 142 NONE 144 NONE 145 NONE 146 NONE 147 MANUAL 148 NONE 148 STREET 148 NONE 149 NONE 149 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 140 NONE 150 N	Address	Relationship	Status	Purpose	Amount
NONE		FAIRBANKS AVENUE			
P.O. BOX 2945		NONE S BRADISH AVENIE	CHARITY		8,500
P.O. BOX 2945 NONE NONE CHARITY ANNUAL SUPPORT 427 MAPLE AVENUE CHARITY ANNUAL SUPPORT ANNUE CHARITY ANNUAL SUPPORT CHARITY ANNUAL SUPPORT CHARITY ANNUAL SUPPORT ONONE CHARITY ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ONONE CHARITY ANNUAL SUPPORT ANNUAL SUPPOR		NONE	CHARITY		1,000
NONE	ETHNIC DIVER.	. BOX 2945			
ANNUAL ANNUAL SUPPORT		NONE 16mu smbppm smp	CHARITY 211		500
427 MAPLE AVENUE NONE PO BOX 15216 CHARITY NONE PO BOX 141312 CHARITY NONE PO BOX 141312 CHARITY NONE CHARITY ANNUAL SUPPORT ANNU		NONE	241 CHARITY	ANNUAL SUPPORT	500
NONE		MAPLE AVENUE			
DONE CHARITY ANNUAL SUPPORT PO BOX 15216 NONE 96 WEST 15TH STREET 96 WEST 15TH STREET 96 WEST 15TH STREET 90 WONE 131 NONE 101 SEVENTH LASALLE BLVD NONE 102050 NEW HOLLAND STREET NONE 103 SEVENTH STREET NONE 104 SEVENTH STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE NONE 11390 STANTON STREET NONE		NONE	CHARITY	ANNUAL SUPPORT	300
PO BOX 15216 MONE CHARITY ANNUAL SUPPORT 96 WEST 15TH STREET CHARITY ANNUAL SUPPORT NONE CHARITY ANNUAL SUPPORT 1609 NOX1 1120 CHARITY ANNUAL SUPPORT 1609 NOXTH LASALLE BLVD CHARITY ANNUAL SUPPORT 1609 NORTH LASALLE BLVD CHARITY ANNUAL SUPPORT 1609 NORTH LASALLE BLVD CHARITY ANNUAL SUPPORT 1610 NONE CHARITY ANNUAL SUPPORT 1627 WEST LAKEWOOD BLVD CHARITY ANNUAL SUPPORT 100 NONE CHURCH ANNUAL SUPPORT 101 SEVENTH STREET SW 102 SEVENTH STREET ANNUAL SUPPORT 1996 NONE EDUCATIONAL ANNUAL SUPPORT 103 STANTON STREET ANNUAL SUPPORT 11330 STANTON STREET ANNUAL SUPPORT NONE CHURCH ANNUAL SUPPORT 103 SEVENTH ANNUAL SUPPORT 104 SAL 185T ANNUAL SUPPORT	503	COMMERCE SW NONE	CHARITY		200
NONE)	BOX 15216	•		
96 WEST 15TH STREET NONE PO BOX 141312 -131 NONE PO BOX 1120 CHARITY ANNUAL SUPPORT PO BOX 1120 CHARITY ANNUAL SUPPORT 1609 NORTH LASALLE BLVD CHARITY SOST ANNUAL SUPPORT CHARITY ANNUAL SUPPORT 1625 CONCORD PARKWAY SOUT NONE 1627 WEST LAKEWOOD BLVD NONE 12050 NEW HOLLAND STREET NONE 112050 NEW HOLLAND STREET ANNUAL SUPPORT 11390 STANTON STREET ANNUAL SUPPORT 11390 STANTON STREET A-4240 SGTH STREET NONE CHARITY ANNUAL SUPPORT A-4240 SGTH STREET NONE A-4240 SGTH STREET NONE A-4240 SGTH STREET NONE A-4240 SGTH STREET NONE ANNUAL SUPPORT ANNUAL SUPPORT A-4240 SGTH STREET NONE A-4240 SGTH STREET NONE ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT A-4240 SGTH STREET NONE ANNUAL SUPPORT A-4240 SGTH STREET NONE	SING MI 48933		CHARITY		000'9
NONE PO BOX 141312 -131 NONE -131 NONE NONE 1609 NORTH LASALLE BLVD NONE 1627 WEST LAKEWOOD BLVD NONE 1005	SERV	WEST 15TH STREET			
131 NONE 100	9423	NONE	CHARITY		500
PO BOX 1120 NONE 1609 NORTH LASALLE BLVD NONE 5555 CONCORD PARKWAY SOUT NONE 1627 WEST LAKEWOOD BLVD NONE 12050 NEW HOLLAND STREET NONE 101 SEVENTH STREET, SW 1096 NONE 1096 NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE 11390 STANTON STREET NONE NONE A-4240 56TH STREET NONE A-4240 56TH STREET NONE 1629 ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT	21 INDIA ND RAPIDS MT 49514-13	NONE	CHAPTHY		7.500
NONE 1609 NORTH LASALLE BLVD NONE 5555 CONCORD PARKWAY SOUT NONE 1627 WEST LAKEWOOD BLVD NONE 12050 NEW HOLLAND STREET NONE 101 SEVENTH STREET, SW 1996 NONE CHARITY ANNUAL SUPPORT	TOUCH INTERNATION PO	30X 1120	1 1 1 1 1 1 1		
1609 NORTH LASALLE BLVD NONE CHARITY ANNUAL SUPPORT 1627 WEST LAKEWOOD BLVD NONE CHARITY ANNUAL SUPPORT 12050 NEW HOLLAND STREET NONE CHURCH ANNUAL SUPPORT 101 SEVENTH STREET, SW 1996 NONE NONE CHARITY ANNUAL SUPPORT 11390 STANTON STREET NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET ANNUAL SUPPORT A-4240 56TH STREET NONE NONE A-4240 56TH STREET ANNUAL SUPPORT A-4240 56TH STREET NONE NONE A-4240 56TH STREET NONE NONE A-4240 56TH STREET ANNUAL SUPPORT NONE A-4240 56TH STREET NONE ANNUAL SUPPORT			CHARITY		200
OCCUPATION CHARITY ANNUAL SUPPORT		09 NORTH LASALLE BI	ΩΛ'		
UTREACH 5555 CONCORD PARKWAY SOUT 1 28027 1 00NE CHARITY ANNUAL SUPPORT 1 627 WEST LAKEWOOD BLVD CRC 1 2050 NEW HOLLAND STREET CHURCH OLLEGE 1 01 SEVENTH STREET, SW Y IA 51041-1996 NONE CHORCH PO BOX 1875 CHARITY ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT CHURCH 1 1390 STANTON STREET MI 49460 NONE CHURCH ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT ANNUAL SUPPORT		NONE	CHARITY	ANNUAL SUPPORT	200
1627 WEST LAKEWOOD BLVD	OUTREACH	CONCC	SOUT		
1627 WEST LAKEWOOD BLVD CRC CHARITY ANNUAL SUPPORT CRC 12050 NEW HOLLAND STREET CHURCH NONE CHURCH ANNUAL SUPPORT CLEGE 101 SEVENTH STREET, SW CLLEGE 101 SEVENTH STREET, SW CLLEGE 101 SEVENTH STREET PO BOX 1875 CHARITY ANNUAL SUPPORT D CHURCH 11390 STANTON STREET CHURCH ANNUAL SUPPORT S MI 49460 NONE CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT CHURCH ANNUAL SUPPORT	: 28027	NONE	CHARITY		1,000
NONE 12050 NEW HOLLAND STREET NONE 101 SEVENTH STREET, SW -1996 NONE PO BOX 1875 11390 STANTON STREET NONE A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT A-4240 56TH STREET NONE A-4240 SOTH STREET NONE CHARITY ANNUAL SUPPORT A-4240 SOTH STREET NONE A-4240 SOTH STREET NONE A-4240 SOTH STREET NONE A-6240 SOTH STREET A-6240 SOTH STREET NONE A-6240 SOTH STREET NONE A-6240 SOTH STREET NONE		WEST	UVD		
101 SEVENTH STREET, SW -1996 NONE EDUCATIONAL ANNUAL SUPPORT PO BOX 1875 5 NONE CHARITY ANNUAL SUPPORT NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT	424		CHARITY		200
101 SEVENTH STREET, SW -1996 NONE EDUCATIONAL ANNUAL SUPPORT PO BOX 1875 5 NONE CHARITY ANNUAL SUPPORT 11390 STANTON STREET NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT	424		CHURCH		1,500
-1996 NONE EDUCATIONAL ANNUAL SUPPORT 18, PO BOX 1875 5 NONE CHARITY ANNUAL SUPPORT 11390 STANTON STREET NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT 10,		SEVENTH STREET, 9	W		
PO BOX 1875 5 NONE 11390 STANTON STREET NONE A-4240 56TH STREET NONE NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE NONE NONE	NGE CITY IA 51041-199		EDUCATIONAL		18,500
5 NONE CHARITY ANNUAL SUPPORT 11390 STANTON STREET NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT					
11390 STANTON STREET NONE CHURCH ANNUAL SUPPORT A-4240 56TH STREET NONE CHARITY ANNUAL SUPPORT	875		CHARITY		200
A-4240 56TH STREET CHARITY ANNUAL SUPPORT	c	390 STANTON STREET	חוחו		77.00
NONE CHARITY ANNUAL SUPPORT		4240 SATH STREET	Church		
		NONE	CHARITY	ANNUAL SUPPORT	10,000

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Name	Address		•	
Address	Relationship	Status	Purpose	Amount
PALMETTA CHRISTIAN SCHOOL 3	361 EGYPT ROAD	TANOTHADIIGH		
FLEADANI SC 29404 ST	PO BOX 165	EDOCALLONAL	ANNOAL SOFFORI	000
GRAND RAPIDS MI 49502-028	28 NONE	CHARITY	ANNUAL SUPPORT	2,500
	300 ALBERMARLE ROAD			,
CHARLESTON SC 29407	NONE	EDUCATIONAL	ANNUAL SUPPORT	300
		CHARITY	ANNUAL SUPPORT	1,000
L	~			
04-	NONE	CHARITY	ANNUAL SUPPORT	200
INC.	P.O. BOX 1988			
EUSTIS FL 32/2/ RCA ZEFLAND CLASSIS	NONE CAMPIIS MINISTRY AT G	CHARITY	ANNUAL SUPPORT	009
ZEELAND MI 49464	:	CHARITY	ANNUAL SUPPORT	26,500
RIDGE POINT COMMUNITY CHU 3	340 104TH AVENUE			
		CHURCH	ANNUAL SUPPORT	16,000
FUND	2340 PORTER STREET,	SW		
.DS MI 49509-	90 NONE	CHARITY	ANNUAL SUPPORT	1,750
	PO BOX 2608			
		CHARITY	ANNUAL SUPPORT	9,100
т.	750 LONG POINT ROAD			
		CHARITY	ANNUAL SUPPORT	5,050
MINIS	PO BOX 700			1
50 80814 600 6600 6	NONE	CHARITY	ANNUAL SUPPORT	10,000
SOUTH OLIVE CHR. SCHOOL S 6	623U IZUTH STREET NONE	58		000
MI 43424 CRC	6425 120TH AVENUE	CHARL I I	ANNOAL SUFFORI	000
MI 49424	NONE	CHURCH	ANNUAL SUPPORT	1,200
٩ 12	590 HUIZENGA			
ZEELAND MI 49464	NONE	CHARITY	ANNUAL SUPPORT	300
IC SCHOOL	1101 BOONEHILL ROAD			
SUMMERVILLE SC 29483	ÖN.	EDUCATIONAL	ANNUAL SUPPORT	300
	PO BOX 28000			
2	NONE	CHARITY	ANNUAL SUPPORT	3,000
BRIDGE 100IR MIN CENI ZEELAND MI 49464		CHARITY	ANNUAL SUPPORT	400

00018735 DEWITT FAMILIES CONDUIT FOUNDATION	CONDUIT FOUNDATION	Z		5/12/2010 9:08 AM
			ments	
Stateme	Statement 5 - Form 990-PF, Parl	t XV, Line 3a - Gra Year (continu	Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	During the
Name	Address			
Address	Relationship	Status	Purpose	Amount
80	PO BOX 6000 80934 NONE	CHARITY	ANNUAL SUPPORT	2,000
S 04	EST F IONE	CHARITY	ANNUAL SUPPORT	1,200
	6814 IUSU EAST NONE	CHARITY	ANNUAL SUPPORT	1,000
rries 4		CHARITY	ANNUAL SUPPORT	2,000
WANDO FUBLIC SCHOOL MT PLEASANT SC 29464 WENGEWOOD ACRES CHP VTH	1000 WARKIOK WAI NONE DO BOY 88007	EDUCATIONAL	ANNUAL SUPPORT	300
19518-	٦.	CHARITY	ANNUAL SUPPORT	2,000
	NONE	CHARITY	ANNUAL SUPPORT	2,000
SEMIN 3-3622	EAST 13TH NONE	T. CHARITY	ANNUAL SUPPORT	1,000
CAL SEMIN 49423-3622		T CHARITY	ANNUAL SUPPORT	28,000
WOODLAND PUBLIC SCHOOL DORCHESTER SC 29437	4128 HIGHWAY 78 NONE	EDUCATIONAL	ANNUAL SUPPORT	300
MI 49501	X 17 NONE	CHARITY	ANNUAL SUPPORT	000'6
	P.O. BOX 9716 NONE	CHARITY	ANNUAL SUPPORT	2,500
ATOR 8211			ANNUAL SUPPORT	8,500
LLAND 9423	NONE		ANNUAL SUPPORT	1,300
	SOUTH PINE NONE	STREET, SU CHARITY	ANNUAL SUPPORT	1,000
ND 2121 701	X ZIZI NONE	CHARITY	ANNUAL SUPPORT	21,200
⊋ +	NONE	CHARITY	ANNUAL SUPPORT	2,500
ZEELAND SOCIETY FOR CHR 1 ZEELAND MI 49464	334 WEST CENTRAL AV NONE	AVENUE CHARITY	ANNUAL SUPPORT	14,000

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5/12/2010 9:08 AM 648,704 2 Amount Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose 00018735 DEWITT FAMILIES CONDUIT FOUNDATION

Federal Statements Status Relationship Address Address Name 38-2761226 FYE: 12/31/2009 TOTAL

Year Ended: December 31, 2009

DEWITT FAMILIES CONDUIT FOUNDATION 280 N RIVER AVENUE, SUITE B HOLLAND, MI 49424

Treatment of Qualifying Distributions Election

Under IRC Section 4942(h)(2) and Reg. 53.4942(a)-3(d)(2), the nonoperating private foundation elects to treat current year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of:

[] Undistributed income from the tax years ending:

	Tax Year	Amount
◯ Corpus		
1SI GARLY DOWNT 1		
Name XXX	XWY	<u>//</u>
Title Vicole	65703 M	