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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

Departme	ent of the Treasury		i i catcu as a i iiva	te i ouildation		2005
Internal R	Revenue Service endar year 2009, or		may be able to use a copy of the		ting requirements	
	eck all that apply		tial Return of a former p	, and ending	· · · · · · · · · · · · · · · · · · ·	inal return
G CHE	eck all that apply	Amended return	Address of	· —	change	inai return
Use the IRS laborated of the I	pel. HARRY VERN vise, 608 E 2ND t PELLA, IA	MEER FAMILY FOU STREET #202 50219-1761		A B	Employer identification 51-0182729 Telephone number (see	the instructions)
Instructi				I '	1 Exemption application1 Foreign organizations, organization	is pending, check here
I Fa	air market value of all asse) nonexempt charitable ets at end of year J Ac	11(c)(3) exempt private f trust Other taxable p counting method X C	oundation private foundation	2 Foreign organizations in here and attach comput	neeting the 85% test, check ation
	from Part II, column (c), lin	· · · L	Other (specify)	F	If the foundation is in a	60-month termination
Port I			l, column (d) must be or	n cash basis)	under section 507(b)(1)	(B), check here
Part I	columns (b), (c), sarily equal the a (see the instruction	e total of amounts in and (d) may not neces mounts in column (a) ons))		(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		, grants, etc, received (att sch)	25,000.		4	
		foundn is not req to att Sch B vings and temporary				* * * * * * * * * * * * * * * * * * *
	cash investme	ents	28,715.	28,715		'A
	4 Dividends and inte	erest from securities	96,619.	96,619	•	
	b Net rental income					
R	or (loss) 6a Net gain/(loss) from	n sale of assets not on line 10	-25, 229.	× va:	``````````````````````````````````````	7 .s., 7 .
R E V	b Gross sales price for assets on line 6a.		,	*	· 14.	***
Ē	7 Capital gain net inc	come (from Part IV, line 2)	\$	0	•	*
N U	8 Net short-term		**	*		
Ě	9 Income modifi 10 a Gross sales less returns and allowances	lications	A A A A A A A A A A A A A A A A A A A			
	b Less Cost of goods sold		. 4:4	as Adda	* « .	
	c Gross profit/(loss	, ,		` 107%		,
	11 Other income	(attach schedule)				
	12 Total. Add line	es 1 through 11	125,105.	125,334		
		officers, directors, trustees, etc.	0.	120,331	·	
	14 Other employee sa	•				
	(s, employee benefits	1 200			
A D	16 a Legal lees (attach	Steeling) SEE ST 1	1,200.			
M	C Other prof fees (a)					
O I	Interest 0 7	2010				
O P E R A T	Taxes (attach schedule)		6,597.			
A A	19 Depreciation (attachJC				
NV	20 Occupancy					
GÉ	21 Travel, conference	ences, and meetings				
A E X D P E N		oublications es (attach schedule) SEE STATEMENT 3	122,270.			
S	24 Total operation	ng and administrative				
š		of lines 13 through 23 ts, grants paid PART XV	130,067.			154 250
		es and disbursements.	154,250.			154,250
	Add lines 24 a	and 25	284,317.	0		154,250
		enue over expenses	-159,212.			
	b Net investment inc	come (if negative, enter -0-)		125,334		

7

C Adjusted net income (if negative, enter -0-)

5,623,759. end-of-year figure reported on prior year's return) -159,212. Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 4 5,464,547. Decreases not included in line 2 (itemize) ► SEE STATEMENT 4 4,170. 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 5,460,377. 6

ii res, the real dation does not qual	11 and 00000 15 10 (0) 20 1100 0011	ipioto tino part	
1 Enter the appropriate amount in	n each column for each year, see the	instructions before making any entr	ies
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	158,500.	4,811,103.	0.032945
2007	260,110.	5,500,531.	0.047288
2006	237,730.	5,088,027.	0.046723
2005	239,188.	4,736,450.	0.050499

151,450

0.209710 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the 3 3 0.041942 number of years the foundation has been in existence if less than 5 years Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 4,591,137. Multiply line 4 by line 3 5 192,561.

4,695,407

Enter 1% of net investment income (1% of Part I, line 27b) 6 1,253. Add lines 5 and 6 193,814. 7

Enter qualifying distributions from Part XII, line 4 154,250.

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

2004

0.032255

	990-RF (2009) HARRY VERMEER FAMILY FOUNDATION 51-0182729		Pί	age 4
Parl		tions)		
1 à	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 instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		2,5	07.
	check here. ►and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (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		2,5	
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-		2,5	07.
6	Credits/Payments			
	2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 4,900.			
	Exempt foreign organizations — tax withheld at source Toward with confection for outcome of time to file (Fours 9909)			
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d 6d		*	.
			<u> </u>	
7 8	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.		4,9	00.
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,3	0.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax 2,393. Refunded	-	<u> </u>	0.
	VII-A Statements Regarding Activities			
		,	Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a		X
		-:-	\neg	
· ·	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	`	163	*
	or distributed by the foundation in connection with the activities	¥ 4 💥 , 1		
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
	(1) On the foundation \$\ 0.\ (2) On foundation managers \$\ 0.\ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		1	
•	foundation managers \Rightarrow 0.		1	
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
4 a	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?	4b	N/	/A
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		e 4	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	
	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	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) IA			
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 <i>General Instruction G? If 'No,' attach explanation</i>	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
3	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses.	10		X
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	n 990-PF (2009) HARRY VERMEER FAMILY FOUNDATION	51-01827	29	P	age 5
Par	t VII-A Statements Regarding Activities Continued		Ţ		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	е	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exe Website address N/A	mption application?	13	X	
14		phone no ► 641-6	28-2	ī <u>ā</u> 1	- - -
		+4 > 50219-17		± 2.4_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check		N/A		<u>- T</u>
13	and enter the amount of tax-exempt interest received or accrued during the year	► 15	71/ 73		N/A
Dar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Require				IV/ A
aı	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	.u		Van	N _a
4			<u> </u>	Yes	No
1.3	a During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	1	,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□., ⊚			
	disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No	Ž.	·	
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions describ Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the in	oed in	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	> □	15	- 11	
		. []			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted that were not corrected before the first day of the tax year beginning in 2009?	i acts,	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	s a			
,	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				İ
,		- 4042(-)(2)			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section	1 4942(a)(2) 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see the instructions)	+34E(a)(E) (0	2b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the y 20, 20, 20, 20	years here		,	
_			1		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No		ļ.	
	b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the found or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period apply the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beques (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720)	oproved st. or			
	determine if the foundation had excess business holdings in 2009)	,	_3b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
					\
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	i of	ah.		X

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Part VII-B Statements Regarding Activiti	es for Which Form	<u>1 4720 May Be Req</u>	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the exceptions disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ []	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg.	sibility for the grant?	·	N/A. Yes	No
6a Did the foundation, during the year, receive an on a personal benefit contract?			∐Yes [X]	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	· •			6b X
7a At any time during the tax year, was the found				
b If yes, did the foundation receive any proceed				76 N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	jers, Highly Paid E	.mployees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	<u></u>
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL_VERMEER_	TREASURER	0.	0.	0.
1946 WILMONT SE	0			
GRAND RAPIDS, MI 49508	WICE CUATORS			
LU ANN DE HAAN P.O. BOX 148	VICE CHAIRPE 0	0.	0.	0.
PELLA, IA 50219				
BERNICE VERMEER 608 E 2ND STREET, #202 PELLA, IA 50219	FOUNDATION M 0	0.	0.	0.
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1- see in	structions). If none, e	nter 'NONE.'
(a) Name and address of 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	(e) Expense account, other allowances
NONE				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Total number of other englances		l		
Total number of other employees paid over \$50,000	TEFANSORI (	77/06/09	· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2009)

Form 990-PF (2009) HARRY VERMEER FAMILY FOUNDATION  Park VIII Information About Officers, Directors, Trustees, Founda	51-018 ation Managers, Highly Paid E	2729 Page 7
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services — (see in enter 'NONE.	istructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		<u></u>
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	·	
Describe the two largest program-related investments made by the foundation durin 1 N/A	g the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions  3		
	, ·	1

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Total. Add lines 1 through 3

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# Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purpos a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	es1a	154,250.
<b>b</b> Program-related investments — total from Part IX-B	1b	
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)		
<b>b</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	d Part XIII, line 4	154,250.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigation and the section 4940(e) for the reduced rate of tax on net investigation.	ment income	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	154,250.

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 section 4940(e) reduction of tax in those years

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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				227,050.
2 Undistributed income, if any, as of the end of 2009.			07.420	>~
<b>a</b> Enter amount for 2008 only <b>b</b> Total for prior years: 20, 20, 20		0.	97,439.	À.
3 Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
<b>e</b> From 2008				
f Total of lines 3a through e	0.	. , ,		
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ 154, 250.  a Applied to 2008, but not more than line 2a			97,439.	
			31,433.	
<b>b</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.			
<b>d</b> Applied to 2009 distributable amount			Maria de la composição de	56,811.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract	1 2 3			
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.	* * . ** . ** *	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		).	* 3	
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2010				170,239.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			. \$\hat{3}	*
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions).	0.		*	
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.		\$	
•	Ü.			
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>b</b> Excess from 2006				
c Excess from 2007	-			
d Excess from 2008				١
e Excess from 2009	<u> </u>	<u> </u>		

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Part XIV   Private Operating Foundation					N/A
1a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling.				
<b>b</b> Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</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					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b 'Endowment' alternative test — enter 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()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the Information Regarding Foundation Mana	ie year – see in	part only if the structions.)	organization ha	ad \$5,000 or mor	e in 
a List any managers of the foundation who close of any tax year (but only if they hav BERNICE VERMEER	- have contributed m	ore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	f the stock of a cor 0% or greater intere	poration (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only r				s and does not acce	nt unsolicited
requests for funds. If the foundation make complete items 2a, b, c, and d	es gifts, grants, etc,	(see instructions) t	o individuals or org	anizations under oth	er conditions,
<b>a</b> The name, address, and telephone number	er of the person to	whom applications s	should be addresse	d	
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should inclu	ıde	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ble fields, kinds of	institutions, or other	factors
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Part XV Supplementary Information 3 Grants and Contributions Paid During the	(continued)	ure Paymen		- 1 age 1
	If recipient is an individual,	Equadation		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		<u> </u>
a Paid during the year SEE STATEMENT 6				
SEE STITEMENT O				
		;		
Total		<u> </u>	<u> </u>	154,250
<b>b</b> Approved for future payment				
Total			▶ 3	
iOlai			<b>▶</b> ₹	<b>3</b> 1

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

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nter gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded	by section 512, 513, or 514	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions
a					
b					
C					
d					·
e				·	
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	28,715.	
4 Dividends and interest from securities			14	96,619.	
5 Net rental income or (loss) from real estate	. 3		2. ₩ 1		
a Debt-financed property					
<b>b</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	-25,229.	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:	· ************************************	. 43.34		V 1.7. 1.4.1.1.1	
a				***************************************	***************************************
b					
С					
d					
е					
2 Subtotal Add columns (b), (d), and (e)	i,		33.	100,105.	
3 Total. Add line 12, columns (b), (d), and (e)				13	100,105
ee worksheet in the instructions for line 13 to verify of	calculations)				<u> </u>
· · · · · · · · · · · · · · · · · · ·		- 1			<del>-</del>
art XVI-B Relationship of Activities to th	e Accompli	snment of Exemp	t Purpo	ses	

# 

TEEA0502L 07/06/09

# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

												Yes	No
	1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?												
	a Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash												
	• •												Х
	(2) Other assets												Х
	<b>b</b> Other transactions												
	(1) Sales of assets to a noncharitable exempt organization												_ X
	(2) Purchases of assets from a noncharitable exempt organization												X
	(3) Rental of facilities, equipment, or other assets												_X
	(4) Reimbursement arrangements												_X_
		oans or loan guarante									1 b (5)		X
		erformance of service									1b (6)		Х
	<b>c</b> Shari	ng of facilities, equipm	nent, mailing lis	sts, other	assets, or p	aid employe	ees				1 c		X
_	d If the the go any tr a) Line no.	answer to any of the cods, other assets, or ransaction or sharing a	services given arrangement, st	by the re	e the following the porting foun blumn (d) the able exempt org	dation If the value of the	e fou e god	umn (b) should alvertion received ods, other assets,	less than fa or services	air marke receive	et value in ed		
_	/A	(b) Amount involved	(C) Name o	JI HOHEHAITE	able exempt org	anization		(u) Description of trai	isiers, transac	uons, anu	Snaring arrai	igement	.5
	/ 11	<u> </u>							·····				
_			<u> </u>										
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	descr	foundation directly or ibed in section 501(c) s,' complete the follow	of the Code (of	ated with ther than	, or related t section 501	o, one or m (c)(3)) or in	iore t secti	ax-exempt organi on 527?	zations		Yes	X	No
		(a) Name of organizat	tion	(	<b>(b)</b> Type of o	rganızatıon		(0	Description	on of rel	ationship		
N	/A				<del></del>	<u>.                                    </u>							
_	<u> </u>												
_													
s I	Under pena complete I	alties of perjury, I declare that Declaration of preparer (other	I have examined this than taxpayer or fide	is return, induction	cluding accompai ased on all inform	nying schedules nation of which	and si prepare	tatements, and to the biger has any knowledge		ledge and I		e, correc	et, and
G Signature of officer or trustee Date							Title						
NHERE	Paid	Preparer's signature CRAT	IG S. SHAN	NON	NON A		C	4/18/10	Check if self-	(See	arer's Identify Signature in	the insti	ber rs)
E	Pre- parer's		E & SIDNE					4 3310	employed EiN	42-14		<u>,                                     </u>	
	Use	vouse it solf	EAST COUR	<del></del>		200		<del></del>	LIN	.4 17	31010		
	Only			A 5030					Phone no	<b>(51</b>	.5) 245	-430	0
В	AA		,						1	, , , ,	Form <b>99</b>		

#### 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

OMB No 1545-0047

2009

Name of the organization Employer identification number HARRY VERMEER FAMILY FOUNDATION 51-0182729 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 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 -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)/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 II 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 their 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Pag	ge 1 of 1	of Part I
Name of org			mployer identification numb	per
	VERMEER FAMILY FOUNDATION		1-0182729	
Part I	Contributors (see instructions )			
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d Type of co	
1	BERNICE VERMEER  608 E 2ND ST, APT 202  PELLA, IA 50219	\$25,0	Payroll	art II if there contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d Type of co	
		\$	Person Payroll Noncash (Complete P Is a noncash	art II if there contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d Type of co	
		\$	is a noncash	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	Type of co	
		\$	Person Payroll Noncash (Complete Pus a noncash	art II if there contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	Type of co	
		\$	Person [ Payroll [ Noncash [ (Complete Pis a noncash	art II if there contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	Type of co	
		\$	Person Payroll Noncash (Complete P Is a noncash	dart II if there contribution)

Schedule <b>B</b>	s (Form 990, 990-EZ, or 990-PF) (2009)	ı	Page	1	of 1	<u> </u>	of <b>Part II</b>
lame of organ				Emplo	yer ıdenti	ication ni	
	Noncash Property (see instructions )			51-	01827	29	
(a) No. from Part I	(b) Description of noncash property given		MV (o	(c) r estima struction	te)	Date r	(d) eceived
	N/A						
		\$_					
(a) No. from Part I	(b) Description of noncash property given		MV (o (see in	(c) r estima struction	te) 1s)	Date i	(d) eceived
		\$					
(a) No. from Part I	(b)  Description of noncash property given	[	FMV (d (see in	(c) r estima struction	ite) ns)	Date i	(d) received
		\$_					
(a) No. from Part I	(b) Description of noncash property given		FMV (d	(c) r estima structio	ite) ns)	Date (	(d) received

(c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions)

(b)
Description of noncash property given

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

(d) Date received

•	•						
	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of 1	of Part III		
Name of organ	VERMEER FAMILY FOUNDATION			Employer identifica			
Part III	Exclusively religious, charitable, etc, i	ndividual contributions	to section 501(c				
1 411111	organizations aggregating more than	\$1,000 for the year.(Comp	lete cols (a) through	(e) and the follow	ing line entry.)		
	For organizations completing Part III, enter total contributions of \$1,000 or less for the year (Ent			<b>►</b> \$	N/A		
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift	Des	Description of how gi			
	N/A						
		(e)					
		Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to tran	sferee		
			<del></del>				
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift	Des	cription of how gi	ft is held		
- Tuitt							
		(0)					
	Transferee's name, address, ar	(e) Transfer of gift nd ZIP + 4	Relationship o	f transferor to tran	sferee		
				•			
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift	Des	cription of how gi	ft is held		
1 0111							
		(e)					
		(e) Transfer of gift					
	Transferee's name, address, a		Relationship o	f transferor to tran	sferee		
				<del> </del>			
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift	Des	cription of how gi	ft is held		
Falli							
		(e) Transfer of gift					
	I	· - · - · · - · · · · · · · ·					

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

BAA

2009 ·	FEDERAL STATEMENTS	PAGE ²
CLIENT 51018272	HARRY VERMEER FAMILY FOUNDATION	51-018272
4/06/10  STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		03:23PI
GREFE & SIDNEY, P.L.C.	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTED  PER BOOKS INCOME NET INCOM  \$ 1,200.  TOTAL \$ 1,200. \$ 0.	
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
2008 INCOME TAX 2009 INCOME TAX ESTIMATES FOREIGN TAX	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOM  \$ 1,484. 4,900. 213.  TOTAL \$ 6,597. \$ 0.	
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BOOKKEEPING FEES AND CHARGES-BDFS FEES AND CHARGES-SCHWAB INSURANCE PREMIUM POSTAGE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTEI PER BOOKS INCOME NET INCOM  \$ 369. 8,095. 13,788. 100,000. 18. TOTAL \$ 122,270. \$ 0.	
STATEMENT 4 FORM 990-PF, PART III, LINE 5 OTHER DECREASES		
2008 BOOK VALUE ADJUSTMEN	r Total	\$ 4,170 \$ 4,170

2009			FEDER	AL STAT	EMENTS				PAGE
CLIENT 5	1018272		HARRY VERM	EER FAMIL	Y FOUNDATI	ON			51-018272
4/06/10									03 23F
FORM	MENT 5 990-PF, PART AL GAINS AN	Γ IV, LINE 1 D LOSSES F	OR TAX ON I	NVESTMENT	INCOME				
ITEM		(A) DE	SCRIPTION		(B) ACOU			) DATE OUIRED	(D) DATE SOLD
1 2 3	496.313 SCI 28.446 SCH	ITAL GAINS HWAB SHORT WAB SHORT-	DISTRIBUTI -TERM BOND TERM BOND		PURCH PURCH PURCH	ASED ASED ASED	2/	01/2008 30/2008	4/07/200 4/07/200
5	PIMCO HIGH 30,000 SIL	YIELD FUN VERTON BAN			PURCH PURCH PURCH PURCH	ASED ASED	9/	30/2008 08/2008 01/2008	1/08/200 5/07/200 5/07/200
8 9	60,000 DISC 43,000 LEHI 20,000 MID	COVER BANK MAN COML B	CD ANK CD		PURCH PURCH PURCH	ASED ASED	2/ 6/	01/2008 08/2008 02/2008 31/2008	8/13/200 6/24/200 2/09/200
	(E) GROSS	(F) DEPREC.	(G) COST	(H) GAIN	(I) FMV	(J) ADJ. E	AS.	(K) EXCESS	(L) GAIN
<u>ITEM</u> 1 2 3	SALES 1,970. 4,363. 250.	ALLOWED	BASIS 0. 4,957. 261.	(LOSS) 1,970. -594. -11.	12/31/69	12/31	<u>/69</u>	<u>(I) - (J)</u>	(LOSS) \$ 1,970 -594 -11
2 3 4 5 6 7	624. 82,481. 30,000. 60,000.		0. 109,699. 30,000. 60,000.	624. -27,218. 0. 0.					624 -27, 218
8 9	60,000. 43,000. 20,000.		60,000. 60,000. 43,000. 20,000.	0. 0. 0.					( (

# STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
CALVIN COLLEGE 3201 BURTON ST SE GRAND RAPIDS, MI 49546	NONE		CHARITABLE	\$ 10,000.
CARY CHRISTIAN CENTER, INC. 154 COTTONWOOD ST., PO BOX 57 CARY, MS 39054	NONE		CHARITABLE	2,000.
CENTRAL COLLEGE 812 UNIVERSITY ST. PELLA, IA 50219	NONE		CHARITABLE	5,000.
CROSS ROADS COMMUNITY SCHOOLS 2950 W RAY RD CHANDLER, AZ 85224	NONE		CHARITABLE	17,500.

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4/06/10

FEDERAL STATEMENTS

PAGE 3

CLIENT 51018272

HARRY VERMEER FAMILY FOUNDATION

51-0182729

03 23PM

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OFGRANT	AMOUNT
CROSSROADS-FAMILIES FIRST 712 UNION ST PELLA, IA 50219			CHARITABLE	\$ 4,000.
DORDT COLLEGE 498 4TH AVE. NE SIOUX CENTER, IA 51250	NONE		CHARITABLE	10,000.
FELLOWSHIP OF CHR. ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	NONE		CHARITABLE	500.
LUKE SOCIETY 2204 S. MINNESOTA AVE, STE 200 SIOUX FALLS, SD 57105	NONE		CHARITABLE	27,000.
PELLA CHR. GRADE SCH ENDOWMENT 216 LIBERTY STREET PELLA, IA 50219	NONE		CHARITABLE	10,000.
PELLA CHR. HS ENDOWMENT 604 JEFFERSON PELLA, IA 50219	NONE		CHARITABLE	10,000.
PELLA CHR. HS LEGACY OF GRACE 604 JEFFERSON PELLA, IA 50219	NONE		CHARITABLE	2,000.
PELLA CHR. HS 604 JEFFERSON PELLA, IA 50219	NONE		CHARITABLE	5,000.
PELLA DOLLARS FOR SCHOLARS 518 FRANKLIN ST. PELLA, IA 50219	NONE		CHARITABLE	2,000.
SOUTH CHRISTIAN HIGH SCHOOL 160 68TH ST. SW GRAND RAPIDS, MI 49548	NONE		CHARITABLE	20,000.
TRINITY CHRISTIAN COLLEGE 6601 W COLLEGE DR PALOS HEIGHTS, IL 60463	NONE		CHARITABLE	14,250.
CALVIN SEMINARY-TIMOTHY INSTITUTE 3233 BURTON ST. S.E. GRAND RAPIDS, MI 49546	NONE		CHARITABLE	5,000.

2009

FEDERAL STATEMENTS

PAGE 4

CLIENT 51018272

HARRY VERMEER FAMILY FOUNDATION

51-0182729

4/06/10

03 23PM

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

FOUND-DONEE

ATION PURPOSE OF **STATUS** GRANT

AMOUNT

CORNERSTONE CHRISTIAN

NONE

RELATIONSHIP

CHARITABLE

\$ 10,000.

FELLOWSHIP

2211 E. PECOS RD., SUITE 2 CHANDLER, AZ 85225

NAME AND ADDRESS

TOTAL \$ 154,250.

HARRY VERMEER FAMILY FOUNDATION

51-0182729

Form 990-W

(Worksheet)

Department of the Treasury Internal Revenue Service

FOR FORM 990-PF PURPOSES **Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations)

(Keep for your records. Do not send to the Internal Revenue Service.)

2010

OMB No 1545-0976

IIICITIE	ar Nevenue Service (1.00 p. 101)				201010019		
1	Unrelated business taxable income expe		1				
2	Tax on the amount on line 1. See instru	_	2				
3	Alternative minimum tax (see instruction		3				
4	Total Add lines 2 and 3		4	· · · · · · · · · · · · · · · · · · ·			
5	Estimated tax credits (see instructions)					5	
6	Subtract line 5 from line 4					6	
7	Other taxes (see instructions)					7	
8	Total Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels (see	ınstru	ctions)	1 1		9	
10 a	Subtract line 9 from line 8 Note. If less is not required to make estimated tax pasee instructions	2,508.	*				
t	Enter the tax shown on the 2009 return the tax year was for less than 12 month from line 10a on line 10c	, · · · · · · · · · · · · · · · · · · ·	* 6				
c	2010 Estimated Tax. Enter the smaller of enter the amount from line 10a on line 1	of line 10c	10a or line 10b. If the	organization is required	to skip line 10b,	10 c	2,508.
			(a)	(b)	(c)		(d)
11	Installment due dates (see instructions)	11	5/17/10	6/15/10	9/15/10		12/15/10
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization' (see instructions)		627.	627.	62	.7	627.
13	2009 Overpayment.		627.				
14	(see instructions). Payment due. (Subtract line 13 from line 12)	13	0.	627.	62	0.	512. 115.