

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



'000 D	_
Form 990-P	H
	_

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

OMB No 1545-0052 **୭Mnq**

Int	emal Re	evenue Se	MCe	Note: The foundate	on may	be able to use a copy of	this return to	satisfy state re	porting requ	urements.	4]]
Fo	or ca	<u>le</u> ndar	year 2009,	or tax year begi	nning		, 2009	, and ending	g			, 20
G	Che	ck all t	hat apply:	Initial retui	'n	Initial return	of a former p	oublic charity	y –		Final return	1
_		_		Amended	return	Addre	ss change		Name ch	nange		
			Name of fo						A Empl	oyer identific	cation number	
ι	Use the IRS BURRILL FOUNDATION INC											
	lab		C/O WIL	LIAM G. POS	T, JF	₹				26-	3545535	
•		wise,	Number an	d street (or P.O box	number if	fmail is not delivered to stree	t address)	Room/suite	B Teleph	one number (see	page 10 of the instruct	tions)
	pri or ty											
S		pecific	PO BOX					<u></u>	_		7) 829-5	500
li	nstru	ctions.	City or town	n, state, and ZIP co	de				C If exe	mption applicating, check here	tion is	. ▶
									D 1. For	eign organizati	ions, check here	. ▶∐
_				TON, VT 054						eign organizat % test, check h	tions meeting the	_
H	<u>C</u> he	ck type	e of organız	atıon: X Secti	on 501(c)(3) exempt private t				nputation .		. ▶∟_
\perp				onexempt charitable		Other taxable pr			E If priv	ate foundation	ı status was termina	ted
ı						unting method C	ash LX Acc	crual)(1)(A), check here	
	•	•	m Part II, co			ther (specify)	-		_ F If the	foundation is	ın a 60-month termi	nation
_		▶ \$.66,955.		column (d) must be or	cash basis.)	·	under	section 507(b)	(1)(B), check here	
L	art	Analy total o	sis of Rev	enue and Expens columns (b), (c), an	es (The	(a) Revenue and	(b) Net inve	estment	(c) Adjust	ed net	(d) Disburse for charit	
		may n	ot necessaril	y equal the amount	s in	expenses per books	incon	I .	incor		purpos	es
_				ge 11 of the instruc		55010	<u> </u>				(cash basis	s only)
	1		I if the	s, etc., received (attach scl						·		
	2	Check 1	attacł	n Sch B					 -		!	
	3		•	d temporary cash inves		8,364		8,364.	 -		ATCH 1	
	4			est from securities		0,504.	<u> </u>	3,304.			VICU 1	<u> </u>
											<u> </u>	·
			·	oss)	_	121.	 					Contract of the Contract of th
Jue .		Gross s	ales price for al	n sale of assets not on II	line 10 121.		 _	- 				
Revenue		assets o	n Ime 6a				 	121.	i	DE(EIVED	1
æ	7	•	ū	come (from Part IV, I	•		 			NEU	5-1 ♥ 6-1-/	
	8		•	tal gain					ြ			 8
		Gross sa	iles less returns	s					ő	JUL	l 9 2010 -	10
			wances · · · ost of goods sol	l l					- (0)			
			-) (attach schedule)			l		- '	OGD	EN. UT	_
	11			ch schedule)								
				hrough 11		8,485.		8,485.				
_	13			ers, directors, trustees,		0.						
	14			aries and wages .								
Ses	15			oloyee benefits								
ē				chedule)								
X	Ь	Accour	nting fees (at	ttach schedule) ^{ATC}	н 2	1,250.		0.		0.		0
/e E				fees (attach schedul		4,039.		4,039.				
Administrative Expenses	17							- -				
str	18			e) (see page 14 of the ins	4.4	252.		252.				
Ξ	19			h schedule) and de								
þ	20	•	•							·		
ΑÞ	21	-	-	s, and meetings		_						
and	22			ations								
g	23		•	tach schedule)								
Operating	24		-	d administrative ex								
ber	- '			gh 23	•	5,541		4,291.		0.		0
0	25		_	, grants paid		16,000						16,000
	26		=	ursements Add lines 2		21,541		4,291.		0.		16,000
_	27		ct line 26 fro									
				xpenses and disbursem	ents	-13,056	<u> </u>					
	l			ome (if negative, er				4,194.				
	1											

c Adjusted net income (if negative, enter -0-). .

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 3 JSA **

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Form 990-PF (2009)

PAGE 2\U

Е	arti	Rajance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
_	arti	- Darance Oncors	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	1,000,302.	103,342.	103,342
	2	Savings and temporary	cash investments	0.	883,909.	1,063,613
	3	Accounts receivable ▶				
		Less: allowance for dou	btful accounts ▶		-	•
	4					
	-	Less: allowance for dou	btful accounts			
	5					- · · · · · · · · · · · · · · · · · · ·
	6		officers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)			
	_	, ,	receivable (attach schedule)			
	7		btful accounts			
its	8	Inventories for sale or us				
ssets	9		leferred charges	1		
٩	10 a	Investments - US and stat	e government obligations (attach schedule)			
			stock (attach schedule)			
	11 ^C	Investments - land, building				
		Less accumulated deprecia	ation			
	12	Investments - mortgage	loans			
	13		ach schedule) [
	14	Land, buildings, and equipment basis	>			
		Less accumulated deprecia	ation			
	15	(attach schedule) Other assets (describe	>)			
	16		pleted by all filers - see the			
			page 1, item I)	1,000,302.	987,251.	1,166,955
_	17		accrued expenses		5.	
	18					
'n	19					
Liabilities	20		ors, trustees, and other disqualified persons			
壹	1					
Ë	21		otes payable (attach schedule)			
	22	Other liabilities (describe	e ▶)			
		Tatal liabilities (add line	22 17 through 22)		5.	
_	23		es 17 through 22)			
			low SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.			
š	24 25 26	Unrestricted				
lan	25	Temporarily restricted .	<i> </i>			
Ba	26	Permanently restricted .				
ы		Foundations that do	not follow SFAS 117,			
F		check here and com	plete lines 27 through 31. ▶ X			
þ	27		cipal, or current funds			
ţ	28		r land, bldg, and equipment fund			
Net Assets	29	• • •	ulated income, endowment, or other funds	1,000,302.	987,246.	
Ä	30	•	d balances (see page 17 of the			
š				1,000,302.	987,246.	
_	31	Total liabilities and net	t assets/fund balances (see page 17		<u>-</u>	
				1,000,302.	987,251.	
Ţ.	art i		anges in Net Assets or Fund I			
	_		alances at beginning of year - Part II,		agree with	
•					- 1	1,000,302
_	end-	or-year rigure reported	d on prior year's return)			-13,056
2	⊨nte	er amount from Part I,	line 27a		2	-13,036
						007 046
			<u> </u>			987,246
5		reases not included in			5	002 046
<u>6</u>	Tota	i net assets or fund ba	alances at end of year (line 4 minus l	ine 5) - Part II, column (b),	line 30 6	987,246

(a) List an	d describe the kind(s) of property sold (orick warehouse; or common stock, 200	(e.g., real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHE	EDULE				
<u>b</u>		·····			<u> </u>
<u>c</u>			ļ		ļ
_d				ļ	
<u>e</u>		() () ()	 	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a			_		
<u>b</u>		 	<u> </u>		
<u>c</u>			 		
<u>d</u>			 		
Complete only for assets s	bowing gain in column (b) and owi	ned by the foundation on 12/31/69			
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		Gains (Col. (h) g (k), but not less t Losses (from co	than -0-) or
a					
b					
С					
d					
е					
2 Capital gain net income or	ו פפתו ובזותבת זאמו	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		121
	n or (loss) as defined in sections 12				
	, line 8, column (c) (see pages 13		<u> </u>		
If (loss), enter -0- in Part I,	line 8	<u></u> ,	3		
		uced Tax on Net Investment Ince e section 4940(a) tax on net invest			
		outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1 Enter the appropriate am	ount in each column for each year	; see page 18 of the instructions be	efore mak	ing any entries.	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2008	0.	1,000,302.			0.000000
2007					
2006					
2005					
2004	<u> </u>	<u> </u>	 		
2 Total of line 1, column (d)			2		0.000000
<u> </u>	for the 5-year base period - divide dation has been in existence if less	• •	3		0.000000
4 Enter the net value of nor	ncharitable-use assets for 2009 fro	om Part X, line 5	4	1,	016,479.
5 Multiply line 4 by line 3			5		0.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b).		6		42.
7 Add lines 5 and 6			7		42.
8 Enter qualifying distribution If line 8 is equal to or grapher VI instructions on page	ons from Part XII, line 4	in Part VI, line 1b, and complete t	8 hat part	using a 1% ta	16,000. x rate. See the

Par	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	0(e), or 4948 - see page 18 of	the ins	truction	ons)
1 a	1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A"	on line 1.	y 2 (2 77%)	4,27	15
•	Date of ruling or determination letter:(attach copy of ruling letter if necessary -			* Jan 14.	. \$ <u>.</u> }
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check				42.
	here \blacktriangleright X and enter 1% of Part I, line 27b	34, 7 g 2 g 2 g	r Ela ,		
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations	enter 4%	_ \$ \$ \text{7.1}	4. hr.	,-
	of Part I, line 12, col. (b)) - - ·		•	
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)			
3		,			42.
A	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	· · · · · · · · · · · · · · · · · · · 			0.
5					42.
6		• • • • • • • • • • • • • • • • • • • •		4	
-	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a				~ - <u>-</u>
	b Exempt foreign organizations-tax withheld at source 6b	0.		-1 x -	
	c Tax paid with application for extension of time to file (Form 8868).	130.		. :	-
d					
7				· -	130.
8					
9					
9 10		10			88.
11	11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	44 Refunded 11			44.
	Part VII-A Statements Regarding Activities	Refunded P 11			
	1a During the tax year, did the foundation attempt to influence any national, state, or local	al legislation or did it	T^-	Yes	No
-	participate or intervene in any political campaign?		1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political pr				
_	of the instructions for definition)?		1ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co		1		
	published or distributed by the foundation in connection with the activities.	,,	1		
c	c Did the foundation file Form 1120-POL for this year?		1 c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		·		
	(1) On the foundation >\$(2) On foundation managers >\$			j ,	İ
e	e Enter the reimbursement (if any) paid by the foundation during the year for political e		-		
	on foundation managers > \$	The state of the s	Ì		
2	2 Has the foundation engaged in any activities that have not previously been reported to the IR	S?	2		Х
	If "Yes," attach a detailed description of the activities.		•	-	
3	3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		3		Х
4 a	4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X
t	b If "Yes," has it filed a tax return on Form 990-T for this year?				X
5			5		X
	If "Yes," attach the statement required by General Instruction T.				
6	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 m.	andatory directions that	-	-	
	conflict with the state law remain in the governing instrument?		. 6	Х	
7	the state of the s			X	
8:	8a Enter the states to which the foundation reports or with which it is registered	(see page 19 of the			
	instructions) > VT,	· · · ·	1	[
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990		1		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		. 8b	1_	Х
9					
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instru				(
	27)? If "Yes," complete Part XIV		. 9		Х
10					_
	names and addresses	<u> </u>	. 10		X

Par	t VII-A Statements Regarding Activities (continued)			
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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► WILLIAM G. POST, JR. Telephone no. ► 877-82		00	
	The books are in care of ►WILLIAM G. POST, JR. Located at ►PO BOX 369 BURLINGTON, VT ZIP+4 ► 05402-0	369	. _	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			-
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		i	
	(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)?			
	(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			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		Ì	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			v
	to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	•		
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	1		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009)	3b		-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u> X</u>

	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		_		
5 a	During the year did the foundation pay or incur any amou	nt to:						
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X	10			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,							
	directly or indirectly, any voter registration drive?			Yes X	10			
	(3) Provide a grant to an individual for travel, study, or other	ner similar purposes?		Yes X N	lo			
	(4) Provide a grant to an organization other than a chari				.			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (-		Yes X	ااما			
	(5) Provide for any purpose other than religious, chantal				.			
	purposes, or for the prevention of cruelty to children of	-		Yes X	.			
_					'°			
b			•					
	Regulations section 53.4945 or in a current notice regard			. —	· · · 5b	- 		
	Organizations relying on a current notice regarding disast			•				
С	If the answer is "Yes" to question 5a(4), does the foundation	•		□., ☑.	.			
	because it maintained expenditure responsibility for the gr		• • • • • • • • • •	Yes X	lo			
	If "Yes," attach the statement required by Regulations sect	• •						
6a	Did the foundation, during the year, receive any funds, d							
	on a personal benefit contract?			. Yes X N	lo			
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a p	ersonal benefit contrac	xt?	6b	X		
	If "Yes" to 6b, file Form 8870.							
	At any time during the tax year, was the foundation a pa			. — —				
	If yes, did the foundation receive any proceeds or have a					X		
Pai	rt VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Emp	loyees,			
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the inst	ructions).			
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expense			
		hours per week devoted to position	-0-)	employee benefit plans and deferred compensation	other allov	vances		
7 m								
AT	TACHMENT 7		0.	0		0		
A1			0.	0		0		
A1	TACHMENT 7		0.	0	•	0		
	TACHMENT 7		0.	0		0		
	TACHMENT 7		0.	0		0		
	TACHMENT 7		0.	0		0		
	TACHMENT 7		0.	0		0		
2	TACHMENT 7	ner than those inc				0		
2	Compensation of five highest-paid employees (otl	(b) Title, and average hours per week		e page 23 of the ins (d) Contributions to employee benefit plans and deferred		account,		
2	Compensation of five highest-paid employees (otlet none, enter "NONE."	(b) Title, and average	luded on line 1 - se	e page 23 of the ins	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (otlet none, enter "NONE."	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
2	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		
(a	Compensation of five highest-paid employees (other finance, enter "NONE." No Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 - se	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	account,		

Form 990-PF (2009)

	st-paid independent contractors for professional services (see page 23 of the	a instructions). If none :	enter "NONE "
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
etal pumbo	of others recovered ever \$50,000 for professional convene		NON
	r of others receiving over \$50,000 for professional services		▶ NON
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information is and other beneficianes served, conferences convened, research papers produced, etc.	such as the number	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instruction		
Describe the t	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
2			
All other prog	ram-related investments. See page 24 of the instructions	· · · · · · · · · · · · · · · · · · ·	
3 NONE		. _	
·			

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. F see page 24 of the instructions.)	oreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	a Average monthly fair market value of securities	1a	480,136.
b	Average of monthly cash balances	1b	551,822.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	d Total (add lines 1a, b, and c)	1d	1,031,958.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 1	1,031,958.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25	· · ·	
	of the instructions)	4	15,479.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,016,479.
6	Minimum investment return. Enter 5% of line 5	6	50,824.
Pá	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) foundations and certain foreign organizations check here ▶ ☐ and do not complete	private operating	
1	Minimum investment return from Part X, line 6		50,824.
	Tax on investment income for 2009 from Part VI, line 5	42.	
b			
c	Add lines 2a and 2b	2c	42.
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	50,782.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 2 and 4	[-]	50,782.
6	Deduction from distributable amount (see page 25 of the instructions)		_
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	50,782.
\bar{a}			
Pá	art XII Qualifying Distributions (see page 25 of the instructions)		
ī	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а		1a	16,000.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	• • •	
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		16,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incor		_
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		42.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,958.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculat qualifies for the section 4940(e) reduction of tax in those years.	ing whether the fo	

Form 990-PF (2009)

For	990-PF (2009)		26-354	5535	Page 9
Pa	rt XIII Undistributed Income (see page 2	26 of the instructio	ns)		
		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,	Corpus	rears prior to 2000	2006	50,782.
	line 7		·		30,702.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for pnor years 20 07,20 06,20 05				
3	Excess distributions carryover, if any, to 2009:				
a	From 2004				
b	From 2005				
c	From 2006				
0	From 2007				
e	From 2008	0.			
, T	Total of lines 3a through e				
4	line 4. ► \$ 16,000.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
_					16,000.
	Applied to 2009 distributable amount	0.	<u> </u>		20,000
е 5	Excess distributions carryover applied to 2009	0.			0.
•	(If an amount appears in column (d), the same				. <u>.</u> .
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract				
С	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.				
d	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				34,782.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)	-			
9	Excess distributions carryover to 2010.	0.			
	Subtract lines 7 and 8 from line 6a				<u> </u>
	Analysis of line 9				
a					
b					
q					
d e	Excess from 2008				
			<u> </u>		l

Pa	rt XIV Private Oper	rating Foundations (see page 27 of the	instructions and P	art VII-A, question 9	NOT APPLICABLE			
1 a	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling								
, _	Check box to indicate wh					(j)(3) or 4942(j)(5)			
ь	Check box to indicate wit	Tax year	private operating round		11 4342	(j)(3) or 4942(j)(5)			
2 a	Enter the lesser of the ad-		(h) 2000	Prior 3 years	(4) 2006	(e) Total			
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	 			
	return from Part X for each								
	year listed				 	 			
b	85% of line 2a								
C	Qualifying distributions from Part				}				
	XII, line 4 for each year listed .	<u> </u>							
d	Amounts included in line 2c not used directly for active conduct								
	of exempt activities								
е	Qualifying distributions made	ļ							
	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								
а	"Assets" alternative test - enter-								
	(1) Value of all assets								
	(2) Value of assets qualifying under section								
	4942(j)(3)(B)(i)			<u> </u>		<u> </u>			
b	"Endowment" alternative test- enter 2/3 of minimum invest-	į							
	ment return shown in Part X,								
	line 6 for each year listed				<u> </u>				
С	"Support" alternative test - enter					1			
	(1) Total support other than gross investment income								
	(interest, dividends, rents,								
	payments on securities loans (section 512(a)(5)),								
	or royalties)								
	(2) Support from general public and 5 or more								
	exempt organizations as								
	provided in section 4942 (j)(3)(B)(iii)								
	(3) Largest amount of sup- port from an exempt		i						
	organization								
Б	(4) Gross investment income	ama Information (C	amaniata thia mant	- mln if the form	detice had \$5,000				
E		ary information (C during the year - se			dation nad \$5,000	or more in assets			
1	Information Regardin								
a	List any managers of	•		than 2% of the to	tal contributions recei	ved by the foundation			
	before the close of any								
	GEORGE C.	BURRILL							
	List any managers of	the foundation who	own 10% or more of	the stock of a cor	poration (or an equal)	v large portion of the			
-	ownership of a partner					, large persion of the			
				•					
	NONE								
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:					
	Check here ► X If t	he foundation only r	nakes contributions	to preselected cha	rıtable organizations	and does not accept			
	unsolicited requests f	for funds. If the found	dation makes gifts, g	rants, etc (see pag	ge 28 of the instructi	ons) to individuals or			
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d					
а	The name, address, a	nd telephone number	of the person to whom	n applications should	be addressed				
b	The form in which app	lications should be sul	omitted and information	on and materials the	y should include.				
	Any submission deadle	nes							
<u>-</u>	Any restrictions or li	mitations on awards	such as by access	inhical areas charif	table fields kinds of	institutions or other			
u	factors	mitations on awaits,	sucii as by geogra	ірпісаі агеах, спаті	lable licius, KIRUS OF	moutulions, or other			

Form 990-PF (2009)			26-3545535	Page 11
Part XV ·Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Dur Recipient	Ing the Year or Appl			<u> </u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor			
THE CUMPINE O				
ATTACHMENT 8				
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	16,000
b Approved for future payment				
Total			<u>▶</u> 2h	
IVIAI	<u></u>		<u></u> <u></u>	·

, g	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
	arrioditto diffess objerviso indicated.	(a) Business code	(b) Amount	(c)	(d)	Related of exempt function income (See page 28 of
•	n service revenue:	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions.)
	 .			 		
				 		
d						
e						
f		<u> </u>				
-	s and contracts from government agencies	ļ				
	ship dues and assessments			 		
	on savings and temporary cash investments ds and interest from securities			14	8,364.	
	al income or (loss) from real estate:			+		
	t-financed property			1		
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	vestment income	<u></u>				
8 Gain or (loss) from sales of assets other than inventory			18	121.	
	ome or (loss) from special events			 	<u> </u>	
•	rofit or (loss) from sales of inventory	<u> </u>		 		
	venue. a			+		
_				+		
			······································	+	L	
e						
	Add columns (b), (d), and (e)					
ı∡ oudtota.				İ	8,485.	
13 Total, Ad	dd line 12, columns (b), (d), and (e)					
13 Total, Ad See workst Part XVI	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 Relationship of Activities	to verify calcusto to the Ac	ulations) complishment of Ex	cempt Purp	oses	8,485.
3 Total, Ad See workst	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28	to verify calcu	ulations) complishment of Ex	cempt Purp	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See works! Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Ex	cempt Purp	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Ex	cempt Purp	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See works! Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Ex	d in column	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See works! Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See workst Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See works! Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485 tributed importantly t
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See workst Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485.
3 Total, Ad See works! Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28. Relationship of Activities Explain below how each activities accomplishment of the fo	to verify calcu	ulations) complishment of Exch income is reporte exempt purposes (c	d in column	oses (e) of Part XVI-A con	8,485.

Forn	n 990-PF	(2009)				26-354	5535		Pa	ge 13
Pa	rt XVI	Information Exempt Orga		Transfers To and	ransactions	and Re	lationships With	Noncl		
1	in se	ction 501(c) of the C	ode (other than	engage in any of the n section 501(c)(3) orga	nızatıons) or in	any other section 52	organization described 7, relating to political		Yes	No
а				onchantable exempt organi				4 - (4)		··X
										X
		transactions:						. <u>1a(2)</u>		<u> </u>
			naritable exempt o	organization				15(1)		Х
	(2) Pi	urchases of assets from	a noncharitable	exempt organization			• • • • • • • • • • • • • •	1b(2)		X
				ets						X
								1b(4)		Х
								1b(5)		Х
				fundraising solicitations .				1b(6)		X
c	: Sharir	ng of facilities, equipmer	nt, mailing lists, o	ther assets, or paid employe	es			1c		Х
d	I If the	e answer to any of	the above is "	Yes," complete the foll	owing schedule.	Column (b) should always sho	w the	fair r	narket
	value	of the goods, other	assets, or serv	nces given by the repo	orting foundation	n. If the fo	oundation received less	than	fair r	narket
	value	in any transaction or	sharing arran	gement, show in colum	n (d) the value	e of the g	oods, other assets, or	service	s rec	eived.
(0)	Lina na	(b) Amount involved	(a) Name of	non charitable average arrange	t (d) D-					
(a)	Line no	(b) Amount involved N/A	(c) Name or	noncharitable exempt organiza	N/A	escription of tr	ansfers, transactions, and sh	anng arrar	ngemei	its
					- 11,711					
										
				-						
						.		_		
				· · · · · · · · · · · · · · · · · · ·						
										
		· · · · · · · · · · · · · · · · · · ·								
		_								
2a	ı is the	foundation directly or	ındırectly affılıa	ted with, or related to, or	one or more tax	-exempt org	anizations described in			
				501(c)(3)) or in section 527				Yes	s X	No
b		s," complete the following		, ,						
		(a) Name of organization	1	(b) Type of organ	zation		(c) Description of relation	nship		
				.,			·			
										
				-						
							_			
	Under	penalties of periury. I decla	are that I have Ax	amined this return including	accompanying sch	edules and st	atements and to the hest	of my kn	owled	and and
	belief,	it is the, correct, and eem	plete Declaration	amined this return, including of preparer (other than taxpa	er or fiduciary) is t	based on all i	nformation of which prepare	er has an	y knov	vledge
		Marye 15	will		17/8/	10	- KAINIALWA			
ē	Sı	gnature of officer or trustee			pate		Title			
He_		,			Date		Preparer's	s identify	ing	
Sign Here	·s >	Preparer's	l.	1/	6.28 40	Check if		ee Signat	ture or	1
Sič	Paid Preparer's Use Only	signature	m/o	Kin	*		P00717	7296		
	rep Jse	Firm's name (or yours if			E PLC		EIN ▶ 20-3682	2035		
	ار ۱	self-employed), address			BOX 2166					
		and ZIP code	SOUTH	BURLINGTON, VI	0.5	5407-21	66 Phone no 802-3	383-03	399	
								_ ^^/		

BURRILL FOUNDATION INC.

FORM 990-PF - PART IV

CAPITAL CAINS AND LOSSES FOR TAX ON INVE

· Kınd of F	roperty	INS AND L	Des	cription		0 D	Date acquired	Date sol
Gross sale	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over adj basis	٣	Gain	
price less enses of sale	allowable	basis.	12/31/69	12/31/69	adj basis	-	or (loss)	
		TOTAL CAPI	TAL GAIN DI	STRIBUTIONS			121.	
AL GAIN(L	oss)		. <i></i>			11	121.	
						$\ \cdot \ $	ļ	
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8888 mo

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

•	ing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
If you are fi	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page Part II unless you have already been granted an automatic 3-month extension on a prev	e 2 of this form viously filed For) m 8868.
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).		
	equired to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complet	e
Part I only			▶ 🔲
	orations (ıncludıng 1120-C filers), partnerships, REMICs, and trusts must use Form 70 me tax returns.	004 to reques	t an extension of
one of the ret electronically it eturns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However, (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of or consolidated From 990-T. Instead, you must submit the fully completed and electronic filing of this form, visit www.irs.gov/efile and click on e-file for Control of the control of the control of this form, visit www.irs.gov/efile and click on e-file for Control of the control of the control of this form, visit www.irs.gov/efile and click on e-file for Control of the contr	er, you cannot 990-BL, 6069 I signed page 2	file Form 8868, or 8870, group (Part II) of Form
Type or or	Name of Exempt Organization GEORGE BURRILL PRIVATE FOUNDATION	Employer iden 26-3545	tification number
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 369		
iling your retum See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGTON, VT 05402-0369		
Check type of	f return to be filed (file a separate application for each return)		
Form 990	├	m 4720	
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) For	m 5227	
Form 990-		m 6069	
X Form 990	PF	m 8870	
Telephone If the organ If this is for for the whole g		nd attach a list	- ▶ ☐ If this is with the
1 I reques	No of all members the extension will cover. It an automatic 3-month (6 months for a corporation required to file Form $08/15$, 2010 , to file the exempt organization return for the organization ganization's return for:	m 990-T) ex	tension of time . The extension is
► X ►	calendar year 2009 or tax year beginning, and ending		·
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in a	ccounting period
-	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions.	•	s 130
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p		
	clude any prior year overpayment allowed as a credit		\$ 0
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required		
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	m) See	130
Instructio	· · · · · · · · · · · · · · · · · · ·	30	<u> </u>
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 88	79-EO
for payment in			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form	8868 (Rev 4-2009)

26-3545535

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

		1ENT	1E	8,364.	8.364
	NET	INVEST	INCOME		
REVENUE	AND	EXPENSES	PER BOOKS	8,364.	8.364.
					TOTAL
			DESCRIPTION	DIVIDEND INCOME	

BURRILL FOUNDATION INC.

ATTACHMENT

CHARITABLE PURPOSES

ADJUSTED NET INCOME

NET INVESTMENT INCOME

EXPENSES PER BOOKS

REVENUE

AND

1,250.

1,250.

ATTACHMENT 2

	H			
ਜ ਜ ਨ				
ACCOUNTING	i	TOTALS		
I ⊢				
PART				
990PF,	DESCRIPTION TAX PREPARATION			
FORM	DESCR TAX P			

PAGE 18

0917AM 771P 6/28/2010

ATTACHMENT 3

26-3545535

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

BURRILL FOUNDATION INC.

REVENUE AND

NET INVESTMENT INCOME

PER BOOKS EXPENSES

4,039.

4,039.

MANAGEMENT FEES

DESCRIPTION

4,039.

4,039.

TOTALS

1:00:31 PM V 09-6.4

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5
4
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9
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ATTACHMENT 4

- TAXES
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PART
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BURRILL FOUNDATION INC.

NET INVESTMENT INCOME	246.	252.
REVENUE AND EXPENSES PER BOOKS	246.	252.
		TOTALS
DESCRIPTION	FOREIGN TAXES PAID FEDERAL EXCISE TAX	

ATTACHMENT 4

ATTACHMENT 5

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE STATE OF VERMONT DOES NOT REQUIRE A COPY OF THE FORM 990-PF.

ATTACHMENT 7

TRIISTERS
Q N A
DIRECTORS
LIST OF OFFICERS.
T OF
- IIIA
PART
90PF,
ORM 9

BURRILL FOUNDATION INC.

•				
EXPENSE ACCT AND OTHER ALLOWANCES	0	Ö	0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0		.0	0.
COMPENSATION	0	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	GEORGE C. BURRILL PO BOX 104 CHARLOTTE, VT 05445	LOLA VAN WAGENEN PO BOX 104 CHARLOTTE, VT 05445	WILLIAM EICHNER 758 SHEEPFARM ROAD WEYBRIDGE, VT 05753	

26-3545535

ATTACHMENT 8		UTION	0,000	10,000
		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL
	RELATIONSHIP TO SUBSTANTIAL CONTRIEUTOR	AND FOUNDATION STATUS OF RECIPIENT	NO RELATIONSHIP PUBLIC CHARITY	NO RELATIONSHIP PUBLIC CHARITY
		RECIPIENT NAME AND ADDRESS	NATURE CONSERVANCY	NATURE CONSERVANCY

16,000	
PAID	
CONTRIBUTIONS	
TOTAL (

ATTACHMENT 8 PAGE 23

1 00.31 PM

V 09-6.4

0917AM 771P 6/28/2010

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

BURRILL FOUNDATION INC. Name of estate or trust

C/O WILLIAM G. POST, JR.

Employer identification number

26-3545535

(a) Description of property	(b) Date acquired	Held One Ye		(e) Cost or other basis (see page 4 of the	(f) Gain or (loss) f
(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(d) Sales price	instructions)	Subtract (e) from (
			· · · · · · · · · · · · · · · · · · ·		ļ
	}				1
					
					,
					
Enter the short-term gain or (loss), if any,	, from Schedule D	-1, line 1b		<u>1b</u>	
Short-term capital gain or (loss) from For	ms 4684 6252	6781 and 882	4	2	
onor torm capital gain of (1000) from For	1110 1001, 0202,	oron, and coz	*		
Net short-term gain or (loss) from partne					
Short-term capital loss carryover. Enter t			•		
Carryover Worksheet	nos 1a through 4	in column (f)		4	(
column (3) on the back	_	, ,		· •	
t Long-Term Capital Gains and Loss					<u> </u>
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold	(d) Sales price	(e) Cost or other basis (see page 4 of the	(f) Gain or (loss) the entire year
	(, day, y.)	(mo , day, yr)		instructions)	Subtract (e) from
	(, day, y.)	(mo , day, yr)			
	(, day, y. y	(mo , day, yr)			
(Example 100 states 178 prefered of 2 00)	(, day, y, y	(mo , day, yr)			
	(, day, y, y	(mo , day, yr)		instructions)	
	(, day, y, y	(mo , day, yr)		instructions)	
	(, day, y, y)	(mo , day, yr)		instructions)	
(Example 100 shales 7 % pieleneu 01 2 CO)	(, d)	(mo , day, yr)		instructions)	
	(, d.,, y, y)	(mo , day, yr)		instructions)	
				instructions)	Subtract (e) from
Enter the long-term gain or (loss), if any,	from Schedule D-	1, line 6b		instructions)	Subtract (e) from
	from Schedule D-	1, line 6b		instructions)	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For	from Schedule D- ms 2439, 4684, 6	1, line 6b 6252, 6781, an	nd 8824	6b	Subtract (e) from
Enter the long-term gain or (loss), if any,	from Schedule D- ms 2439, 4684, 6	1, line 6b 6252, 6781, an	nd 8824	6b	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For Net long-term gain or (loss) from partner	from Schedule D- ms 2439, 4684, 6 ships, S corporati	1, line 6b	ad 8824	6b 7	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For Net long-term gain or (loss) from partners Capital gain distributions	from Schedule D- ms 2439, 4684, 6 ships, S corporati	1, line 6b	ad 8824 estates or trusts	6b 7 8	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For Net long-term gain or (loss) from partner Capital gain distributions Gain from Form 4797, Part I	from Schedule D- ms 2439, 4684, 6 ships, S corporati	1, line 6b	ad 8824	6b 7 8 9 10	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For Net long-term gain or (loss) from partner Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover Enter the	from Schedule D- ms 2439, 4684, 6 ships, S corporati	1, line 6b	estates or trusts	6b 7 8 9 10	Subtract (e) from
Enter the long-term gain or (loss), if any, Long-term capital gain or (loss) from For Net long-term gain or (loss) from partner Capital gain distributions Gain from Form 4797, Part I	from Schedule D-ms 2439, 4684, 6 ships, S corporations amount, if any	1, line 6b	estates or trusts	6b 7 8 9 10 ss 11	Subtract (e) from

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Sche	dule D (Form 1041) 2009			Page 2
Pai	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	
•	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)			
14	Net long-term gain or (loss):			
а	Total for year			121.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b			
C	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			121.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-			
_	art V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV a	and the Capital Loss Can	ryover Worksheet, a	s necessary.
Pa	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line	· · · · · · · · · · · · · · · · · · ·	l I	
a Note Carry	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line were Worksheet on page 7 of the instructions to figure your capital loss carryover	e 22 (or Form 990-T, lii	ne 34), is a loss, col	mplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates	· · · · · · · · · · · · · · · · · · ·		
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an am	nount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than			
	tion: Skip this part and complete the worksheet on page 8 of the instructions i	ıf·		
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			lua urana ta Dad I
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gain orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and			
	er line 14b, col. (2) or line 14c, col. (2) is more than zero	complete the works	sneet on page o	or the mondations in
		1421		
17 18	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) Enter the smaller of line 14a or 15 in column (2)	. 17		
10	· · · · ·		1 1	
19	but not less than zero			
19	from Form 1041, line 2b(2) (or enter the qualified		1	
	dividends included in income in Part I of Form 990-T) 19			
20	Add lines 18 and 19			
21	If the estate or trust is filing Form 4952, enter the			
41	amount from line 4g, otherwise, enter -0-	İ		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-			
	Odditact into 22 from into 17. ii 2010 of 1035, Chick o , ,	- 23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	• • • • • • • • • • • • • • • • • • • •		
_•	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.			
	No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24			
27	Are the amounts on lines 22 and 26 the same?	' • = -		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	j	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)		30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Scho	edule for Estates an	d Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
	(
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sche	edule for Estates an		
-	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a			
_	G, line 1a (or Form 990-T, line 36)	-		
				ule D (Form 1041) 2009

JSA