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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0052

<u> </u>	heck all t	rear 2009, or tax year beginning MA		, and ending ormer public charity	APR 30, 2010 Final retur	
LE C	HECK AH U	Amended return	Address chan	· · · · · · · · · · · · · · · · · · ·	Name change	1
	the IRS abel.	Name of foundation			A Employer Identificatio	
		BURT FAMILY FOUNDATION			36-7190233	3
	print	Number and street (or P O box number if mail is not o	delivered to street address)	Room/suite	B Telephone number	1040
	A!!!	112 FOX MEADOW DRIVE			(847)501-4	
	ructions	City or town, state, and ZIP code	. 4201		C If exemption application is	<u> </u>
			3 – 4 3 0 1 exempt private foundation	<u> </u>	D 1. Foreign organization 2. Foreign organizations m check here and attach c	eeting the 85% test,
H_C		of organization: X Section 501(c)(3) e 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation		
L Fa			ting method: X Cash	Accrual	E If private foundation sta under section 507(b)(1	atus was terminated
		·	Other (specify)		F If the foundation is in a	
•		2,229,932. (Part I, col		basis.)	under section 507(b)(1	
Pa	řťů An (The	alysis of Revenue and Expenses total of amounts in columns (b), (c), and (d) may not essanly equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
\Box	1 Con	ributions, gifts, grants, etc., received	400,000.	2000年以前的		إلى المراجعة المجانية المؤلفة المؤلفة المراجعة
}		if the foundation is not required to attach Sch B	建筑物。1988年的	シャンかのおかないと	》, 经产品的产品	
ľ	3 Inter	est on savings and temporary investments		<u> </u>	_	·····································
	4 Divi	lends and interest from securities	46,162.	45,974	•	STATEMENT 1
	5a Gros	•	I was a second	The street of the same of	1 21 No. 18 4 9 18 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 18 18 18 18 18 18 18 18 18 18 18 18 18
	_	ental income or (loss)	187,333.	ALL THE SERVICE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
흵	Gros	ain or (loss) from sale of assets not on line 10 s sales price for all 2,417,024.	167,333.			
Revenue		s on line 6a <u>4,417,044.</u> at gain net income (from Part IV, line 2)		187,333	1.20.0000000000000000000000000000000000	
8		short-term capital gain			• what he was a second speed a secon	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		me modifications RECEIVED	THE RESERVE	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	-3-318 8 x 4 x
	Gros	a sales less returns	1.00 02 00 000	製 30 g () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1300 100 100 100 100 100 100 100 100 100	44.50
		Cost of goods Sold	2 5 6 6 5 7 1			
	c Gros	s profit or (loss) NOV 29 2010	<u></u>	Programmes, National		
		r income	¥.			The Thirty Williams
\dashv		I. Add lines 1 thro@GDEN, UT	633,495.	233,307		Lista Control Control
		pensation of officers, directors, trustees, etc	30,000.	0	•	30,000
ļ		r employee salaries and wages				-
စ္ဆ		sion plans, employee benefits				
ξĺ	16a Lega	ounting fees				
ă		r professional fees				
9	17 Inter	•				
÷⊃∣	18 Taxe		956.	622	•	C
ist		eciation and depletion				
賣	20 Occi	pancy				
¥	21 Trav	el, conferences, and meetings				
au		ing and publications				
ing		r expenses STMT 3	14,715.	14,220	•	495
grat		l operating and administrative	AE 671	1 4 0 4 2		20 405
õ		nses. Add lines 13 through 23 ributions, gifts, grants paid	45,671. 233,690.	14,842	•	30,495 233,690
- 1		I expenses and disbursements.	233,030.			233,030
		lines 24 and 25	279,361.	14,842		264,185
		ract line 26 from line 12:	1. 11(2) . 12		12- 73	
	27 Sub	·	` 55 å 10 å			
		ss of revenue over expenses and disbursements	354,134.		_1	
	a Exce	ss of revenue over expenses and disbursements nvestment income (if negative, enter -0-)		218,465	· * . *	
	a Exce b Net c Adju	•		218,465	N/A	Form 990-PF (200

2,160,790. Form **990-PF** (2009)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2 store briefs um	ribe the kind(s) of pr	roperty sold (e.g., real estate		Ĭ, Ъ ⋅	low acquired Purchase	(c) Date acc	quired	(d) Date sold (mo., day, yr.)
	2-story brick warehouse; or common stock, 200 shs. MLC Co.)			10	- Donation			
	RTHERN TRUST SHORT TERM TRANSACTIONS RTHERN TRUST LONG TERM TRANSACTIONS		P	VARIOU VARIOU		VARIOUS		
c CAPITAL GAINS			<u> </u>	\vdash	<u> </u>	VAKTO	00	VARIOUS
	DIAIDENDS			+		 		
<u>d</u>				-				
<u>e</u>	(f) Depreciation	n allowed (a) C	ost or other basis	' 	-	(h) Gain	or /loss	1
(e) Gross sales price	(or allow		expense of sale			(e) plus (f)		(g)
a 1,498,224.			1,409,27					88,951.
ь 916,445.			820,41	<u>.8 • </u>				96,027.
<u>c</u> 2,355.								2,355.
<u>d</u>					··			
e	i=lu (h		nn en 10/01/00					
Complete only for assets showing						(I) Gains (Col. col. (k), but not	(h) gain	n -O-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/3	d basis (k) 31/69 ov	Excess of col. (1) er col. (j), if any			Losses (fro		
8								88,951.
b								96,027.
C								2,355.
d								·····
e								
2 Capital gain net income or (net ca	pital loss)	f gain, also enter in Part I, lin f (loss), enter -0- ın Part I, lir	e 7 ie 7	}	2			187,333.
3 Net short-term capital gain or (los	ss) as defined in sect					· ·		
If gain, also enter in Part I, line 8,	column (c).			H			N/A	
If (loss), enter -0- in Part I, line 8 Rant V Qualification U	nder Section	4940(a) for Reduce	d Tay on Net	Inve	stment li	ncome	M/W	·
Nas the foundation liable for the sect f "Yes," the foundation does not qual Enter the appropriate amount in 6	ıfy under section 49	40(e). Do not complete this	•	riod?				Yes X No
(a)	acir column for caci	h vear cae instructions beto		90				103 (22) 110
Base periód vears								
Calendar year (or tax year beginnii	ng in) Adjuste	(b) ed qualifying distributions	Net value of no	(c) nchari		(00	Distrit	(d) oution ratio orded by col. (c))
2008	ng in) Adjuste	(b) ed qualifying distributions 297,639	Net value of no	(c) nchari 2	037,16	8.	Distrit I. (b) dıv	(d) oution ratio vided by col. (c)) •146104
2008 2007	ng in) Adjuste	(b) ed qualifying distributions 297,639 248,991	Net value of no	(c) nchari 2	037,16	8.	Distrit I. (b) div	(d) Oution ratio rided by col. (c)) .146104 .101799
2008 2007 2006	ng in) Adjuste	(b) ed qualifying distributions 297,639 248,991 256,371	Net value of no	(c) nchari 2, 2,	037,16 445,91 613,65	.9. .9.	Distrit I. (b) div	(d) Dutton ratio Inded by col. (c)) .146104 .101799 .098089
2008 2007 2006 2005	ng in) Adjuste	(b) ed qualifying distributions 297,639 248,991 256,371 243,941	Net value of no	(c) inchari 2 2 2	037,16 445,91 613,65	8. .9. .9.	Distrit I. (b) div	(d) Sultion ratio Inded by col. (c)) • 146104 • 101799 • 098089 • 095497
2008 2007 2006	ng in) Adjuste	(b) ed qualifying distributions 297,639 248,991 256,371	Net value of no	(c) inchari 2 2 2	037,16 445,91 613,65	8. .9. .9.	Distrit I. (b) div	(d) Sultion ratio Inded by col. (c)) • 146104 • 101799 • 098089 • 095497
2008 2007 2006 2005 2004 2 Total of line 1, column (d)	.9.11)	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8. .9. .9.	Distrit	(d) pution ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589
2008 2007 2006 2005 2004 2 Total of line 1, column (d)	5-year base period -	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by 5	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8. 9. 9. 9.	Distrit	(d) pution ratio pution ratio pution ratio .146104 .101799 .098089 .095497 .063589
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5 the foundation has been in exister	5-year base period - nce if less than 5 year	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8	I. (b) div	(d) pution ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589 .505078
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the state foundation has been in exister 4 Enter the net value of noncharitab	5-year base period - nce if less than 5 year	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8. 9. 9. 9. 2	I. (b) div	(d) Putton ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589 .505078 .101016
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5 the foundation has been in exister 4 Enter the net value of noncharitab 5 Multiply line 4 by line 3	5-year base period - nce if less than 5 yea le-use assets for 200	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars 09 from Part X, line 5	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8. 9. 9. 0. 9. 2 3 4	I. (b) div	(d) pution ratio p
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5 the foundation has been in exister 4 Enter the net value of noncharitab 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom	5-year base period - nce if less than 5 yea le-use assets for 200	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars 09 from Part X, line 5	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8. .9. .9. .0. .9.	I. (b) div	(d) Sution ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589 .505078 .101016 2,090,623. 211,186. 2,185.
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5 the foundation has been in exister 4 Enter the net value of noncharitab 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6	5-year base period - nce if less than 5 yea le-use assets for 200	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars 09 from Part X, line 5	Net value of no	(c) anchari	037,16 445,91 613,65 554,44 531,13	8	I. (b) div	(d) Putton ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589 .505078 .101016 2,090,623. 211,186. 2,185. 213,371.
2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5	5-year base period - nce if less than 5 year le-use assets for 200 ne (1% of Part I, line	(b) ed qualifying distributions 297,639 248,991 256,371 243,941 160,953 divide the total on line 2 by stars 09 from Part X, line 5	Net value of no Net value of no o o o o o o o o o o o o	(c) nchari	037,16 445,91 613,65 554,44 531,13	8. .9. .9. .0. .9.	I. (b) div	(d) pution ratio rided by col. (c)) .146104 .101799 .098089 .095497 .063589 .505078 .101016 2,090,623. 211,186. 2,185.

	n 990-PF (2009) BURT FAMILY FOUNDATION	<u> 36-</u>	<u>7190</u>	<u> 233</u>		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 1948 </u>	- see ii	ıstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	,				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1	' '			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			2,1	85.
	of Part I, line 27b	X 193	. ,,		-,	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		34 126 550			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	L			0.
3	Add lines 1 and 2	3			2,1	85.
Á	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2,1	
6	Credits/Payments:	2,20	1.400	. ,		
Ů,	2 2009 estimated tax payments and 2008 overpayment credited to 2009		1 19			^
	Exempt foreign organizations - tax withheld at source	#	, 5			1
	Tax paid with application for extension of time to file (Form 8868)	, · · · ·	4.74	, \ , \	300	The off
		- 120° E	J # 1.32			
-		7	(4 4- a-c)	ule's sk	ວ ີວ	99.
′	Total credits and payments. Add lines 6a through 6d	8			<u> </u>	<u>,,,,</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9		-		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10		,	1	14.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax 114. Refunded	11				0.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax Art VII-A Statements Regarding Activities	1 11	L			<u> </u>
_		o in		d11.	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-	e III		* "		X
	any political campaign?			1a		x
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b	- 	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ea or				1,
	distributed by the foundation in connection with the activities.			۔ سفیت	، يتريز، ل	·′ 🕶
	Bid the foundation file Form 1120-POL for this year?			1c	34 6	<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			100	1	× ;
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .	-		, , , , , ,	م مورسی	
е	Enter the reimbursement (If any) paid by the foundation during the year for political expenditure tax imposed on foundation			3, 4	્યુ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	managers. > \$ 0 .				(7.	- T
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.				ار مین در مین	ľ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		100		1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.1	. / 3	4a		├ ^
	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	-	- V
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.			,	٠	<u> </u>
6	, , , , , , , , , , , , , , , , , , ,				, , ,	l ',
	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	le law		` `	ĺ	
	remain in the governing instrument?			6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.					· .
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			,		l
	<u>IL</u>					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				l . '
	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

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

Form 990-PF (2009) BURT FAMILY FOUNDATION	5a 4700 May Pa	Dogwisod (<u> 36-71902</u>	233 Page 6
Part VII-B: Statements Regarding Activities for Which I	Form 4/20 May be	Requirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • • • • • • • • • • • • • • • • • •	•	s X No	営。中文) ~
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or ındır			
any voter registration drive?			s X No	4. A
(3) Provide a grant to an individual for travel, study, or other similar purposes	? .	. L_J Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		. LY6	s X No	图14.1 3
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	-	
the prevention of cruelty to children or animals?		Ye	es 🗶 No 🖫	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		_	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			開発 中間 こった
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned		
expenditure responsibility for the grant?		√A	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	•	.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	· ·		[:	
a personal benefit contract?	pay promiumo un	v	es 🔀 No 🖁	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	erconal henefit contract?		יי עאו עבט ייי	6b X
	oraunai penent cultitatif	•	<u> </u>	
If "Yes" to 6b, file Form 8870.	halter transaction?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	· ·	T6	ا NI/A	
b If yes, did the foundation receive any proceeds or have any net income attribute information About Officers, Directors, Trusto		nogom Highly		7b
Paid Employees, and Contractors	ees, roundadon Ma	anayers, nignij	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
	to position	enter -0-)	compensation	allowances
SEE STATEMENT 7		30,000.	_	_
SEE STATEMENT /		30,000.	0.	0.
· · · · · · · · · · · · · · · · · · ·				
]		
				İ
		-		<u> </u>
				•
2 Compensation of five highest-paid employees (other than those inc	luded on line 4\ If none	ontor #NONE #	L	L
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Eynanca
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				
				<u> </u>
				ļ <u>.</u>
		1		
		1		
		1		
Total number of other employees paid over \$50,000			•	0

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	enter "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 s number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the produced, etc.	Expenses
1 N/A		

2		
3		
4		
IS TW BI		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	or on lines 1 and 2	Amount
1 N/A	i on mes i and z.	Amount
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	0.

Part X Minimum Investment Return (All domestic foundations must complete this	part. Foreign foundations, s	see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	1,802,042.
b Average of monthly cash balances	. 1b	58,418.
c Fair market value of all other assets	1c	262,000.
d Total (add lines 1a, b, and c)	1d	2,122,460.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	o. ∴≪	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,122,460.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,837.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,090,623.
6 Minimum investment return. Enter 5% of line 5	6	104,531.
Part XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations or	ting foundations and certain	
1 Minimum investment return from Part X, line 6	1	104,531.
2a Tax on investment income for 2009 from Part VI, line 5	2,185.	
b Income tax for 2009. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	2,185.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	102,346.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	102,346.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	. 7	102,346.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	484	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> 264,185.</u>
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	\$3.50 \$3.50	
a Suitability test (prior IRS approval required)	. 3a	
b Cash distribution test (attach the required schedule)	. 3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	264,185.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	. 5	2,185.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	262,000.
Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating wheth	er the foundation qualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

36-7190233

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	-			
line 7		., , , `		102,346.
2 Undistributed income, if any, as of the end of 2009		·	,	
a Enter amount for 2008 only		, , ,	0.	•
b Total for prior years:	,,,,,	•		
3 Excess distributions carryover, if any, to 2009:		<u>U.</u>	- 13. (1) d (27.3)	
a From 2004 501. b From 2005 117,759.				1 40 B
c From 2006 130,024.				
d From 2007 127,771.				
e From 2008 196, 449.				
f Total of lines 3a through e	572,504.			Strate Commence of the
4 Qualifying distributions for 2009 from	\$ 186 36 FT Sign 46 1 3 FT		五大人数数数 400 m数径	与教授法院 5.严权能够
Part XII, line 4: ▶\$ 264, 185.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior	STATE OF THE STATE			""。这是这样的"
years (Election required - see instructions)		0.	79.	
c Treated as distributions out of corpus		10.12.14.15.15.15.15.15.15.15.15.15.15.15.15.15.	· 新聞 新聞 新聞 新聞	公司等2000 · 1000 · 1000
(Election required - see instructions)	0.		高州代献 马拉克	所動を持っている。
d Applied to 2009 distributable amount			3. 中华大学 (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	102,346.
e Remaining amount distributed out of corpus	161,839.	からからから かんりょう	The state of the s	
5 Excess distributions carryover applied to 2009	0.		Strain Control	0.
(if an amount appears in column (d), the same amount must be shown in column (a).)		્રેન્ડ્રિકેલિક	The state of the s	《科美》。《 教》:"学
6 Enter the net total of each column as	The last of the state of the st			
indicated below:	m Pale and Bush		A STAN THE STAN	12 (1988) (1985) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	734,343.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	・ 100mm では、100mmである。 ・ 100mm では、100mmである。	
b Prior years' undistributed income. Subtract		0		
line 4b from line 2b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	The state of the second	
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which	A Committee of the state of			
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	· · · · · · · · · · · · · · · · · · ·		Company of the second	,
amount - see instructions	1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0.		
e Undistributed income for 2008. Subtract line			***	_
4a from line 2a. Taxable amount - see instr.	, , , ,		0.	
f Undistributed income for 2009. Subtract	` ',		\$ 10°	
lines 4d and 5 from line 1. This amount must	,		A A	
be distributed in 2010	, ·	Constant Assista	71. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.
7 Amounts treated as distributions out of			6.	
corpus to satisfy requirements imposed by				;
section 170(b)(1)(F) or 4942(g)(3)	0.	r * 3 *	13 m 22	
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	501.			, , , , , , , , , , , , , , , , , , , ,
9 Excess distributions carryover to 2010.	722 040			, , ,
Subtract lines 7 and 8 from line 6a	733,842.			
10 Analysis of line 9:			1 1 8 4 3 4 1 B 1 1 1	
a Excess from 2005 117,759.	-			
b Excess from 2006 c Excess from 2007 127,771.			*	
	· ' '		•	
	, ,	, v	****	,
e Excess from 2009 161,839.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· .	<u> </u>	Form 900 - DE (2000)

Part XIV Private Operating F	MILLY FOUNDA		II.A question (1)	36-/1	90233 Page 1
	 		II-A, question 9)	N/A	
1 a If the foundation has received a ruling (_		
foundation, and the ruling is effective for	-	- ••	. •	14040(7/0)	
b Check box to indicate whether the foun		ng toundation described		4942(j)(3) or49	42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Tatal
income from Part I or the minimum	(a) 2009	(0) 2000	(6) 2007	(0) 2000	(e) Total
investment return from Part X for]		
each year listed		i	 		
b 85% of line 2a	<u></u>		 		
e 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			<u> </u>		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets	ļ				
		,,,,,,,			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5,000 or mo	re in accete
at any time during t			ii tiio iodiidatioii	1 11aa 40,000 o 1 1110	10 111 033013
1 Information Regarding Foundation	 				
a List any managers of the foundation wh	•	than 2% of the total cont	ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed n			•		•
SEE STATEMENT 8					
 List any managers of the foundation who other entity) of which the foundation has 			(or an equally large porti	on of the ownership of a par	rtnership or
NONE					
2 Information Regarding Contributi	on. Grant. Gift. Loan.	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation o				not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone num!	ber of the person to whon	n applications should be	addressed:		
b The form in which applications should b	e submitted and informat	ion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	such as by apparanties	Largae obaritable fields	kinds of institutions	other feeters:	
a Any resulctions of himitations on awards	o, ouch as by ycoylapilled	। बारवर, जावासवग्रह महाप र ,	rings of institutions, or (JUIGI IAULUIS.	

Part XV Supplementary Information	(continued)			0200
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	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
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
				•
	1			
SEE STATEMENT 9				
Total	L		▶ 3a	233,690.
b Approved for future payment				
NONE				
				•
Total			▶ 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
- Mary group amounts amount of the manager	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business	Amount	sion	Amount	function income	
•						
L						
c						
G			<u> </u>			
e			<u> </u>			
g Fees and contracts from government agencies			-			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	46 162		
5 Net rental income or (loss) from real estate:	1. 3.66	30 - 32 5 5 m	17. St.	46,162.	235 3346 335	
a Debt-financed property		140 15 - 1 34 5 - 5 - 133 1 - 15	2. 143	Halfridge the december of the add to the second	1 MB 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Not debt-financed property						
,						
6 Net rental income or (loss) from personal		İ				
property 7 Other investment income						
	 					
8 Gain or (loss) from sales of assets other			18	187,333.		
than inventory Net income or (loss) from special events	}		10	107,333.		
10 Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a b						
<u> </u>						
d						
12 Subtotal. Add columns (b), (d), and (e)	(2 St. 1255)	0.	722	233,495.	0.	
iz Jubiolal. Add Coldinis (b), (d), and (c)	13.3.1.0	<u> </u>	2.77.31	13	233,495.	
3 Total. Add line 12, columns (b), (d), and (e)	-					
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				4 D		
3 Total. Add line 12, columns (b), (d), and (e)	to the Acc	omplishment of Ex	emp	t Purposes		
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Relationship of Activities 1					nplishment of	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
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See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
See worksheet in line 13 instructions to verify calculations.) Raint XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Pairt XVI-B. Relationship of Activities 1 Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A			nplishment of	

	-PF (2009) BURT	FAMILY FOUNDAT	ION	36-719	0233	Page 13
Part X	Information Re Exempt Organ	egarding Transfers 10	and Iransactions a	nd Relationships With Noncha	antable	
4 Did (rectly engage in any of the follow	ing with any other organization	n described in section 501(c) of	Yes	s No
	_				7.	' ``
	•)(3) organizations) or in section	• •	zaiions?	1 1	
		ation to a noncharitable exempt	organization or:			
	Cash				1a(1)	X
1	Other assets	•	• •		1a(2)	X
• • • • • • • • • • • • • • • • • • • •	r transactions:					
1.7	Sales of assets to a noncharita	• •			1b(1)	<u> </u>
		ncharitable exempt organization			1b(2)	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	X
, ,	Reimbursement arrangements				1b(4)	X
	Loans or loan guarantees				1b(5)	X
(6)	Performance of services or me	mbership or fundraising solicitat	tions		1b(6)	X
c Shar	ing of facilities, equipment, ma	iling lists, other assets, or paid e	mployees		1c	<u> </u>
				rays show the fair market value of the goods, e in any transaction or sharing arrangement,		
	· · · · · · · · · · · · · · · · · · ·	other assets, or services received		o many transaction or onaring arrangements	Ollow III	
a) Line no	(b) Amount involved	(c) Name of noncharitat		(d) Description of transfers, transactions, and	i sharing arrangen	nents
a) Lille lio	(b) ranount involved	N/A	or or gameaton	(0) 0000, piono 1000, and 1000, and		
		N/A				
					····	
			 .			
		··············				
	<u> </u>				············	
				<u> </u>		
					 	
in se		l tly affiliated with, or related to, or r than section 501(c)(3)) or in se edule.				X No
	(a) Name of org	anization	(b) Type of organization	(c) Description of relations	ship	
	N/A					
	·					
				<u> </u>		
		er than taxpayer or fiduciary) is based of			s true, correct,	
	ignature of officer or trustee		Date	Title		
ກ -ເ <u>ເ</u> ≥	Preparer's Jain	l Weighous	Da Da	Ate Check if self-employed Prepar	rer's identifying nu	ımber
שַׁיַּסוֹי	7 500 4					

BROOKWEINER L.L.C. 125 S. WACKER DRIVE, # 1000 CHICAGO, IL 60606-4497

312-629-0900 Form **990-PF** (2009)

EIN ▶

Phone no.

if self-employed),

address, and ZIP code

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. 1545-004

2009

Name of the organization **Employer identification number** 36-7190233 BURT FAMILY FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 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 its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

	- Cum 860, 880-E2, Or 980-PF) (2008)			Page I or I or Parti
Name of o	ganization		Employ	er identification number
BURT	FAMILY FOUNDATION		36	5-7190233
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
1	ROBERT BURT 412 FOX MEADOW LANE NORTHFIELD, IL 60093	\$\$	00.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of Part II

Name of organization

Employer identification number

BURT FAMILY FOUNDATION

36-7190233

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	

Schedule B (Fog	m 990, 990-EZ, or 990-PF) (2009)		Page of of Par			
Name of orga			Employer identification number			
			26 7100222			
	AMILY FOUNDATION	J. 2 1 - 1	36-7190233			
Part III	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and the fous, charitable, etc., contributions o	n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
'						
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
-						
-						
(a) No.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
] -						
 -						
-						
<u> </u>	(e) Transfer of gift					
	(ह) ।।वाछाल म धुनर					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) Ose of grit	(d) Description of now gift is need			
.						
_						
		(e) Transfer of gift				
		4.717	Balatia askin at harvafaran kabupatan			
	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee			
] -						
-						
-						
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Parti						
-						
·						
'						
-		(e) Transfer of gift				
ļ		(-)				
	Transferee's name, address, ar	ıd ZIP + 4	Relationship of transferor to transferee			
1 ,						

FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
MERRIL LYNCH NORTHERN TRUST COMPANY	_		4,140. 44,377.		0. 2,355.	4,1,42,0	
TOTAL TO FM 990-PF, PART I,	LN 4 =		48,517.		2,355.	46,1	62.
FORM 990-PF		TAX	ES			STATEMENT	2
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX FOREIGN TAXES		334. 622.		0. 622.			0.
TO FORM 990-PF, PG 1, LN 18		956.		622.			0.
FORM 990-PF	OT	HER E	XPENSES			STATEMENT	3
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEES ADMINISTRATIVE EXPENSES	14	705.	14	,010.		49	0. 95.
TO FORM 990-PF, PG 1, LN 23	14	,715.	14	,220.		49	95.
FORM 990-PF	COR	PORAT	E STOCK			STATEMENT	4
	COR	PORAT	E STOCK	вос	OK VALUE	STATEMENT FAIR MARKET	
FORM 990-PF DESCRIPTION NORTHERN TRUST - SECURITIES MERRILL LYNCH - SECURITIES	COR	PORAT	E STOCK		OK VALUE 1,009,447. 403,882.	FAIR MARKET	r 16.

FORM 990-PF	CORPORATE BONDS		STAT	EMENT	5
DESCRIPTION		BOOK VALUE		MARKE'	т
NORTHERN TRUST - SECURITIES	·	417,92	26.	427,7	48.
TOTAL TO FORM 990-PF, PART II, I	JINE 10C	417,92	26.	427,7	48.
FORM 990-PF	THER INVESTMENTS		STAT	EMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKET	T
INVESTMENTS IN PARTNERSHIPS	COST	262,05	55.	262,000.	
TOTAL TO FORM 990-PF, PART II, I	INE 13	262,05	5.	262,00	00.
	ST OF OFFICERS, D		STAT	EMENT	7
	ST OF OFFICERS, DESCRIPTION MANAGEMENT OF THE AND AVRG HRS/WK		EMPLOYEE BEN PLAN	EXPENS	SE
TRUSTEES AN	TITLE AND	GERS COMPEN-	EMPLOYEE	EXPENS	SE
NAME AND ADDRESS ROBERT N BURT 412 FOX MEADOW LANE	TITLE AND AVRG HRS/WK TRUSTEE	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS ACCOUN	SE NT 0.
NAME AND ADDRESS ROBERT N BURT 412 FOX MEADOW LANE NORTHFIELD, IL 60093 LYNN C BURT 412 FOX MEADOW LANE	TITLE AND AVRG HRS/WK TRUSTEE 1.00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS ACCOUN	SE NT

BURT FAMILY FOUNDATION			36-7190	233°
TRACY C BURT 467 ALVARADO ST SAN FRANCISCO, CA 94114	TRUSTEE 10.00	30,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	30,000.	0.	0.
FORM 990-PF	PART XV - LINE 1A OF FOUNDATION MANAGERS	<u> </u>	STATEMENT	8

NAME OF MANAGER

ROBERT N BURT LYNN C BURT CHARLES R BURT RANDOLPH N BURT TRACY C BURT FORM 990-PF

STATEMENT

FAID	DOKING THE TEAK		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
PAWS OF CHICAGO CHICAGO, IL	N/A ALL CONTRIBUTIONS ARE MADE TO FURTHER THE	PUBLIC CHARITY	7,500.
FIELD MUSEUM OF CHICAGO CHICAGO, IL	N/A GOALS OF THE RECIPIENT ORGANIZATION.	PUBLIC CHARITY	2,500.
ART INSTITUTE OF CHICAGO CHICAGO, IL	N/A	PUBLIC CHARITY	16,490.
21ST CENTURY FOUNDATION ATLANTA, GA	N/A	PUBLIC CHARITY	5,200.
ART IN ACTION MENLO PARK, CA	N/A	PUBLIC CHARITY	10,000.
BOYS AND GIRLS CLUB OF CHICAGO CHICAGO, IL	N/A	PUBLIC CHARITY	25,500.
CENTER FOR YOUNG WOMEN'S DEVELOPMENT SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	2,500.
FAMILY INDEPENDENCE CHICAGO, IL	N/A	PUBLIC CHARITY	10,000.

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

BURT FAMILY FOUNDATION			36-7190233
GENERATION FIVE SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	35,000.
PRINCETON UNIVERSITY PRINCETON, NJ	N/A	PUBLIC CHARITY	500.
LEADERSHIP EXCELLENCE OAKLAND, CA	N/A	PUBLIC CHARITY	10,000.
LEAP TO LANGUAGE CHICAGO, IL	N/A	PUBLIC CHARITY	25,000.
NENA NEW ORLEANS, LA	N/A	PUBLIC CHARITY	10,000.
PEOPLE'S GROCERY OAKLAND, CA	N/A	PUBLIC CHARITY	10,000.
POLLINATOR PARTNERSHIP SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	5,000.
PROJECT COMMOTION SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	45,000.
RESOURCES GENERATION CHICAGO, IL	N/A	PUBLIC CHARITY	2,500.
FAMILY ACCEPTANCE PROJECT SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	4,500.

BURT FAMILY FOUNDATION			36-7190233
DOCTORS WITHOUT BORDERS HAGERSTOWN, MD	N/A	PUBLIC CHARITY	5,000.
TGI JUSTICE PROJECT SAN FRANCISCO, CA	N/A	PUBLIC CHARITY	1,000.
KELLOGG - NORTHWESTERN BUSINESS SCHOOL CHICAGO, IL	N/A	PUBLIC CHARITY	500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		233,690.

Form **8868**

(Rev. April 2009) Department of the Treasury Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No. 1545-1709

milemai nevei	nue Service	► File a se	parate application for each return	<u></u>		
● If you a	re filing for an Auto	omatic 3-Month Extension, compl	ete only Part I and check this box	ζ		▶ X
		itional (Not Automatic) 3-Month E	-		form)	•
		ess you have already been granted				
Part I		3-Month Extension of Tim				
	•		•			
		Form 990-T and requesting an auto	matic 6-month extension - check	this box and con	nplete	, [-]
Part I only						
	orporations (includ me tax returns.	ling 1120-C filers), partnerships, REI	AICs, and trusts must use Form 70	004 to request ar	n extension of ti	me
		enerally, you can electronically file Fo				
noted belo	ow (6 months for a	corporation required to file Form 99	0-T). However, you cannot file For	m 8868 electron	ically if (1) you v	want the additional
ou must s	submit the fully co	ension or (2) you file Forms 990-BL, 6 moleted and signed page 2 (Part II)	of Form 8868. For more details on	The ectronic file	ling of this form	n 990-1 Instead, I. Visit
www.irs.go	ov/efile and click o	mpleted and signed page 2 (Part II) n e-file for Charities & Nonprofits.	୍ର	4,		
Type or	Name of Exempt	: Organization	ntern		Employer ide	ntification number
orint			The first of the state of the s			
[BURT FAM	ILY FOUNDATION	nteri		36-71	90233
File by the due date for	Number, street,	and room or suite no If a P.O. box,	see instructions			
ling your	440		.~ * * *			
eturn See nstructions	City, town or pos	MEADOW DRIVE st office, state, and ZIP code. For a f LD , IL 60093~4301	oreign address, see instructions.	IL		
	NORTHFIE	<u>пр, 11 00093-4301</u>	Chicag.			···
Sheck typ	e of return to be	filed (file a separate application for e	ach return)			
Form	n 990	Form 990-T (corporate	on)	Form 47	720	
Form	n 990-BL	Form 990-T (sec. 401(a	a) or 408(a) trust)	Form 52	227	
Form	n 990-EZ	Form 990-T (trust othe	r than above)	Form 60	069	
X Form	n 990-PF	Form 1041-A		Form 88	370	
						
		ROBERT N. BURT				
		of ▶ 412 FOX MEADOW	LANE - NORTHFIEL	D, IL 60	093	
		7)501-4213	FAX No 🕨			
		ot have an office or place of busines				
_		n, enter the organization's four digit	_			ole group, check this
оох 🕨 📙	If it is for part	of the group, check this box 🕨 🗔	and attach a list with the name	s and EINs of all	members the e	xtension will cover
-						
		3-month (6-months for a corporation				
I	DECEMBER :	$15,\;\;2010$, to file the exemp	t organization return for the orgai	nization named a	bove The exte	nsion
is for	the organization's	return for				
▶∟	calendar year _	or				
►L	X tax year beginr	ning <u>MAY 1, 2009</u>	, and ending <u>APR 30</u>), 2010		
2 If this	s tax year is for les	s than 12 months, check reason	Initial return F	ınal return	Change	n accounting period
3a If this	s application is for	Form 990-BL, 990-PF, 990-T, 4720,	or 6069, enter the tentative tax, le	ess anv		
	efundable credits		or oboo, and the terrative tax, it	, , , , , , , , , , , , , , , , , , ,	3a \$	2,299.
		Form 990-PF or 990-T, enter any ref	undable credits and estimated		July 4	
		clude any prior year overpayment al			3b \$	2,299.
		: line 3b from line 3a Include your pa		ed.		<u> </u>
		on or, if required, by using EFTPS (E				
	instructions.	s c., ii roquirou, by doing Li 11 O (L	John Jane Colora Tax Caymon Cy		3c \$	0.
				F2 F0 and Farm		
aution. If	you are going to n	nake an electronic fund withdrawal v	vith this Form 8868, see Form 84	os.eu and Form	oo≀a-EO tor ba	yment instructions
HA Fo	r Privacy Act and	Paperwork Reduction Act Notice,	see Instructions.		Fo	rm 8868 (Rev. 4-2009)