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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	dar year 2013 or tax year beginning	and ending					
Na	me of fou	undation		A Emp	loyer Identification number			
A	BRA	HAM BURTMAN CHARITY TRUST		02	-6004364			
Nu	mber and	d street (or P O box number if mail is not delivered to street address)	Re					
P	O B	OX 608		60	3-742-2332			
		, state or province, country, and ZIP or foreign postal code		C If ex	emption application is pending	shock hara		
	OVE	[verspriori application is periuliig, check nere			
G	Check a	all that apply. 🔲 Initial return 🔲 Initial retu	ırn of a former public c	n of a former public charity D 1. Foreign organizations, check here				
		Final return Amended	l return	2. F	2. Foreign organizations meeting the			
		Address change Name cha	ange	8	5% test, check here and attac	h computation		
н	Check t	type of organization. X Section 501(c)(3) exempt privati	e foundation	€ If pn	vate foundation status was ten	minated under		
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation	secti	on 507(b)(1)(A), check here	▶		
I F	aır mar	rket value of all assets at J Accounting method	X Cash Acc	rual F If the	foundation is in a 60-month to	ermination		
е	nd of y	ear (from Part II, col. (c), Other (specify)		unde	er section 507(b)(1)(B), check I	nere 🕨 🗀		
li	ne 16)	▶ \$ 1,428,392 (Part I, column (d) must	be on cash basis.)					
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income	income	purposes		
_	1	Contributions, gifts, grants, etc , received (attach schedule)		XIA.	* * * * * * * * * * * * * * * * * * * *	(cash basis only)		
	2	Check ► X if the foundation is not required to attach Sch B	1,98 (1		
	3	Interest on savings and temporary cash investments	6		6	**************************************		
	4	Dividends and interest from securities	34,666	34,666	34,666			
	5a	Gross rents						
a	b	Net rental income or (loss)	112 .2. 3		, 3 % % .	* 14 * 37 *		
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	87,515	1 %		A No.		
Š	b	Gross sales price for all assets on line 6a 772,115			Maria	W & .		
æ	7	Capital gain net income (from Part IV, line 2)		87,515		₹		
	8	Net short-term capitaligain 6 2014			0	· ()		
	9	Income modifications	***		N. 4 m.			
	10a	Gross sales less returns and allowances	* ** * -	(A)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) N ₄ 43-2		
	b	Less Cost of goods sold EN, U	***					
	C	Gross profit-or-(loss) (attach schedule)	1 404	4.04				
	11	Other income (attach schedule) STMT 1	1,424	1,424				
	13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	123,611	123,611 9,000				
rpenses	14	Other employee salaries and wages	9,000	3,000	9,000	9,000		
ŝ	15	Pension plans, employee benefits						
ွမ္တ	16a	Legal fees (attach schedule) SEE STMT 2	6,958	6,958	6,958	6,958		
30	b	Accounting fees (attach schedule) STMT 3	800	800	-	800		
ĕ₹	c	Other professional fees (attach schedule) STMT 4	144	144		144		
ra f	17	Interest						
<u>1</u> <u>1</u> <u>1</u>	18	Taxes (attach schedule) (see instructions) STMT 5	211	211	211	211		
Operating and Administrative Ex	19	Depreciation (attach schedule) and depletion						
들	20	Occupancy						
Z₹	21	Travel, conferences, and meetings						
ang.	22	Printing and publications						
ے ق	23	Other expenses (att sch) STMT 6	300	300	300	300		
₹	24	Total operating and administrative expenses.						
ēr		Add lines 13 through 23	17,413	17,413		17,413		
Q	25	Contributions, gifts, grants paid	83,750			83,750		
	26	Total expenses and disbursements. Add lines 24 and 25	101,163	17,413	17,413	101,163		
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	22,448	100 100		8 15% W 7 1		
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		106,198	18-683			
	ı C	ACCUSING THE INCOME IN DECISIVE ANTAL-11-1	1 // 'S	, %.	i 18,684	1 N 384 Y8885A, 1		

<u>Fo</u>	rm 990	-PF (2013) ABRAHAM BURTMAN CHARITY TRUST	02-60043	64		Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for and of year amounts only (See instructions.)	Beginning of year			of year
		Should be for end-on-year amounts only (See instructions)	(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash – non-interest-bearing	47,024	27	,4 91	27,491
	2	Savings and temporary cash investments			_	
- 1	3	Accounts receivable		<u> </u>		
		Less: allowance for doubtful accounts	3667 3 366 32 3236	* ,	,	> \
	4	Pledges receivable >			· · · · · · · · · · · · · · · · · · ·	^
	_	Less allowance for doubtful accounts ▶				
ı	5	Grants receivable				
ŀ	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)	y 7 v8 x			1. m. 2
	7	Other notes and loans receivable (att schedule)				
		Less: allowance for doubtful accounts ▶ 0				
왉	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
٩	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule) SEE STMT 7	206,299	219		
	С	Investments – corporate bonds (attach schedule) SEE STMT 8	50,160		<u>,739</u>	
	11	Investments – land, buildings, and equipment basis		<u> </u>	`	<u></u>
		Less accumulated depreciation (attach sch.)				<u></u>
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule) SEE STATEMENT 9	900,210	879		958,630
١	14	Land, buildings, and equipment basis	<u> </u>			
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ►)			_	
	16	Total assets (to be completed by all filers – see the				
4		instructions Also, see page 1, item I)	1,203,693	1,225	, 699	1,428,392
- 1	17	Accounts payable and accrued expenses				
ွ	18	Grants payable				
₽	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
흔	21	Mortgages and other notes payable (attach schedule)				
=	_22_	Other liabilities (describe)				
\dashv	23	Total liabilities (add lines 17 through 22)	0		0	
,		Foundations that follow SFAS 117, check here				
ĕ		and complete lines 24 through 26 and lines 30 and 31.				
a	24	Unrestricted				
Ba	25	Temporarily restricted				
힏	26	Permanently restricted				
圁		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
5		•	1 202 603	1 005	COO	
ts	27	Capital stock, trust principal, or current funds	1,203,693	1,225,	פפס	
šse	28	Paid-in or capital surplus, or land, bldg , and equipment fund			-	
ĕ	29	Retained earnings, accumulated income, endowment, or other funds	1 202 602	1 225	600	
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)	1,203,693	1,225,	699	
	31	Total liabilities and net assets/fund balances (see	1 202 602	1 005	COO	
	Do-4 1	Instructions)	1,203,693	1,225,	צעס	
	<u>Part i</u>					- ·
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	ist agree with			1 202 602
_		of-year figure reported on prior year's return)			1	1,203,693
		amount from Part I, line 27a			_2	22,448
		r increases not included in line 2 (itemize)			3	1 225 141
		nes 1, 2, and 3 eases not included in line 2 (itemize) ► SEE STATEMENT 10			4	1,226,141 442
Э	Decr	eases not included in line 2 (itemize) SEE STATEMENT 10			5	*44

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

1,225,699 Form 990-PF (2013)

_	990-PF (2013) ABRAHAM BURTMAN CHARITY TRUST 02-6004364			_	Р	age 4
1a	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
ıa	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	ý.	ž	•	*	•
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			1.	062
	here ▶ X and enter 1% of Part I, line 27b	-	,	٨	<u>,</u>	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			v 186		4
	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			_	0
3	Add lines 1 and 2	3			1,	062
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,	062
6	Credits/Payments	**		i ^{e.}		6 MP4
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 443	<i>,</i>			,s- X	***
b	Exempt foreign organizations – tax withheld at source	. I	19 ³	Ha ,	<i>i</i>	A. O. S.
C	Tax paid with application for extension of time to file (Form 8868) 6c 619	2.	, ,	,		
d	Backup withholding erroneously withheld Table and the analysis and Add the analysis and the same and the sam		<u> </u>		- <u>- ^</u>	<u> </u>
7	Total credits and payments Add lines 6a through 6d	7			Ι,	062
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	-			
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9 10	_	_		
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				
_	irtVII-A Statements Regarding Activities			-	_	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		_	() A	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				_	
	Instructions for the definition)?			1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			i.		
	published or distributed by the foundation in connection with the activities					1.
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				¥,	. "
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$				<u> </u>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
•	If "Yes," attach a detailed description of the activities.			- **		- 🐉
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			2		4. J
4a	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3		<u>x</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	,	A\N	4a 4b	_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		<u>x</u>
	If "Yes," attach the statement required by General Instruction T				* J	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					, I
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			* *\\$	~** . ₄	
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	ΧV		7	х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					4
	NONE			. 3		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				K .	₩ .
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<u></u>	· /· .	
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			_9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10	<u> </u> 0-PF	<u>x</u>
			Fo	nm 3 9	リーピト	(2013)

Form 990-PF (2013)

_	990-PF (2013) ABRAHAM BURTN	IAN CHARITY TRUST	02-6	004364			Pac	<u>ge 6</u>
Pa	rt.VII-B	g Activities for Which For	m 4720 May Be F	Required (con	inued)			
5a	During the year did the foundation pay or in	ncur any amount to:				, C 19th	1	.
	(1) Carry on propaganda, or otherwise atte	empt to influence legislation (secti	on 4945(e))?	\Box	Yes X No	1		
	(2) Influence the outcome of any specific p	public election (see section 4955);	or to carry on,				4	1
	directly or indirectly, any voter registrat	tion drive?	•		Yes 🗓 No	És;	1	1
	(3) Provide a grant to an individual for trav		s?	==	Yes No			4
	(4) Provide a grant to an organization other					1.4		
	section 509(a)(1), (2), or (3), or section		non described in	П,	Yes X No		1	-0]
	(5) Provide for any purpose other than reli		v or adventional		103			
			y, or educational					\$ 2
_	purposes, or for the prevention of crue	•			Yes X No	· · .		1
b	If any answer is "Yes" to 5a(1)–(5), did any		•				<u></u>	 -
	Regulations section 53 4945 or in a curren			•	. —	_5b	-+	X
	Organizations relying on a current notice re	•				i		- 1
С	If the answer is "Yes" to question 5a(4), do	•	n from the tax	/		337		
	because it maintained expenditure respons	,		N/A	Yes 🗌 No			137
	If "Yes," attach the statement required by F	• • • • • • • • • • • • • • • • • • • •					. 🖫	á
6a	Did the foundation, during the year, receive	e any funds, directly or indirectly, t	o pay premiums					. 🥞
	on a personal benefit contract?			<u> </u>	Yes 🗓 No]
b	Did the foundation, during the year, pay pro	emiums, directly or indirectly, on a	personal benefit cont	ract?		6b		X
	If "Yes" to 6b, file Form 8870.					. 2	, 3	. !
7a	At any time during the tax year, was the for	undation a party to a prohibited ta:	x shelter transaction?		Yes 🗓 No	, ,]
b	If "Yes," did the foundation receive any pro	oceeds or have any net income att	ributable to the transac	ction?	N/A	7b		
		cers, Directors, Trustees,			Paid Employe	es,		
***************************************	and Contractors							
1 L	ist all officers, directors, trustees, found	lation managers and their comp	ensation (see instruc	tions).				_
			(h) Title and average	(a) Componentian	(d) Contributions to			
	(a) Name and add	iress	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense acco	
	.,		devoted to position	enter -0-)	plans and deferred compensation	otner	allowance	es
RT	CHARD THAYER	DOVER	TRUSTEE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	O. BOX 608	NH 03820	5.00	3,000	۰ ا			0
	BERT SHAINES	DOVER	TRUSTEE	3,000	<u>_</u>			
								_
	O. BOX 608	NH 03820	5.00	3,000	0			0
	UL R. COX	DOVER	TRUSTEE					
Р.	O. BOX 608	NH 03820	5.00	3,000	0	├──		0
						<u> </u>		
2	Compensation of five highest-paid emp	loyees (other than those include	ed on line 1 – see ins	tructions). If non	e, enter			
	"NONE."			.	<u> </u>			
			(b) Title, and average		(d) Contributions to	(a) Eva		
	(a) Name and address of each employee paid	d more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense acco allowance	
			devoted to position		compensation			
NO	NE		<u> </u>					
						ĺ		
								_
								_
								—
						İ		
				<u></u>	Li			
otal	I number of other employees paid over \$50,	000				<u> </u>		_0

Form 990	PF (2013) ABRAHAM BURTMAN CHARITY TRUST	02-6004364	Page 7
≃Part.\\	Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3 Fiv	e highest-paid independent contractors for professional services (see instruct	ions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total nur	nber of others receiving over \$50,000 for professional services		>
Part I	K-A Summary of Direct Charitable Activities		
	undation's four largest direct chantable activities during the tax year. Include relevant statistical information such ons and other beneficianes served, conferences convened, research papers produced, etc	n as the number of	Expenses
1 SI	EE ATTACHED LIST OF SCHOLARSHIPS AND GRAN	TS AWARDED	
			83,750
2			
3			
4			
Part	K∯B ¾ Summary of Program-Related Investments (see instructi	ions)	
Describe	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N	'A		
2			
All other p	rogram-related investments. See instructions		·
3			
Total. Ad	d lines 1 through 3	>	

Form 990-PF (2013)

	1990-PF (2015) ADICHIMA DOKI	MAN CHARLE.	I INODI	02 00045	, , , , , , , , , , , , , , , , , , , 	Page S
P.E	art XIII Undistributed Income	(see instructions)			-	-
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part X	(I,	Corpus	Years pnor to 2012	2012	2013
	line 7		Mar Service			
2	Undistributed income, if any, as of the end	d of 2013:		K824 B 34		
а	Enter amount for 2012 only			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
b	Total for prior years: 20, 20	, 20			20. 32	
3	Excess distributions carryover, if any, to 2	- '		1.4. 1. Ex. 2		384 1193
а	From 2008	95,003				
b	From 2009	80,538	, ,			
c	From 2010	91,434				
d	From 2011	96,966				
e	From 2012	91,835				
•	Total of lines 3a through e	71,000	455,776			
4	_	. VII	* ***		1 25% · · · · · · · · · · · · · · · · · · ·	
•	Qualifying distributions for 2013 from Part line 4 > \$ 101,163	. AII,			}	
_						
a	Applied to 2012, but not more than line 2a			£ WW.	- 2	
D	Applied to undistributed income of prior ye	ears	£ (4.9)			
_	(Election required – see instructions)		\$1.00 A			
C	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)				**************************************	# A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to 2013 distributable amount		101,163		1	
e	Remaining amount distributed out of corpu		101,163			<u></u>
5	Excess distributions carryover applied to 2			¥ 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* ***
	(If an amount appears in column (d), the s	same				
6	amount must be shown in column (a).) Enter the net total of each column as				` **	
0	indicated below:		"			
_		4 l.m F	EEC 030			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract		556,939	***		787 & 28 /2.
D	Prior years' undistributed income. Subtrac	ı				
_	line 4b from line 2b	امماد	***		A	
C	Enter the amount of prior years' undistribu		3 . 37 2			
	income for which a notice of deficiency ha					
	been issued, or on which the section 4942	<u> </u>				
	tax has been previously assessed Subtract line 6c from line 6b. Taxable		* * * * * * * * * * * * * * * * * * * *			***
u	amount – see instructions					
_	Undistributed income for 2012 Subtract lin	no				
·	4a from line 2a. Taxable amount – see	i ie				
	instructions					
f	Undistributed income for 2013. Subtract lir	nas	, 2 4	Y # 20 13		****
•	4d and 5 from line 1 This amount must be					
	distributed in 2014		5.7			n
7	Amounts treated as distributions out of col	rnue	80.888	. 13		
•	to satisfy requirements imposed by section	'				
	170(b)(1)(F) or 4942(g)(3) (see instructions					
8	Excess distributions carryover from 2008 r	•		\$, 45 MM 1988 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	applied on line 5 or line 7 (see instructions		95,003		alada ala haran aran da	
9	Excess distributions carryover to 2014.		23,003		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	Subtract lines 7 and 8 from line 6a	·	461,936			
10	Analysis of line 9:		#UT, 330		, 3 4 4 . , ,	
10	· · · · · · · · · · · · · · · · · · ·	80,538			Sac 4 . /	
a	Excess from 2009	91,434		<i>\$ 68</i> 1		
b	Excess from 2010	96,966	* * 10*			
C C	Excess from 2011			T sk k	Na Wasaa (
d	Excess from 2012	91,835 101,163				¥ , & * , * !
е	Excess from 2013	TAT * T021	757 WHEEL WOLL		63 1, 30, 30 19	7 70 ME C. M. I

3 Grants and Contributions Paid During th	e Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 11		recipient	CONTRIBUTION	83,750
Total b Approved for future payment N/A			▶ 3a	83,750

Enter gross am	nounts unless otherwise indicated.	Unrelate	d business income	Exclude	ed by section 512, 513, or 514	(2)
1 Program s	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
_				Ì		
d						<u>-</u>
е						-
f						
g Fees a	nd contracts from government agencies					
2 Membersh	p dues and assessments					
3 Interest on	savings and temporary cash investments					6
4 Dividends	and interest from securities					34,666
5 Net rental i	ncome or (loss) from real estate:	· **	<u> </u>		\$1 4 11 1 2 11 3	
a Debt-fi	nanced property					
b Not de	bt-financed property					
6 Net rental	ncome or (loss) from personal property					
7 Other inves	stment income					1,424
· ·	ss) from sales of assets other than inventory					87,515
	e or (loss) from special events		<u> </u>	ļ		
	t or (loss) from sales of inventory			ļ. —		
	nue a	_	-	ļ		
		_				
		_				
		-				· -
e			•		0	100 (11
	dd columns (b), (d), and (e)	*************		' % % <u>.</u>	·	
	line 12, columns (b), (d), and (e)				13 _	123,611
Part XVI-E	t in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishm	ent of Evernt D	urnoss	<u> </u>	<u>-</u>
Line No.	Explain below how each activity for which incom					-
	accomplishment of the foundation's exempt pur					
N/A						
						
			<u> </u>			· · · · · · · · · · · · · · · · · · ·
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		Exempt Organiz	ations			<u> </u>				
1 1	Old the orga	anization directly or inc	lirectly enga	ge in any of the fo	llowing with any	other organization described		· 1	Yes	No
						ection 527, relating to political		# Š #		
(organization	ns?								,
a ·	Transfers fr	om the reporting found	dation to a no	oncharitable exem	npt organization	of			11.0	
	(1) Cash							1a(1)		X
((2) Other a	ssets						1a(2)		х
	 Other transa									
(1) Sales of	f assets to a nonchard	able exempt	organization				1b(1)		x
		ses of assets from a n			tion			1b(2)		X
	-	of facilities, equipment		. •			ľ	1b(3)		x
		rsement arrangement					ľ	1b(4)		X
		r loan guarantees					ı	1b(5)		X
		ance of services or m	embershin o	r fundraising solic	utations		j	1b(6)		X
		acilities, equipment, m					ŀ	1c		X
				•		ımn (b) should always show the	fair market			
						f the foundation received less th				
						f the goods, other assets, or ser				
	Line no	(b) Amount involved		e of nonchantable exen			transactions, and sharing arra			
A\V		(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) (12	o or violitarianiable brain	- the organization	(a) Description of italisters,	transactions, and sharing and	ingenier	iis .	
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		<u> </u>	1			<u> </u>				
						c-exempt organizations	_	_	(EZ)	
		section 501(c) of the	*	than section 501(c)(3)) or in section	on 527?	L	_ Ye	s X	No
D I		nplete the following sc	nedule			T				
37	· · · · · · · · · · · · · · · · · · ·) Name of organization		(b) Type of o	organization	(c) Descr	iption of relationship		_	
N	/A									
		· · · · · · · · · · · · · · · · · · ·								
									_	
	Lindarana	allina of names I dealers th	-4 l baus ausan			1	<u>,</u>			
	correct, ar	ialities of perjury, I declare the nd complete Declaration of p	at i nave examir preparer (other t	ned this return, includin han taxpayer) is based	ig accompanying sch I on all information of	edules and statements, and to the best o which preparer has any knowledge	f my knowledge and belief, it	is true,	_	
							May the IRS discus			ı
ign	•			/'			with the preparer sh (see instructions)?		ow /es	Ī No .
lere	1				. 1		<u> </u>	<u> </u>		
		and A		ares	۷ات ا	<u> ንደ / ነ ነ</u>	STEE			
	Signa	ture of officer or trastee			Date	Title				
	Print/Ty	pe preparer's name			Preparer's signatu	re 11	Date	T_{\cdot}	Check	$\overline{\exists}$
منط					1/1/1.	1 /////// -	-		self-emp	" loyed
aid		EL J. MURPHY			1//m	1/1000	05/09			-
repar	Firm's n	ame ► MURPF	Y, POW	VERS & WI	LSON CPA	S,/PC	PTIN POO		869	_
se Oı	Firm's a	ddress ► ONE N	ERRILI		IAL DRIV	E	Firm's EIN ▶ 02-0			,
		HAMPI	ON, NH				Phone no 603-			
						· · · · · · · · · · · · · · · · · · ·		990		

BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST 02-6004364 FYE: 12/31/2013	RITY TRUS Fe	ர் deral St	tateme	nts			5/9/2014 1:55 PM	
Statement 1		- Form 990-PF, F	art I, Lin	Part I, Line 11 - Other Income	<u>Income</u>			, ,
Description			Rever Bo	Revenue per Books	Net Investment Income	nt	Adjusted Net Income	
NONDIVIDEND DISTRIBUTION OTHER INCOME			₩	1,402	\$ 1,402	[00]	\$ 1,402	
TOTAL			w	1,424	\$ 1,424	4	\$ 1,424	
Statem	Statement 2 - Forn	n 990-PF,	Part I, Lii	rm 990-PF, Part I, Line 16a - Legal Fees	al Fees			,
Description	Total	_	Inve	Net Investment	Adjusted Net		Charitable Purpose	
BURNS BRYANT COX & ROCKEFELLER TOTAL	w w	6, 958 6, 958	w w	6,958		958 958	\$ 6,958	
Statement	3 - Form	990-PF, Part I	1 I, Line 16b	1 1	Accounting Fees			•
Description	Total	-	Inve	Net Investment	Adjusted Net		Charitable Purpose	
ACCOUNTING FEES TOTAL	w w	008	w w	800	\$ \$	800	8800	
Statement 4 - Form 990	Form 990-I	-PF, Part I, I	Line 16c	Other Prof	Part I, Line 16c - Other Professional Fees			
Description	Total	- 	Inve	Net Investment	Adjusted Net		Charitable Purpose	
INVESTMENT FEES	·ν	144	\$	144	\$	144	\$ 144	
TOTAL	ъ	144	ω	144	\$	144	\$ 144	
							1-4	

Σ				 , 			
5/9/2014 1:55 PM		Fair	\$ 922,480 36,150 \$ 958,630				
	tments	Basis of Valuation	COST				
ements	Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments	ш'	\$ 829,423 50,000 \$ 879,423				
TRUST Federal Stat	orm 990-PF, Part II,	- B ō	\$ 900,210		 	 	
BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST 02-6004364 FYE: 12/31/2013	Statement 9 - Fo	Description	MUTUAL FUNDS BONDS TOTAL				

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BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST 02-6004364

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FYE: 12/31/2013

Federal Statements

Statement 10 - Fo	orm 990-PF,	Part III, Line 5	Other Decreases

	Description	<u> </u>	Amount
FEDERAL TAXES		\$_	442
TOTAL		\$	442

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SEE ATTACHED SAMPLE

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

MAY 10 FOR SCHOLARSHIPS; SEPTEMBER 15 FOR GRANTS

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BURNSABRAH ABRAHAM BURTMAN CHARITY TRU	02-6004364	FYE: 12/31/2013

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Adress	Belationshin	Status	G	Amount
20000	I ICIANONISI IID	Olains	peodin I	
FRANKLIN PIERCE UNIVERSITY - C	JOHN		PAYMENT OF COLLEGE TUTITION	1,000
SOUTHERN NH UNIVERSITY - BRYCE YEAT	YEAT			
GATTATITED NATITITE - HINI			PAYMENT OF COLLEGE TUTITION	1,000
E	6		PAYMENT OF COLLEGE TUTITION	1,000
BAY COMM COLLEC	CLAR		PAYMENT OF COLLEGE TUTITION	1,000
MAINE COLLEGE OF ART - HANNAH HOWAR	IOWAR		PAYMENT OF COLLEGE TUTITION	1,000
GREAT BAY COMM COLLEGE - OLIVIA GRE	A GRE			
KEENE STATE COLLEGE - DOMINIC ENGLI	ENGLI	·	PAYMENT OF COLLEGE TOTITION	T,000
HINTIVERSTY OF NEW FINCTON - MEGAN B	a		PAYMENT OF COLLEGE TUTITION	1,000
	,		PAYMENT OF COLLEGE TUTITION	1,000
FLIMOUIR STAIE UNIVERSIII - NICOLE	310.		PAYMENT OF COLLEGE TUTITION	1,000
SOUTHERN NH UNIVERSITY - ROBERT	r STI		; ; ;	
MIDWESTERN STATE UNIV - MICHELLE HO	ЭН Э		PAYMENT OF COLLEGE TUTITION	1,000
THU A CUI VM MADMINDAIL			PAYMENT OF COLLEGE TUTITION	1,000
ion withing			PAYMENT OF COLLEGE TUTITION	1,000
UNH, MANCHESTER - RACHEL LEPINE	€1		DAYMENT OF COLLECE MITHIFUL	
UNH - KATHERINE GRAVES			OF COLLEGE))
INH - CASEY GRAVES			PAYMENT OF COLLEGE TUTITION	1,000
Ę	; ;		PAYMENT OF COLLEGE TUTITION	1,000
KEENE STATE COLLEGE - DANIELLE FALL	FALL		PAYMENT OF COLLEGE TUTITION	1,000
ROANOKE COLLEGE - CAITLIN MORSE	f~1			
			PAYMENT OF COLLEGE TUTITION	1,000

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	3RAHAM BURTMAN CHARITY TF	
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Name Address Pupose NAM Address Pelationship Status Pupose UNH - MARIKA THERRIEN NAH PANIERA THERRIEN PAYMENT OF COLLEGE TUTITION UNIV OF CONNECTICUT - RUTH PANCANIB PAYMENT OF COLLEGE TUTITION BELMONT UNIVERSITY - ANYSIA HOWELL PAYMENT OF COLLEGE TUTITION COLLEGE - LAUREN LARS PAYMENT OF COLLEGE TUTITION UNH - MEAGAN DUAN PAYMENT OF COLLEGE TUTITION DINH - M. THAKAR PAYMENT OF COLLEGE TUTITION NHTI - SARAH BISSONETTE PAYMENT OF COLLEGE TUTITION DINH - JULIA WISE PAYMENT OF COLLEGE TUTITION NHTI - SARAH BISSONETTE PAYMENT OF COLLEGE TUTITION DINH - JULIA WISE PAYMENT OF COLLEGE TUTITION SOUTHERN NH UNIVERSITY - ALEX OAKES PAYMENT OF COLLEGE TUTITION SOUTHERN NH UNIVERSITY - ALEX OAKES PAYMENT OF COLLEGE TUTITION MERRIMACK COLLEGE - SKYE STEWARD PAYMENT OF COLLEGE TUTITION MARRIMACK COLLEGE - SKYE STEWARD PAYMENT OF COLLEGE TUTITION MANCHESTER COMMUNITY COLLEGE - BEON PAYMENT OF COLLEGE TUTITION MANCHESTER COMMUNITY COLLEGE - BEON PAYMENT OF COLLEGE TUTITION	Statement 11 - Form 990-PF, Pa	orm 990-PF, Part X	V, Line 3a - Grant Year (continued)	Irt XV, Line 3a - Grants and Contributions Paid During the Year (continued)	•
Address Relationship Status Purp OF CONNECTICUT - RUTH PANGANIB PAYMENT OF COLLEGE NAT UNIVERSITY - ANYSIA HOWELL PAYMENT OF COLLEGE INGTON COLLEGE - DAYNE SAWTELLE PAYMENT OF COLLEGE SAWYER COLLEGE - LAUREN LARS PAYMENT OF COLLEGE MAGAN DUNN PAYMENT OF COLLEGE MAGAN DUNN PAYMENT OF COLLEGE - SARAH BISSONETTE PAYMENT OF COLLEGE - SARAH BISSONETTE PAYMENT OF COLLEGE - JULIA WISE PAYMENT OF COLLEGE - LAUREN WISE PAYMENT OF COLLEGE - MACK COLLEGE - SKYE STEWARD PAYMENT OF COLLEGE - ASHLE GRIMALDI PAYMENT OF COLLEGE - ASHLE GRIMALDI PAYMENT OF COLLEGE	Name	A	ddress		
OF CONNECTICUT - RUTH PANGANIB OF CONNECTICUT - ANYSIA HOWELL NUT UNIVERSITY - ANYSIA HOWELL NUTURION COLLEGE - DAYNE SAWTELLE NAMAGAN DUNN MEAGAN DUNN MEAGAN DUNN MAGAN MAGAN DUNN MAGAN DUNN MAGAN DUNN MAGAN DUNN MAGAN MAGAN MAGAN DUNN MAGAN MAGAN DUNN MAGAN MAGAN DUNN MAGAN M	Address	Relationship	Status	Purpose	Amount
OF CONNECTICUT - RUTH PANGANIB NUT UNIVERSITY - ANYSIA HOWELL INGTON COLLEGE - DAYNE SAWTELLE SAWYER COLLEGE - LAUREN LARS MEACAN DUNN UTH STATE UNIVERSITY - LAUREN LILY POLAND M. THAKAR - SARAH BISSONETTE JULIA WISE PAYMENT OF COLLEGE	- MARIKA			ŧ	7
NT UNIVERSITY - ANYSIA HOWELL NGTON COLLEGE - DAYNE SAWTELLE TAMENA COLLEGE - LAUREN LARS MEAGAN DUNN MEAGAN	UNIV OF CONNECTICUT - RUTH PANC	SANIB			1,000
PAYMENT OF COLLEGE TRAWERN COLLEGE - DAYNE SAWTELLE TRAWERN COLLEGE - LAUREN LARS WEAGAN DUNN UTH STATE UNIVERSITY - LAUREN TILY POLAND WE THAKAR - SARAH BISSONETTE JULIA WISE HAYMENT OF COLLEGE PAYMENT OF COLLEGE	1	WET.T.		OF COLLEGE	1,000
PAYMENT OF COLLEGE PAYMEN	1	7 T T T T T T T T T T T T T T T T T T T		OF COLLEGE	1,000
MEAGAN DUNN UTH STATE UNIVERSITY - LAUREN M. THAKAR - SARAH BISSONETTE - JULIA WISE ERN NH UNIVERSITY - JESSE OAKE ERN NH UNIVERSITY - ALEX OAKES MACK COLLEGE - SKYE STEWARD PAYMENT OF COLLEGE	;	T.ADS		OF COLLEGE	1,000
PAYMENT OF COLLEGE LILLY POLAND M. THAKAR - SARAH BISSONETTE JULIA WISE LAUREN NH UNIVERSITY - JESSE OAKE HAYMENT OF COLLEGE PAYMENT OF COLLEGE				OF COLLEGE	1,000
HAYMENT OF COLLEGE A. THAKAR - SARAH BISSONETTE JULIA WISE LAUREN WH UNIVERSITY - JESSE OAKE IERN NH UNIVERSITY - ALEX OAKES MACK COLLEGE - SKYE STEWARD MACK COLLEGE - BEON BAYMENT OF COLLEGE PAYMENT OF COLLEGE	TVERSTHV -	NARI		OF COLLEGE	1,000
- SARAH BISSONETTE - SARAH BISSONETTE - JULIA WISE - LAUREN WISE - LAUREN WINTURESITY - JESSE OAKE IERN NH UNIVERSITY - ALEX OAKES MACK COLLEGE - SKYE STEWARD - BAYMENT OF COLLEGE - PAYMENT OF COLLEGE - ASHLE GRIMALDI - PAYMENT OF COLLEGE - PAYMENT OF COLLEGE	- LILY POLAND		·	OF COLLEGE	1,000
- SARAH BISSONETTE - JULIA WISE - JULIA WISE - LAUREN WISE	UNH - M. THAKAR			OF COLLEGE	1,000
PAYMENT OF COLLEGE PAYMENT OF COLLEGE IERN NH UNIVERSITY - JESSE OAKE IERN NH UNIVERSITY - ALEX OAKES IERN NH UNIVERSITY OF COLLEGE PAYMENT OF COLLEGE	NHTI - SARAH BISSONETTE			OF COLLEGE	1,000
- LAUREN WISE HERN NH UNIVERSITY - JESSE OAKE HERN NH UNIVERSITY - ALEX OAKES HERN NH UNIVERSITY - ALEX OAKES IMACK COLLEGE - SKYE STEWARD PAYMENT OF COLLEGE	UNH - JULIA WISE			OF COLLEGE	1,000
THERN NH UNIVERSITY - JESSE OAKE THERN NH UNIVERSITY - ALEX OAKES TIMACK COLLEGE - SKYE STEWARD THESTER COMMUNITY COLLEGE - EBON THESTER COMMUNITY COLLEGE - EBON THESTER COMMUNITY OF COLLEGE THESTER COMMUNITY OF COLLEGE THESTER COMMUNITY OF COLLEGE THESTER COMMUNITY OF COLLEGE	UNH - LAUREN WISE			OF COLLEGE	1,000
THERN NH UNIVERSITY - ALEX OAKES LIMACK COLLEGE - SKYE STEWARD CHESTER COMMUNITY COLLEGE - EBON - ASHLE GRIMALDI PAYMENT OF COLLEGE PAYMENT OF COLLEGE PAYMENT OF COLLEGE	RSITY -	OAKE		OF COLLEGE	1,000
IMACK COLLEGE - SKYE STEWARD CHESTER COMMUNITY COLLEGE - EBON - ASHLE GRIMALDI PAYMENT OF COLLEGE PAYMENT OF COLLEGE PAYMENT OF COLLEGE	I	DAKES		OF COLLEGE	1,000
HESTER COMMUNITY COLLEGE - EBON - ASHLE GRIMALDI - ASHLE GRIMALDI - PAYMENT OF COLLEGE	ZX ZX	C C C C C C C C C C C C C C C C C C C		OF COLLEGE	1,000
- ASHLE GRIMALDI PAYMENT OF COLLEGE PAYMENT OF COLLEGE	MANCHESTER COMMINITY COLLEGE -	FRON		OF COLLEGE	1,000
PAYMENT OF COLLEGE	UNH - ASHI, GRIMAL, DI			OF COLLEGE	1,000
				OF COLLEGE	1,000

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Statement 11 - Fo	orm 990-PF, Part X	V, Line 3a - Grant Year (continued)	Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	`,
Name	Α	Address		
Address	Relationship	Status	Purpose	Amount
NUTE HIGH SCHOOL SCHOLARSHIP			, t	0
FARMINGTON HIGH SCHOOL SCHOLARSHIP	HIP		PAYMENT OF COLLEGE TOTITION	000'7
NEW DITRHAM HIGH SCHOOL SCHOLARSHIP	UTD		PAYMENT OF COLLEGE TUTITION	2,000
TICHNOO SETHINAMIN N K	1		PAYMENT OF COLLEGE TUTITION	2,000
1 }			FOR PHILANTHROPIC ASSISTANCE	150
TOTS FOR TOTS			FOR PHILANTHROPIC ASSISTANCE	200
ST ANN HOME			FOR PHILANTHROPIC ASSISTANCE	300
COMMUNITY PARTNERS))
VICTIM'S INC			FOR PHILANTHROPIC ASSISTANCE	300
DAVID'S HOUSE			FOR PHILANTHROPIC ASSISTANCE	300
MAI.I.FV FARM FOR BOVS HOMF			FOR PHILANTHROPIC ASSISTANCE	300
THE THE PARTY OF T			FOR PHILANTHROPIC ASSISTANCE	300
CRACOAST INITED WAY			FOR PHILANTHROPIC ASSISTANCE	350
OII DATIV BERN			FOR PHILANTHROPIC ASSISTANCE	400
BRBINCHON COMMINITE EOOF	>		FOR PHILANTHROPIC ASSISTANCE	400
DOWER POLICE CHARTMIES	-		FOR PHILANTHROPIC ASSISTANCE	400
ST CHARLES HOME			FOR PHILANTHROPIC ASSISTANCE	400
B'NAT B'RTTH ANTT DEFAMATION LEAGHE	ā		FOR PHILANTHROPIC ASSISTANCE	450
			FOR PHILANTHROPIC ASSISTANCE	200

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BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST	

Federal Statements

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Year (continued)

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Address	Relationship	Status	Purpose	Amount
GREATER SEACOAST UJA CAMPAIGN			O T d O d i min k k i t i i d	
PORTSMOUTH MUSIC HALL			FOR FAILMNIAROFIC ASSISTANCE	0000
COMMINITY CHILD CARE CENTER			FOR PHILANTHROPIC ASSISTANCE	200
TOWNIET THEORY OF THE PROPERTY			FOR PHILANTHROPIC ASSISTANCE	200
CEACOACH INMEDENTMH HOCHIMATHMY NEM	. Gar		FOR PHILANTHROPIC ASSISTANCE	200
SEACCASI INIERFAIIN NOSFIIALIII	NET		FOR PHILANTHROPIC ASSISTANCE	200
COVER ADOLI PERMILING CENIER			FOR PHILANTHROPIC ASSISTANCE	200
CASA	-		FOR PHILANTHROPIC ASSISTANCE	500
NEW DURHAM PARKS & RECREATION			FOR PHILANTHROPIC ASSISTANCE	005
COCHECO VALLEY HUMANE SOCIETY				0
DOVER CHILDREN'S CENTER			FOR PHILANTHROPIC ASSISTANCE	525
DOVER CHILDREN'S HOME			FOR PHILANTHROPIC ASSISTANCE	009
BRAIN INJURY ASSOC OF NH			FOR PHILANTHROPIC ASSISTANCE	009
CARING & SHARING			FOR PHILANTHROPIC ASSISTANCE	675
TEMPLE ISRAEL DOVER			FOR PHILANTHROPIC ASSISTANCE	700
SOUTHER N H SERVICES			FOR PHILANTHROPIC ASSISTANCE	750
			FOR PHILANTHROPIC ASSISTANCE	750
FAMILIES FIRST			FOR PHILANTHROPIC ASSISTANCE	750
			FOR PHILANTHROPIC ASSISTANCE	750
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BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST	02-6004364

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		Address	Ī	
	Relationship	Status	Purpose	Amount
DOVER FRIENDLY SOUP KITCHEN				
A SAFE PLACE			FOR PHILANTHROPIC ASSISTANCE	750
CATHOLIC STUDENT CENTER - UNH			FOR PHILANTHROPIC ASSISTANCE	750
			FOR PHILANTHROPIC ASSISTANCE	800
ניין איני מי רואמדימי אאיני מי רואמדימי אאיני מי רואמדימי איני מי היאמדימי איני מי היאמדימי איני איני מי מי מי			FOR PHILANTHROPIC ASSISTANCE	800
Friend o FLA			FOR PHILANTHROPIC ASSISTANCE	006
SAFE FLACE =			FOR PHILANTHROPIC ASSISTANCE	006
A SAFE PLACE - ROCHESTER				
THE CLIPPER FOUNDATION			FOR PHILANTHROPIC ASSISTANCE	006
BRANDEIS UNIVERSITY			FOR PHILANTHROPIC ASSISTANCE	1,000
CROSS ROADS HOUSE			FOR PHILANTHROPIC ASSISTANCE	1,000
ROCKINGHAM COUNTY COMMINITY ACTION			FOR PHILANTHROPIC ASSISTANCE	1,000
NANCY MAE SHATNES MEMORIAL LIEDADV			FOR PHILANTHROPIC ASSISTANCE	1,000
			FOR PHILANTHROPIC ASSISTANCE	1,000
FAMILIES FIRST			FOR PHILANTHROPIC ASSISTANCE	1,000
FARMINGTON HIGH SCHOOL ALIMMI FIND			FOR PHILANTHROPIC ASSISTANCE	1,000
COODWIN DIDIT I TIERRON			FOR PHILANTHROPIC ASSISTANCE	1,000
NEW DIRHAM DIRLIC LIBBARY			FOR PHILANTHROPIC ASSISTANCE	1,000
THE COUNTY COUNTY			FOR PHILANTHROPIC ASSISTANCE	1,000

BURNSABRAH ABRAHAM BURTMAN CHARITY TRUST 02-6004364 FYE: 12/31/2013	RITY TRUST	NST Federal Statements	ments	5/9/2014 1:55 PM
Statement 11 - Form 990.DE		/ Line 3a - G	Part XV I ine 3a - Grants and Contributions Paid During the	
		Year (continued)	led)	
Name Address Relat	Ac A	Address Status		Amount
SERVANCY			Ord Odimink Itiid	000
A SAFE PLACE			FOR PHILANIHROPIC ASSISTANCE	000'T
			FOR PHILANTHROPIC ASSISTANCE	1,350
THEOLOGIC THE COOL THE COOLINE CONTRACT COOLINE COOLIN			FOR PHILANTHROPIC ASSISTANCE	1,500
MENINI COD FAMINI		-	FOR PHILANTHROPIC ASSISTANCE	1,500
NEW DOKHAM FOOD FANIKI			FOR PHILANTHROPIC ASSISTANCE	1,500
			FOR PHILANTHROPIC ASSISTANCE	1,500
SALVALION AKMI SOUF KIICHEN			FOR PHILANTHROPIC ASSISTANCE	1,750
UNA MOCK IKIAL PROGRAM			FOR PHILANTHROPIC ASSISTANCE	3,000
TOTAL				83,750
		-		
		-		
		-		
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ABRAHAM BURTMAN CHARITY TRUST STUDENT SCHOLARSHIP APPLICATION

Please answer all of the questions listed below and submit the completed form to: Abraham Burtman Charity Trust, 255 Washington Street, Dover, NH 03820

1. Student						
Las	t Name		First Name	Initial		Date of Birth
2. Home Add	ress					
	Street		City	State	Zip	Tel No.
3. High School	ol Applicant atte	ended				
4. School of A	Applicant's choi	ce for which so	cholarship is re	equested:		
Name		City	Sta	te	Estir	mated Annual Cost
	inancial aid wh				-	
•	sts or otherwise		•	• •		assistance,
	ather, Stepfathe					
/1g0	occupation				· · -	
	lother, Stepmot					
Age	_ Occupation_		Em _l	ployer		
9. Reason for	Application					
10. Annual In	scome of Parent	s and Student				Student
Salaries	Father	Mothe	r	Student		Student Spouse
Other Income						
TOTAI						

Father	Mother	Student	Student Spouse
\$	\$	\$	\$
• • • • • • • • • • • • • • • • • • • •	he information g	iven above is true and s	igned under the pains an
penalties of perjury. Father	he information g		igned under the pains an
penalties of perjury.		N	
penalties of perjury. Father		Dated:	10ther

INFORMATION FOR SCHOLARSHIP APPLICATION

Scholarships are awarded to New Hampshire residents only who are full time students enrolled in undergraduate study. There is no geographic restriction regarding the school being attended. Scholarships are awarded to worthy students with financial need. Approximately thirty-five (35) scholarships will be awarded. Competition is from the applicant pool only.

Original application, a copy of the face sheet of parents most recent Federal Income Tax Return, student's Federal Income Tax Return, and a copy of the FAFSA must be received by May 10.

Incomplete applications will not be considered.

If you have any questions, contact Chris Marshall, Administrator, at 603-742-2332