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Form **990-PF**

Return of Private Foundation

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

▶ 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. OMB No 1545-0052

Depa	ntmen	t of the ∓reasury		Social Security numbers on m 990-PF and its separate			2010
		venue Service Idar year 2013 or tax yea		ili əso-rr allu ils separate	, and ending	s.yov/tornissopi.	Open to Public Inspection
		f foundation	<u> </u>		,	A Employer identification	number
T	he	Burdette Fa	amily Founda	tion		32-0050835	
		and street (or P O box number		address)	Room/suite	B Telephone number	• •
		1 E. Second	·			228-575-31	
		own, state or province, co s Christian,		ostal code		C If exemption application is p	ending, check here
G	heck	all that apply	Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	, check here
			Final return	Amended return		2 500000 000000000000000000000000000000	ating the BEN/ test
			Address change	Name change		Foreign organizations me check here and attach co	mputation P
H (_		X Section 501(c)(3) ex			E If private foundation sta	
<u>_</u>		ection 4947(a)(1) nonexen		Other taxable private founda		under section 507(b)(1)	(A), check here
		arket value of all assets at	· —	•	Accrual	F If the foundation is in a	
	om i ·\$	Part II, col. (c), line 16)		her (specify) mn (d) must be on cash l	nasis)	under section 507(b)(1)	(B), check here
	irt l	Analysis of Revenue ar	nd Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
1 0	11 (1	(The total of amounts in colunecessarily equal the amoun	umns (b), (c), and (d) may not not on the column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, gran		102,787.		N/A	
	2	Check If the foundation)// // / ·		
	3	Interest on savings and temp cash investments	orary	5,827.	5,827		Statement 1
	4	Dividends and interest fro	om securities	54,736.	54,736	•	Statement 2
	5a	Gross rents					
		Net rental income or (loss)		221 027			<u></u>
e		Net gain or (loss) from sale of Gross sales price for all	1,092,442.	231,927.			
Revenue	b	assets on line 6a Capital gain net income (from		11.1	231,927		
Re	7 8	Net short-term capital ga			231/321		
	9	Income modifications			NILLIAN IN	<u> </u>	
	10a	Gross sales less returns					
	b	Less Cost of goods sold					111
	C	Gross profit or (loss)					
	11	Other_income		205 077	202 400		
_	12	Total. Add lines 1 throug	•	395,277.	292,490		0.
	13	Compensation of officers, dir	•	0.	 	ECEIVED	
	14 15	Other employee salaries : Pension plans, employee	•		4	70	
es		Legal fees	, benents		18 2	F 17 2014 8	
ens		Accounting fees	Stmt 3	1,967.	11,967	• छि	0.
EX	C	Other professional fees			Loc	1-51 · II	
Ϋ́	17	Interest	_				
trat	18	Taxes	Stmt 4	4,513.	0	<u>•</u>	0.
inis	19	Depreciation and depletion	on	46.		•	0.
ωþ	20	Occupancy		40.		•	
þ	21 22	Travel, conferences, and Printing and publications	•		-		-
gar	23	Other expenses	Stmt 5	39,616.	39,616	•	0.
atin	ı	Total operating and adn					
Operating and Administrative Expenses		expenses. Add lines 13		46,142.	41,583		0.
0	25	Contributions, gifts, gran	nts paid	109,500.			109,500.
	26	Total expenses and dist	bursements.		44 = 66		100 500
		Add lines 24 and 25		155,642.	41,583		109,500.
	27			239,635.			
	l	Excess of revenue over expens		239,033.	250,907		<u> </u>
	4	o Net investment income : Adjusted net income (if r			250,507	N/A	
				A			

LHA For Paperwork Reduction Act Notice, see instructions.

323511 10-10-13

Add lines 1, 2, and 3

See Statement 6

2,511,650.

2,459,771.

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51,879.

5 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

		osses for Tax on Ir							-003	0033	raye 3
(a) List and des	scribe the k	ind(s) of property sold (e g	, real estate,	t moonie	(b) I	How acquired - Purchase) Date ac	quired	(d) Date	
	warehouse,	or common stock, 200 sh	s MLC Co)			- Donation		(mo , day		(mo , da	
1a Merrill Lynch						<u>P</u>		$\frac{1/01}{1/01}$		$\frac{12/31}{12/31}$	
b Merrill Lynch Capital Gains	Divi	donda			 	D	0	1/01	/10	12/31	./13
d danie	DIVI	delius									
e			·- - -	 ·							
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			<u>_</u>	(h) Gair (e) plus (i	or (loss) f) minus (
a 990,910				820,50						170,	406.
b 92,286				40,01	1.					52,	275. 246.
c 9,246	•		<u> </u>							9,	246.
d											
e Complete only for assets show	ing data in	column (h) and owned by	the foundation	on 12/31/60			(1) (Sains (Col	/b\ aaıa	minus	
(i) FM V as of 12/31/69	(k) Ex	cess of col (i)			col (I	k), but not Losses (fr	t less thar	1 -0-) or			
<u> </u>										170.	406.
b						· · · · · · · · · · · · · · · · · · ·				52,	275.
C										9,	246.
d											
е			<u> </u>								
2 Capital gain net income or (net	capital loss	If gain, also ente If (loss), enter -0	r in Part I, line I- in Part I, line	7 7	}	2				231,	927.
3 Net short-term capital gain or (I if gain, also enter in Part I, line if (loss), enter -0- in Part I, line	3, column (nd (6)		}	3			N/A		
		ection 4940(e) for	Reduced	Tax on Net	Inv	estment	Inco	me			
(For optional use by domestic priva	ite foundati	ons subject to the section	4940(a) tax on	net investment in	come)					
If section 4940(d)(2) applies, leave	thic part bl	ank									
	·										
Was the foundation liable for the se				•	10d?					Yes	X No
If "Yes," the foundation does not qu 1 Enter the appropriate amount in					ntriac						
(a)	r each colu	(b)	וואנושכנוטווא שפו	iore making any e	(c)					(d)	
Base periód years Calendar year (or tax year begin	(מו ממוח	Adjusted qualifying dis	tributions	Net value of no		rtable-use as	sets	(c		ùtión ratio ided by col	(c))
2012	<u>y</u> /	9	1,000.		2	,380,3	17.	, ,	,.		8230
2011			7,012.		2	,265,5	48.			.04	2821
2010			2,406.			,103,7					18677
2009	1		5,250.	-		,881,8					1242
2008		10	8,000.		2	,152,0	73.			.05	0184
A - Takal affice at a selection (a)										2/	1154
2 Total of line 1, column (d) 3 Average distribution ratio for the	o E-voor bo	on named - duuda the total	on line 2 by E	or by the number	of vo	are		2		• 4 5	11174
3 Average distribution ratio for the the foundation has been in exist			on mie z by 5,	or by the number	UI ye	ais		3		.04	8231
the restriction has seen in exis-	101100 11 1000	than o yours									
4 Enter the net value of noncharit	able-use as	sets for 2013 from Part X,	line 5					4		2,676,	962.
5 Multiply line 4 by line 3						5		129	113.		
6 Enter 1% of net investment inco	ome (1% of	Part I, line 27b)						6		2,	509.
7 Add lines 5 and 6								7		131,	622.
8 Enter qualifying distributions fro	om Part XII,	line 4						8		109	500.
If line 8 is equal to or greater th See the Part VI instructions	an line 7, cl	neck the box in Part VI, line	e 1b, and comp	olete that part usin	g a 1°	% tax rate					

orm	990-PF(2013) The Burdette Family Foundation	32-	00508	335	ı	Page 4				
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	· see ir	stru	ctior	ıs)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1									
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	_1_			<u>5,0</u>	<u> 18.</u>				
	of Part I, line 27b									
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			5,0	0.				
3	3 Add lines 1 and 2									
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)										
5	Tax based on investment income. Subtract line 4 from line 3 lf zero or less, enter -0-	5			5,0	18.				
6	Credits/Payments									
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3, 250.									
þ	Exempt foreign organizations - tax withheld at source 6b									
C	Tax paid with application for extension of time to file (Form 8868)									
d	Backup withholding erroneously withheld 6d				2 2	- ^				
	Total credits and payments Add lines 6a through 6d	7			3,2					
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				32.				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed See Statement 8	9			1,8	00.				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10								
	Enter the amount of line 10 to be Credited to 2014 estimated tax ► Refunded ►	11								
	rt VII-A Statements Regarding Activities		т		V	NI.				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN	-	4 -	Yes	X				
	any political campaign?		-	1a		<u>X</u>				
	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the 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								
	distributed by the foundation in connection with the activities			10		Х				
	c Did the foundation file Form 1120-POL for this year?									
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$ O .		ļ							
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation									
Е	managers > \$ 0.		-							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х				
	If "Yes," attach a detailed description of the activities.		Ī							
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ır	ĺ							
ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		į	3		Х				
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ì	4a	_	X				
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b						
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х				
	If "Yes," attach the statement required by General Instruction T.									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either									
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law								
	remain in the governing instrument?		ļ	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 XV	′		7	Х					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)									
	MS									
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					
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale	ndar				١,,				
	year 2013 or the taxable year beginning in 2013 (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	<u> </u>	X				

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	art VII-A Statements Regarding Activities (continued)			uguu
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u> _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		110	
14	The books are in care of ► Martha Burdette Telephone no ► 228-57		119	
	Located at ▶ 1201 E. Second St., Pass Christian, MS ZIP+4 ▶39	15/1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/₃►	Ш
	and enter the amount of tax-exempt interest received or accrued during the year		/A	<u> </u>
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	1 1	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
n	Country D. Control D.			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Vaa	N _a
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	INO
18	a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(i) managed and a second of the second of th			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(-)			
	(,, , , , , , , , , , , , , , , , , , ,			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
٠	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	i	
	Organizations relying on a current notice regarding disaster assistance check here	"		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2013?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	''		
-	defined in section 4942(j)(3) or 4942(j)(5))			
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013?			
	If "Yes," list the years			
- 1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
(th the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ı	b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u></u>	X
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	<u> </u>	<u>X</u>

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
 Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955), or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelity to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53 4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check he 	cctly, Ye Ye Ye Ye Ye Ye	es X No es X No es X No es X No	5b	
 c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to papersonal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a paper of the foundation. If "Yes" to 6b, file Form 8870. 	N 5-5 <i>(d)</i> pay premiums on	/A Y6	es No	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		/-	7b	
Part VIII Information About Officers, Directors, Trustored Paid Employees, and Contractors	·	nagers, Highly	/	
1 List all officers, directors, trustees, foundation managers and their			[[[]]	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	President			
522 E. Railroad Avenue				0
Long Beach, MS 39560	0.00	0.	0.	0.
	Secretary/Tre	as		
522 E. Railroad Avenue	0.00	0.	0.	0.
Long Beach, MS 39560	0.00	0.	0.	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		<u> </u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			>	000 DE (0010)

Total. Add lines 1 through 3

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

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4940(e) reduction of tax in those years

Part XIII .Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	· · ·			
line 7				128,830.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			107,100.	
h Total for prior years				
	,	0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line $4 \triangleright \$ 109,500$.				
a Applied to 2012, but not more than line 2a			107,100.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	1 March 1	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	и		
d Applied to 2013 distributable amount	,			2,400.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				126,430.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
				Form 990-PF (2013)

	dette ramily			32-00	50835 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o		· · · · ·			
foundation, and the ruling is effective fo		*	▶ └		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 0040	f.3. T .4.4
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					·
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
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				i	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter				1	
(1) Value of all assets					
(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	ļ				
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)	ļ			!	
(3) Largest amount of support from					
· · · · · · · · · · · · · · · · · · ·					
an exempt organization			 	 	
(4) Gross investment income Part XV Supplementary Info	rmation (Complet	e this part only	if the foundation	had \$5,000 or me	ore in accets
at any time during t			ii die iodiladioi	r riad 40,000 or rin	710 III 033013
1 Information Regarding Foundation		······································			
a List any managers of the foundation wh	•	nan 2% of the total cor	stributions received by the	foundation before the clo	se of any tay
year (but only if they have contributed in			tilibutions received by the	, roundation before the cio.	oc or any tax
See Statement 11					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation	/or an equally large ports	on of the ownership of a n	artnership or
other entity) of which the foundation ha			i (oi aii cquaiiy laigo poiti	on or the ownership or a p	arthoromp or
None	•				
2 Information Regarding Contribut	ion Grant Gift Loan	Sobolarship etc. F	Programs:		
			_	not accept unsolicited requ	acts for funds. If
the foundation makes gifts, grants, etc	•	•	-		
a The name, address, and telephone num					
The Burdette Family					
1201 E. Second Stree				J13 311)	
b The form in which applications should to					
Written explanation				sed fund usa	ae.
c Any submission deadlines	program		<u> </u>		<u></u>
No submission deadli	nes				
d Any restrictions or limitations on award		areas, charitable fields	s, kinds of institutions, or	other factors	
No restrictions on a	pplications				

Part XV Supplementary Information 3 Grants and Contributions Paid During the		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	**	
a Paid during the year				
Alliance for Smiles International,	No relation	Pub Chrty	To provide free	
Inc.			education and	
2565 Third Street, Suite 237			reconstructive	1 000
San Francisco, CA 94107			surgery.	1,000
American Association of University	No relation	Pub Chrty	To promote diversity	
Women			in the educational	
1111 Sixteenth St. NW			workplace	500
Washington, DC 20036				500
American Cancer Society	No relation	Pub Chrty	To assist in medical	
417 Security Sq.			reserach to stop	
Gulfport, MS 39503			cancer.	6,000
Boys & Girls Clubs of the Gulf Coast	No relation	Pub Chrty	Promote childern	
11975 A160 Seaway Road			education programs.	
Gulfport, MS 39503				6,000
	No relation	Dub Charter	To support worldwide	
P.O. Box 739	NO relation	Pub Chrty	disaster relief	
Merrifield, VA 22116				1,000
Total See CO	ntinuation shee	et(s)	▶ 3a	109,500
b Approved for future payment				
None				
				-
Total	<u> </u>		▶ 3b	(

			1		
~		V/\/II A 1	A l	The second of the second of the second	
•	217	X V1_A	TO SISVIRID	Income_Producing	ACTIVITIES
	21 C .	A	Allulysis or	Income-Producing	TOURINGS.

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)	
	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business code	Amount	code	Amount	function income	
a						
b						
C						
d	1 1					
e	_ i					
f						
g Fees and contracts from government agencies		-				
2 Membership dues and assessments					· · · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash						
investments					5,827 54,736	
4 Dividends and interest from securities					54,736	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property 7 Other investment income			- - - 			
8 Gain or (loss) from sales of assets other						
					231,927	
than inventory 9 Net income or (loss) from special events					202722.	
Gross profit or (loss) from sales of inventory						
Other revenue						
a			+			
b					-	
c	1 1		+ +			
d						
2 Subtotal Add columns (b), (d), and (e)	_	0		0.	292,490	
i3 Total. Add line 12, columns (b), (d), and (e)	1			13	292,490	
See worksheet in line 13 instructions to verify calculations	\					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	the fo	undatio	on's exempt purposes (of	her th	an by provid	ling funds for such pur	poses)		antly to the accomplishment of	
8	Sale	of	securities	to	make	donations	to	qualified	charities	
								· · · · · · · · · · · · · · · · · · ·	<u> </u>	
							.			
	<u> </u>									
	 									
	 		· · · · · · · · · · · · · · · · · · ·							
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·	 	-						<u> </u>		

323621 10-10-13

Form 99					Foundation		32-005			ge 13
Part	XVII			nsfers To a	and Transactions	and Relations	nips With Noncha	ritable	•	
		Exempt Organ								
				-	g with any other organizati		on 501(c) of		Yes	No
					?7, relating to political organ	nizations?				
		from the reporting founda	ation to a noncharit	table exempt or	ganization of					v
٠,) Cash							1a(1)	-	$\frac{X}{X}$
) Other	assets sactions						1a(2)		
		of assets to a noncharital	hle evernt organiz	ation				16(1)		Х
		ases of assets from a noi	• •					1b(2)		X
		l of facilities, equipment,	' - '	organization				1b(3)		X
		oursement arrangements						15(4)		X
		or loan guarantees						1b(5)		X
		rmance of services or me	mbership or fundra	aising solicitatio	ns			1b(6)		X
		facilities, equipment, ma		•				10		X
			-		dule Column (b) should al	ways show the fair m	narket value of the goods,	other ass	ets,	
		· ·		•	ed less than fair market valu	-	-			
col	lumn (d) the value of the goods,	other assets, or ser	rvices received						_
(a) Line r	10	(b) Amount involved	(c) Name (exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	nts
				N/A						
					·					
								_		
	-									
										
										
						 				
					 -			-		
				•		 				
	+			 -		 				
	-			 	 					
	_				· - · · - · ·					
										
22	the four	idation directly or indirect	thy affiliated with or	related to one	or more tax-exempt organi	zations described				
		501(c) of the Code (other	-			zations described	ŗ	Yes	X	No
		mplete the following sch		0)(0)) 01 111 3000	1011 021		_			
		(a) Name of org			(b) Type of organization	1	c) Description of relations	hip		
		N/A	 							
	_									
	l and ha	penalties of penury, I declare	that I have examined the	his return, includin preparer (other thai	g accompanying schedules and n taxpayer) is based on all inform	statements, and to the nation of which preparer	han any knowledge	y the IRS o		
Sign		(1 V)	n-H	-		K	sh	um with the	(see inst	ž)?
Here		Jmy Dilo	holllo		2,2014		lent L	X Yes	L	No
	Sign	ature of officer or trustee		17-	Date	Title				
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check X if PTIN			
Deid		37 3			Dell'res	to (10 /1 d	self- employed	0561	222	
Paid Prepa		Neal King	thorn the	Weat K	1/1/2 (//	08/19/14 L.L.P.	Firm's EIN ► 72-0	$\frac{0561}{4644}$		
Use (Firm's name > Haw	CHOLII, W	ay/hout	arroll,	n•h•k•	FIRM'S EIN P /Z-U	+044	20	
USE !	OI II y	Firm's address - OF	55 Unito	d Dlaga	Blvd No.	200	_	_		
					0809-9982	200	Phone no 225-9	23-3	იიი	
	-	Βα	con Rouge	CI THE I	0000 0002			om 99 (20121

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Name of the organization Employer identification number The Burdette Family Foundation 32-0050835 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) 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, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

The Burdette Family Foundation

32-0050835

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ernest & Martha Burdette 1201 E. Second Street Pass Christian, MS 39571	\$ 102,787.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

The Burdette Family Foundation

32-0050835

Securities Sec	(a)			
Description of noncash property given Donation of publicly traded Securities—Biogen Shares—365; (a) (b) (b) Description of noncash property given Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions) (d) Date received (e) FMV (or estimate) (see instructions)	No.	(b)		(d)
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(a) (b) (c) (c) (d)				
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No. (b) FMV (or estimate) (c) (d) FMV (or estimate) (see instructions)	(0)			
Description of noncash property given (see instructions) Date received	(a) No.	/h)		(4)
art I (see instructions)			· · · · · · · · · · · · · · · · · · ·	
	Part I	Description of noncash property given	(see instructions)	Date received
				
			\$	

Name of orga	nization		Employer Identification number
The Bu	rdette Family Foundati	on	32-0050835
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(he following line entry. For organization c , contributions of \$1,000 or less for t	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-	Transferee 3 name, address, a		Treationship of italisation to transferee
(a) No.			
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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-		(a) Transfer of side	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

Part XV Supplementary Informatio Grants and Contributions Paid During the				·
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Childern's Advocacy Center of	No relation	Pub Chrty	To promote	
Mississippi	NO Telation	rub Chicy	improvements to	
P.O. Box 5348			government programs	
Jackson, MS 39216			that support abused	
			childern	1,000.
Christian Concern Food Bank	No relation	Pub Chrty	To assist in feeding	
2228 Second Street			of homeless and	
Slidell, LA 70458			disabled	3,000.
Coast Episcopal School	No relation	Church	School capital	
5065 Espy Ave.			campaign used to	10 750
Long Beach, MS 39560			improve facilities	12,750.
Decatur Education Foundation	No relation	Pub Chrty	To improve schools	
315 W. Ponce De Leon Ave. Ste 770	10111111			
Decatur, GA 30030				1,000.
Decatur Preservation Alliance	No relation	Pub Chrty	To assist in	
920 Scott Blvd			preservation efforts	
Decatur, GA 30030			of Decatur Georgia	2,500.
Foundation for Public Broadcasting	No relation	Pub Chrty	To promote educational	
3825 Ridgewood			and cultural radio and	
Jackson, MS 39211	-		television	1,000.
Gulf Coast Health Educators	No relation	Pub Chrty	To fund health	
913 E. Second St			education programs to	
Pass Christian, MS 39571			poor/elderly	3,000.
Habitat for Humanity	No relation	Pub Chrty	To provide the donee	
1400 Legget Drive			with funds to assist	
Biloxi, MS 39530			needy	3,500.
Hope Haven Childern's Services	No relation	Pub Chrty	Gift to assist in	
P.O. Box 3777			placement of childern	1 000
Bay St. Louis, MS 39521			to foster fa	1,000.
Humane Society of South Mississippi	No relation	Pub Chrty	To promote ethical	
2615 Highway 49		1	treatment of animals	
Gulfport, MS 39501		<u> </u>		2,000
Total from continuation sheets				95,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.	T		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		·
Lynn Meadows Discovery Center	No relation	Pub Chrty	Unrestricted gift for	
246 Dolan Ave			education.	
Gulfport, MS 39507				1,000
Memorial Hospital of Gulfport Fdn P.O. Box 940	No relation	Pub Chrty	Unresticted gift to	
Gulfport MS 39502			promote good health	1 000
Guilpart, MS 39302			programs.	1,000
Mercy Angel Flight Southeast, Inc.	No relation	Pub Chrty	To provide resources	
8864 Airport Blvd.		1	to assist medical	
Leesburg, FL 34788			transport of needy	5,000
Mississippi Gulf Coast Chamber of	No relation	Pub Chrty	To promote gulf coast	
Commerce			economic development	
11975E Seaway Road				
Gulfport, MS 39503				3,250
Mississippi Nature Conservancy	No relation	Pub Chrty	Enhance enviromental	
405 Briarwood Dr.			conservation programs	
Jackson, MS 39206				1,000
Our Little Roses Foreign Mission	No relation	Church	To assist South	
Society			American mission	
P.O. Box 464			poverty programs	
Sommerset, VA 22972			-	3,000
Special Olympics of Mississippi	No relation	Pub Chrty	To encourage amatuer	
15 County Barn Road		[athletics in disabled	
Madison, MS 39110			community	500
St. Jude Childern's Reserach Hospital	No relation	Pub Chrty	To assist in medical	
262 Danny Thomas Place Memphis, TN 38105			research and medical	2,500
dembule, IN 30103			care for c	2,500
The Salvation Army	No relation	Pub Chrty	To provide donee with	
2111 24th Ave.			funds to assist needy	
Gulfport, MS 39501			and prom	4,000
U.S. Green Building Coursel	No relation	Bub Chrt	To promote and educate	
U.S. Green Building Counsel P.O. Box 54077	No relation	Pub Chrty	To promote and educate green building	
Atlanta GA 30308			practices	15,000
Total from continuation sheets	<u> </u>	<u> </u>	<u> </u>	

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
Unitarian Universalist Church	No relation	Church	To promote religious	
25 Beacon Street			outreach.	
Boston, MA 02108				1,000
WRFG Public Radio	No relation	Pub Chrty	Public radio	
1083 Austin Ave. NE			broadcasting.	
Atlanta, GA 30307				500
Alzheimers Assocation	No relation	Pub Chrty	Supports vital	
225 N Michigan Avenue			research and essential	
Chicago, IL 60601-3900			support programs and	
·			services to Alzheimer	
			patients and families.	1,000
American Association of Birth Centers	No relation	Pub Chrty	To promote the birth	
3123 Gottschall ROad			center concept in an	
Perkiomenville, PA 18074			environment which is	
,			safe, sensitive and	
			cost effective.	2,000
American Red Cross	No relation	Pub Chrty	TO support disaster	
2025 E Street, NW		•	relief.	
Washington, DC 20006				3,000
Brady Center to Prevent Gun Violence	NO relation	Pub Chrty	To develop and	
840 First Street NE		_	implement extensive	
Washington DC 20002			public health and	
			safety programs to	
			reduce gun violence.	2,500
Citizens for Midwifery	No relation	Pub Chrty	To support a	
P.O. BOx 82227		.	coordinated strategy	
Athens, GA 30608-2227			to achieve change,	
nededs, on stood and			care available to all	
			childbearing women.	2,500
Feed My Sheep	No relation	Pub Chrty	To support needy women	
2403 Sidney Street, Suite 200			and children in Costa	
Pittsburgh, PA 15203	-		Rica.	1,000
Forgotten Paws Dog Rescue, Inc.	No relation	Pub Chrty	To provide veterinary	
3360 Joseph Drive			and foster care for	
Acworth, GA 30101			dog rescue.	2,000
Hancock County CASA	No relation	Pub Chrty	To support the	
P.O. Box 4112			advocacy for safety	
Bay St. Louis, MS 39521			and well being of	
			children who are	
	1	Ī	victims of abuse and	1,000

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Lifecycle Building Center of Greater	No relation	Pub Chrty	To promote the	
Atlanta			lifecycle use of the	
1116 Murphy Avenue SW			built environment	
Atlanta, GA 30310			increasingly efficient	
			and sustainable.	3,000
Lifeline Animal Project	No relation	Pub Chrty	To save lives through	
129 Lake Street			veterinary care for	
Avondale Estates, GA 30002			needy canines.	1,000
Make A Wish Foundation	No relation	Pub Chrty	To support granting	
4742 N 24th Street Suite 400			wishes that transform	
Phoenix, AZ 85016-4862			lives of kids with	
,			life-threatening	
			medical conditions.	1,000
MS Children's Home Service	No relation	Pub Chrty	To improve the lives	
1465 Lakeland Drive			of children and	
ackson, MS 39216			families by providing	
			a compassionate	
			behavioral health	1,000
Our Lady Academy	No relation	Pub Chrty	To promote religious,	
222 S Beach Blvd.			academic and social	
Bay St. Louis MS 39520			opportunities for	
242 20. 2012, 112 2222			college prep young	
			women.	1,000
The Association of Frontotemporal	No relation	Pub Chrty	To help raise	
Degeneration		[.	awareness of the	
290 King of Prussia Road			frontotemporal	
Radnor, PA 19087			dementia disorder to	
Radhor, PA 19007			assist patients and	1,000
Wonder Room Comm Arts Center	No relation	Pub Chrty	To encourage	
896 Saratoga Road	NO TELEBOOK		experimental	
-			imaginative thinking	
Ballston Lake, NY 12019			and learning in a play	
			based setting	1,000
American Cancer Society	No relation	Pub Chrty	To support cancer	
250 Williams St			reserach and wellness	
Atlanta, GA 30303			programs	2,500
Total from continuation sheets				

	_						
Form 990-PF Intere	st on Savi	ngs and Tem	porary	Cash In	vestments	Statement	
Source		Reve	(a) Revenue Per Books		(b) vestment come	(c) Adjusted Net Income	
Merrill Lynch			5,827.		5,827.		
Total to Part I, li	ne 3		5,827.		5,827.		
Form 990-PF	Dividend	s and Inter	est fro	om Secur	ities	Statement	
Source	Gross Amount	Capital Gains Dividend	Re	(a) (b) Revenue Net Invest- Per Books ment Income		_	
Merrill Lynch	63,982	9,24	6.	54,736.	54,73	6.	
To Part I, line 4	63,982	9,24	9,246. 54,736		54,73	6.	
Form 990-PF		Accounti	ng Fees	;		Statement	
Description		(a) Expenses Per Books	(b Net In ment I		(c) Adjusted Net Incom		
Accounting & Tax Pr	ep Fees	1,967.		1,967.		0	
To Form 990-PF, Pg	1, ln 16b =	1,967.		1,967.		0	
Form 990-PF		Tax	Taxes			Statement	
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
Federal Taxes Paid		4,513.		0.		0	
To Form 990-PF, Pg	1, ln 18	4,513.		0.		0	
	===						

Form 990-PF	Other E	xpenses		Statement	5
Description	(a) Expenses Per Books	(b) Net Inves ment Inco			
Investment Fees Bank Service Charges	39,246. 370.		16. 70.		0.
To Form 990-PF, Pg 1, ln 23	39,616.	39,6	16.		0.
Form 990-PF Other Decrease	es in Net As	sets or Fu	nd Balances	Statement	6
Description				Amount	
Unrealized appreciation on do	nated secur	ities		51,8	79.
Total to Form 990-PF, Part II	II, line 5			51,8	79.
Form 990-PF	Corporat	e Stock		Statement	7
Description			Book Value	Fair Marke Value	t
Corporate Stock		_	2,321,957.	2,807,4	83.
Total to Form 990-PF, Part II	, line 10b		2,321,957.	2,807,4	83.
Form 990-PF Int	erest and P	enalties		Statement	8
Tax due from Form 990-PF, Pa Underpayment penalty Late payment interest Late payment penalty	art VI				32. 18. 35.
Late payment penalty Total Amount Due				1,8	_

Form 990-PF	Late Payment Penalty					Stat	ement	9
Description	Date	e Amoun	t	Balanc	e	Months	Pena	lty
Tax due Date filed		/15/14 1,768. /15/14		1,768. 1,768.		4		35.
Total late paymen	nt penalty							35.
Form 990-PF	La	te Payment I	nterest			Stat	ement	10
Description	Date	Amount	Balan	ce	Rate	Days	Inte	cest
Tax due Date filed	05/15/14 09/15/14	1,768.		,768. ,786.	.030	0 123		18.
Total late paymen	nt interest							18.
Form 990-PF		t XV - Line Foundation M				Stat	ement	11

Name of Manager

Ernest Burdette Martha Burdette

Form 8868 (Rev 1-2014)		-			Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form 8	3868	
 If you are filing for an Automatic 3-Month Extension, complete 	te only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	ed).
		Enter filer's	identifyin	g number, se	e instructions
Type or Name of exempt organization or other filer, see instru	ctions		Employer	identification	number (EIN) or
<pre>print File by the The Burdette Family Foundati</pre>	ion			32-005	0835
due date for Number, street, and room or suite no. If a P.O. box, so	•	tions.	Social sec	curity number	
filing your return See 1201 E. Second Street	00 11150100		000101 301	outly namber	(0014)
City, town or post office, state, and ZIP code. For a for Pass Christian, MS 39571	oreign add	dress, see instructions.			
rass christian, no 39371				 .	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	, a oopa,a				المتساستيا
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted Martha Burdette	i an autor	natic 3-month extension on a prev	iously file	d Form 8868.	·
 The books are in the care of ► 1201 E. Second Telephone No. ► 228-575-3119 If the organization does not have an office or place of business 		Fax No. ▶	MS 39	571	> []
If this is for a Group Return, enter the organization's four digit			f this is foi	· · r the whole ard	NID check this
box ▶ . If it is for part of the group, check this box ▶	7	ach a list with the names and EINs of			
		ber 15, 2014.			
5 For calendar year 2013, or other tax year beginning		, and endin	a		
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	heck reas		Final r	eturn	
7 State in detail why you need the extension					
Additional time is needed to	nathe	r information need	ed to	file a	
complete and accurate return.	guene	I IMPORTATION NECC	ca co	TIIC a	
					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069.	enter the tentative tax, less any			
nonrefundable credits. See instructions.	, ,	,	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated		-	
tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid			
previously with Form 8868.		·	8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr	uctions.		8c	\$	0.
		st be completed for Part II			_
Under penalties of perjuly, I declare that I have examined this form, includit is true, correct, and complete, and that am authorized to prepare this form.	ling accom	panying schedules and statements, and t	o the best o	f my knowledge	and belief,
		dont		▶ 8-14	1-14
Signature Title	Presi	uent	Date		
				Form 88	68 (Rev. 1-2014)
/					