

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



Department of the Treasury

Internal Revenue Service

#### DLN: 93491174002065

OMB No 1545-0052

Open to Public Inspection

#### **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 instructions is at <u>www.irs.gov/form990pf</u>.

		ndar year 2014, or tax year beginning 01-	U1-2U14	•	ng 12-31-20				
		undation & BEVERLY BURKARDT FAMILY FOUNDATION NFP		n number					
				45-42032		netnietiene	<u> </u>		
		I street (or P O box number if mail is not delivered to street addres EAGLE COURT	s) Room/suite		<b>B</b> Telephone number (see instructions) (815) 946-3081				
Cit	054	etate or prouped souther and TD or former							
	or town D, IL 61	n, state or province, country, and ZIP or foreign postal code 1064			C If exemption application is pending, check here				
<b>G</b> CI	neck a	Il that apply $\prod$ Initial return $\prod$ Initial return of a	former public charit	y <b>D 1</b> . For	eign organizations,	check her	e <b>▶</b> □		
		Final return A mended return		<b>2.</b> For	reign organizations	meeting th	ne 85%		
		Address change Name change			test, check here and attach computa  E If private foundation status was termin				
		ype of organization Section 501(c)(3) exempt privi 14947(a)(1) nonexempt charitable trust Other tax	ab <u>le private foun</u> datio	under	section 507(b)(1)				
		ket value of all assets at end J Accounting method	▼ Cash	1	foundation is in a				
line	e 16)	from Part II, col. (c), Other (specify) \$ 205,766 (Part I, column (d) mus	t be on cash basis.)	under	section 507(b)(1)	(B), check	nere = 1		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	<b>(b)</b> Net investm income	ent (c) Adjust	ed net	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach					(,		
		schedule)	0						
	2	Check ► ┌ if the foundation is <b>not</b> required to attach							
		Sch B							
	3	Interest on savings and temporary cash investments	10,047	10	0,047				
	4	Dividends and interest from securities							
	5a	Gross rents							
	ь	Net rental income or (loss)							
₽	6a	Net gain or (loss) from sale of assets not on line 10							
Revenue	b	Gross sales price for all assets on line 6a							
	7	Capital gain net income (from Part IV, line 2)			0				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	Ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other Income (attach schedule)							
	12	Total. Add lines 1 through 11	10,047	10	0,047	0			
	13	Compensation of officers, directors, trustees, etc	0		0	0	0		
_	14	Other employee salaries and wages							
Ses.	15	Pension plans, employee benefits							
Expenses	16a	Legal fees (attach schedule)							
<u>a</u> S	ь	Accounting fees (attach schedule)	1,714		857	0	857		
	С	Other professional fees (attach schedule)							
) tiv	17	Interest							
n strative	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion							
Admını	20	Occupancy							
Ą	21	Travel, conferences, and meetings							
and	22	Printing and publications							
	23	Other expenses (attach schedule)	4,600	2	2,301	2,299	0		
Operating	24	Total operating and administrative expenses.							
е. С		Add lines 13 through 23	6,314	3	3,158	2,299	857		
<u>ā</u>	25	Contributions, gifts, grants paid					40,400		
_	26	Total expenses and disbursements. Add lines 24 and							
		25	46,714	3	3,158	2,299	41,257		
	27	Subtract line 26 from line 12	26.667						
	a	Excess of revenue over expenses and disbursements	-36,667		5 990				
	b	Net investment income (if negative, enter -0-)		-	5,889				
	С	Adjusted net income (if negative, enter -0-)				0			

Рa	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	·							
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value							
	1	Cash—non-interest-bearing	91,625	45,151	45,151							
	2	Savings and temporary cash investments										
	3	Accounts receivable -										
		Less allowance for doubtful accounts -										
	4	Pledges receivable										
		Less allowance for doubtful accounts 🟲										
	5	Grants receivable										
	6	Receivables due from officers, directors, trustees, and other										
		disqualified persons (attach schedule) (see instructions)										
	7	Other notes and loans receivable (attach schedule) 🟲										
		Less allowance for doubtful accounts 🟲										
ا ي	8	Inventories for sale or use										
sets	9	Prepaid expenses and deferred charges										
45	10a	Investments—U S and state government obligations (attach schedule)										
	ь	Investments—corporate stock (attach schedule)										
	С	Investments—corporate bonds (attach schedule)			_							
	11	Investments—land, buildings, and equipment basis										
		Less accumulated depreciation (attach schedule)										
	12	Investments—mortgage loans			_							
		Investments—other (attach schedule)	150,808	<b>95</b> 160,615	160,615							
	14	Land, buildings, and equipment basis										
		Less accumulated depreciation (attach schedule)										
	15	Other assets (describe 🛌)										
	16	Total assets (to be completed by all filers—see the										
	10	Instructions Also, see page 1, item I)	242,433	205,766	205,766							
	17	Accounts payable and accrued expenses	2.12,133	203,700	200), 00							
		Grants payable										
	18	Deferred revenue										
≟	19	<b>.</b>										
abilities	20	Loans from officers, directors, trustees, and other disqualified persons										
Ĭ	21	Mortgages and other notes payable (attach schedule)										
	22	Other liabilities (describe •)	0									
	23	Total liabilities (add lines 17 through 22)	0	U								
ķ		Foundations that follow SFAS 117, check here F										
Balance		and complete lines 24 through 26 and lines 30 and 31.										
lar	24	Unrestricted	242,433	205,766								
B	25	Temporarily restricted										
Z	26	Permanently restricted										
Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵										
ō		and complete lines 27 through 31.										
ž	27	Capital stock, trust principal, or current funds										
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund										
	29	Retained earnings, accumulated income, endowment, or other funds										
Net	30	Total net assets or fund balances (see instructions)	242,433	205,766								
	31	Total liabilities and net assets/fund balances (see instructions)	242,433	205,766								
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			_							
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ag	gree								
		with end-of-year figure reported on prior year's return)		1	242,433							
2		Enter amount from Part I, line 27a		2	-36,667							
3		Other increases not included in line 2 (itemize)		3	0							
4		Add lines 1, 2, and 3		4	205,766							
5		Decreases not included in line 2 (itemize) 🟲		5	0							
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lı	ne 30 . <b>6</b>	205,766							

(g) Cost of plus exposed the foundation of (k) Exce	ess of col (i) ol (j), if any n Part I, line 7	(h) Gains (Cocol (k), but no	(d) Date sold (mo, day, yr)
(g) Cost of plus exposed the foundation of (k) Exce over co	or other basis ense of sale  on 12/31/69 ess of col (i) el (j), if any	(I) Gains (Co col (k), but no Losses (i	in or (loss) (f) minus (g)  of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(e) plus (complete the control of th	of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(e) plus (complete the control of th	of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(e) plus (complete the control of th	of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(e) plus (complete the control of th	of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(e) plus (complete the control of th	of (h) gain minus t less than -0-) or
the foundation of (k) Exce over co	on 12/31/69 ess of col (i) el (j), if any	(I) Gains (Co col (k), but no Losses (i	ol (h) gain minus t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) ol (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) ol (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) ol (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) ol (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) ol (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
(k) Exce over co	ess of col (i) il (j), if any n Part I, line 7	col (k), but no Losses (i	t less than -0-) <b>or</b>
nın, also enter ın	n Part I, line 7		from col (h))
		. 2	
		. 2	
222(5) and (6) s) If (loss), ent	ter -0-	}	
	• •		
<u>ced Tax on I</u>	Net Investme	ent Income	
ı 4940(a) tax or	n net investment	income )	
	ear in the base p	eriod?	┌ Yes ┌ No
complete this p	oart		
structions before	e making any ent	tries	
(c) value of noncharita	able-use assets	<b>(d</b> Distributi (col (b) divide	on ratio
	159,283	, , ,	0 057583
	141,770		0 056429
	_	2	0 114012
	:	3	0 057006
		4	224,738
	[	5	12,811
n Part X, line 5.		6	6.9
n Part X, line 5.		_	12,880
n Part X, line 5.		7	
	the total on line ss than 5 years n Part X, line 5.	the total on line 2 by 5, or by ss than 5 years	

	990-PF (2014)			age <b>4</b>					
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)						
1a	Exempt operating foundations described in section 4940(d)(2), check here 🟲 🦵 and enter "N/A"								
	on line 1								
	Date of ruling or determination letter(attach copy of letter if necessary–see								
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			69					
_	here F and enter 1% of Part I, line 27b								
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of								
	Part I, line 12, col (b)								
2	· · · · · · · · · · · · · · · · · · ·								
3									
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			69					
7	enter -0-)			0					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			69					
6	C redits/P ayments								
а	2014 estimated tax payments and 2013 overpayment credited to 2014 <b>6a</b>								
b	Exempt foreign organizations—tax withheld at source 6b								
c	Tax paid with application for extension of time to file (Form 8868) 6c								
d	Backup withholding erroneously withheld 6d								
7	Total credits and payments Add lines 6a through 6d			0					
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			69					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10								
11	Enter the amount of line 10 to be Credited to 2015 estimated tax								
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No					
	it participate or intervene in any political campaign?	1a		No					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions								
	for definition)?	1b		No					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
	published or distributed by the foundation in connection with the activities.								
c	c Did the foundation file <b>Form 1120-POL</b> for this year?								
d									
	(1) On the foundation $\Rightarrow$ \$0 (2) On foundation managers $\Rightarrow$ \$0								
e									
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No					
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles								
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. з		No					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No					
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No					
	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	ነ	<u>'</u>	)					
	By state legislation that effectively amends the governing instrument so that no mandatory directions								
	that conflict with the state law remain in the governing instrument?	6	<b> </b>	No					
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	Yes						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)								
	▶IL								
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	Yes						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	<u> </u>							
-	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?								
	If "Yes," complete Part XIV	9		No					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	<u> </u>							
	and addresses.	10		No					
			1						

Da	TVIII ( Statements Departing Activities (continued)			age <b>c</b>
11	rt VII-A Statements Regarding Activities (continued)  At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
11	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	<del></del>		110
12	advisory privileges? If "Yes," attach statement (see instructions)	12		No
12		13	Yes	NO
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		res	
	Website address ► <u>N/A</u>			
14	The books are in care of ►BEVERLY BURKARDT Telephone no ►(815)	946-	3081	
	Located at ► 10569 W EAGLE CT POLO IL ZIP+4 ► 61064			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16	H	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>			
b	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	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 2014?	1c		No
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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 🕨 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			1
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			1
	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)			1
	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 2014.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			1
	charitable purpose that had not been removed from leopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) <sup>?</sup>	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				<b>┌</b> Yes <b>┌</b>	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				<b>┌</b> Yes <b>┌</b>	√ No		
	(5) Provide for	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(	5), d	ıd <b>any</b> of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [		
С				4), does the foundat							
								T Yes [	- <sub>No</sub>		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? <b>TYes F</b>	- No		
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (	see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
									-		
			-								
_2_	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
<b>/</b>	<b>.</b> N			(b) Title, and aver	age			(d) Contributions to	(-) [		
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	<b>F</b>	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı <b>l</b> number of other	employees paid o	vers	\$50,000					1		0

Part VIII Information About Officers, Directors, To and Contractors (continued)	rustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	vices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional serv	ices	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclu- organizations and other beneficiaries served, conferences convened, research paper	Expenses	
1 PROVIDED VARIOUS CONTRIBUTIONS TO ORGANIZATION EDUCATIONAL GROWTH AND MEDICAL ASSISTANCE	NS IN AN ATTEMPT TO FOSTER	40,400
2		
3		
4		
Part IX-B Summary of Program-Related Investme	nts (see instructions)	
Describe the two largest program-related investments made by the foundation of	during the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 72.448 1h 1c 155.712 1d 228.160 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 228.160 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 3,422 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 224.738 5 11.237 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 1 11.237 Tax on investment income for 2014 from Part VI, line 5. . . . . . 2a Income tax for 2014 (This does not include the tax from Part VI). . . 69 2c 3 3 11.168 4 Λ 4 5 5 11.168 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 11.168 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . 1a 41.257 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 41,257 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 69 41,188 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

For	m 990-PF (2014)				Page <b>9</b>
Р	art XIII Undistributed Income (see instri	uctions)			
		(a)	(b)	(c)	(d)
	Distribute blasses with few 2014 few as Dest VI. Inc. 7	Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				11,100
	Undistributed income, if any, as of the end of 2014			0	
a	Enter amount for 2013 only		0	0	
	Total for prior years 20		0		
3	Excess distributions carryover, if any, to 2014				
a L	From 2009				
D	From 2010				
C A	From 2011				
u	From 2013 1,364				
	Total of lines 3a through e	1,364			
	Qualifying distributions for 2014 from Part				
_	XII, line 4  \$ 41,257				
а	Applied to 2013, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)		Ĭ		
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
d	Applied to 2014 distributable amount				11,168
е	Remaining amount distributed out of corpus	30,089			
5	Excess distributions carryover applied to 2014	0			0
	(If an amount appears in column (d), the				
	same amount must be shown ın column (a).)				
6	Enter the net total of each column as				
	indicated below:	24.452			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,453			
Ь	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		, ,		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see			0	
f	Undistributed income for 2014 Subtract				
•	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
я	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	31,453			
10	Analysis of line 9				
а	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013 1,364				
е	Excess from 2014 30,089				

P	art XIV Privat	e Operating Foun	<b>dations</b> (see in	nstructions and P	Part VII-A, questi	on 9)	
1a	If the foundation has	received a ruling or de	etermination letter	that it is a private	operating		
	•	uling is effective for 20	•	_			
		e whether the organiza	tion is a private o	perating foundation	n described in section	on 4942(j)(3) o	r 4942(j)(5)
2a	Enter the lesser of the income from Part I o	•	Tax year		Prior 3 years		(e) Total
	investment return fro		(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	
	year listed						
	85% of line 2a Qualifying distributio						
C	line 4 for each year l						
d	Amounts included in						
	directly for active co activities						
e	Qualifying distribution						
	for active conduct of	'					
3	Subtract line 2d from Complete 3a, b, or c fo						
	alternative test relie						
а	"Assets" alternative						
	(1) Value of all asset				_		
	(2) Value of assets under section 49						
b	"Endowment" alterna	tive test— enter 2/3					
	of minimum investme Part X, line 6 for eac						
c	"Support" alternative						
	(1) Total support of	•					
	investment inco dividends, rents						
	on securities loa						
	512(a)(5)), or ro						
	(2) Support from ge and 5 or more ex	'					
	organizations as						
	section 4942(j)( (3) Largest amount	` '` '` '					
	from an exempt						
	(4) Gross investme				1		
Pa		ntary Informatio any time during t			the organizati	on had \$5,000 (	or more in
1		ng Foundation Manage		msu ucuons.,			
а		the foundation who ha					dation
	before the close of ar	ny tax year (but only if	they have contrib	uted more than \$5	,000) (See Section	507(a)(2))	
b		the foundation who owership or other entity)		•		lly large portion of t	he
	ownership of a partite	ramp or other entity)	or winer the lound	1000 Ha3 a 10 70 OF	greater interest		
2		ng Contribution, Grant					
	Check here  I if th	ne foundation only mak for funds If the founda	es contributions t ation makes difts	o preselected char grants etc (see in	ritable organizations structions) to indiv	and does not acce or organization	ot ons under
	-	nplete items 2a, b, c, a		granto, etc. (bec.iii	iotractions, to marr	iddaib or organization	one and on
а	The name, address,	and telephone number	or email address	of the person to wh	om applications sho	ould be addressed	
	See Additional Data	Tablo					
D	r ne iorm in which ap	plications should be s	uviilittea ana infor	mation and materia	ais tiley snould INCIL	iue	
	See Additional Data	Table					
С	Any submission dead	dlines					
	See Additional Data	Table					
d	Any restrictions or li	mitations on awards, s	such as by geogra	phical areas, charit	table fields, kinds of	institutions, or oth	er
	Iactors						

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  See Additional Data Table	any foundation manager or substantial contributor	recipient	contribution	
			<b>b</b> 32	40,40
b Approved for future payment	<u> </u>	<del></del>		40,40

Form 990-F	·	na Astivitis				Page <b>12</b>
	Analysis of Income-Producions amounts unless otherwise indicated	_	usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
						matructions )
с						
f	and contracts from government agencies					
2 Membe 3 Interes	rship dues and assessments It on savings and temporary cash ments			14	10,047	
	ids and interest from securities tal income or (loss) from real estate					
<b>a</b> Debt-	financed property					
<b>6</b> Net ren	ebt-financed property ltal income or (loss) from personal					
8 Gain or	nvestment income					
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
d						
	al Add columns (b), (d), and (e)		(	)	10,047	(
	add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify ca			1	13	10,047
Part XVI	Explain below how each activity for whic the accomplishment of the foundation's instructions )	h income is re	ported ın column (	e) of Part XVI-A c	ontributed importa	

		(2014)										Pa	ge <b>1</b> 3
Part	XVII	Information Re Noncharitable					sactio	ns and I	Relationships	With			
		rganization directly or i 01(c) of the Code (othe	ndırectly e	engage	ın any of	the following w						Yes	No
orga	nızat	ions?											
<b>a</b> Trar	sfers	from the reporting four	ndation to	a nonc	harıtable	exempt organiz	zatıon of	:					
											1a(1)		No
(2)	Othe	rassets									1a(2)		No
<b>b</b> Othe	er tra	nsactions											
		s of assets to a noncha									<b>—</b>		No
		hases of assets from a											No
		al of facilities, equipme											No
		bursement arrangemer									1b(4)		No
		s or loan guarantees.									1b(5)		No
• •		rmance of services or n		•	-						1b(6)		No
		f facilities, equipment,									1c	<u> </u>	No
of th ın ar	e god ny tra	wer to any of the above ods, other assets, or se nsaction or sharing arr	rvices giv angement	en by t , show	he report ın column	ing foundation o (d) the value o	If the fo of the go	undation r	eceived less tha	n fair marke	et value		
(a) Line	No	(b) Amount involved	(c) Name	of noncl	narıtable ex	empt organization	(d)	Description	of transfers, transac	tions, and sha	ring arra	ngemer	nts
	+												
	+												
	+												
	_												
	+												
	+												
	+						-						
	+												
desc	ribed	indation directly or indi in section 501(c) of the complete the following ( (a) Name of organization	ne Code (d schedule		ian sectio		rın sect			••••	.FY€	es F	No
Sign	the	ler penalties of perjury, best of my knowledge a rmation of which prepar	and belief,	ıt ıs tru	ue, correc					an taxpaye	r) ıs ba:	sed on	
Here	k	****				2015-05-22	· k	*****		return	IRS disc		
	<b>P</b>	Signature of officer or t	rustee			Date	<u> </u>	Title		below	preparei tr )? 🔽 <u>\</u>		
		Print/Type preparer's CARL C SWANSON CPA		Prepa	irer's Sigi	nature	Date 201	5-05-22	Check if self- employed ▶	PTIN P(	013512	214	
Paid Prepa Use	rer	Firm's name ► WIPFLI LLP		ı			ı		Fırm's EIN ► 3	9-075844	9		
Only		Fırm's address ▶											
~··· <b>y</b>		215 EAST FIRST STF 61021	REET SUI	TE 200	DIXON	I, IL			Phone no (81	5)284-333	31		

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
WILLIAM BURKARDT	PRESIDENT	0	0	0
10569 W EAGLE COURT POLO,IL 61064	2 00			
BEVERLY BURKARDT	VICE PRESIDENT	0	0	0
10569 WEAGLE COURT POLO,IL 61064	2 0 0			
PAMELA BALLARD	DIRECTOR	0	0	0
113 SUNSET LANE MOUNT MORRIS,IL 61054	2 00			
PATRICIA BREWER	DIRECTOR	0	0	0
5400 W SIENNA LANE APT 1105 PEORIA,IL 61615	2 00			
PAULA FAIVRE	DIRECTOR	0	0	0
12426 W FAIRMONT ROAD POLO,IL 61064	2 00			
PENNY FOSTER	DIRECTOR	0	0	0
412 N CONGRESS AVE POLO,IL 61064	2 00			

# Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed

BEVERLY BURKARDT 10569 WEAGLE COURT POLO,IL 61064 (815) 946-3081

**b** The form in which applications should be submitted and information and materials they should include

FOR SCHOLARSHIP AWARDS, STUDENTS MUST SEND IN A WRITTEN REQUEST FOR FUNDS ALONG WITH A BRIEF RESUME OF ACADEMIC QUALIFICATIONS THIS IS USUALLY SUBMITTED VIA A TRANSCRIPT OF GRADES THE FOUNDATION THEN REVIEWS THE REQUEST AND WILL AWARD FUNDS TO THE MOST DESERVING CANDIDATES TO ASSIST THE INDIVIDUALS IN PURSUING HIGHER EDUCATION AT A COLLEGE OR UNIVERSITY

**c** Any submission deadlines

N/A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

а	The name, address, and telephone number of the person to whom applications should be addressed
	BEVERLY BURKARDT 10569 W EAGLE COURT POLO,IL 61064 (815) 946-3081
b	The form in which applications should be submitted and information and materials they should include
	OTHER UNSOLICITED REQUESTS FOR FUNDS SHOULD CONTAIN ANY RELEVANT INFORMATION THAT WOULD ASSIST THE FOUNDATION IN ITS DECISION-MAKING PROCESS
С	Any submission deadlines
	N/A
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	N/A

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

			ne rear of Approved for ru	· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
BLACKHAWK COMMUNITY COLLEGE FBO OWEN BAILEY 26230 BLACK HAWK ROAD GALVA,IL 61434	NONE	PUBLIC UNIVERSITY	EDUCATION	500
DIXON KNIGHTS OF COLUMBUS 506 W 3RD ST DIXON,IL 61021	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	500
NORTHERN ILLINOIS UNIVERSITY FBO MIGUEL GONZALEZ 1425 W LINCOLN HWY DEKALB,IL 60115	NONE	PUBLIC UNIVERSITY	EDUCATION	1,000
KIDZ CAFE - FAITH UNITED METHODIST CHURCH 702 E DIXON ST POLO,IL 61064	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	250
RONALD MCDONALD HOUSE CHARITIES ONE KROC DRIVE OAK BROOK,IL 60523	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	200
PINECREST COMMUNITY FOUNDATION 414 S WESLEY AVE MOUNT MORRIS,IL 61054	NONE	PRIVATE FOUNDATION	OPERATING CONTRIBUTION	500
ROCK RIVER CENTER 810 SOUTH 10TH ST OREGON,IL 61061	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	200
SAUK VALLEY COMMUNITY COLLEGE FBO CASSANDRA KURSCHNER 173 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC UNIVERSITY	EDUCATION	500
SAUK VALLEY COMMUNITY COLLEGE FBO AUSTIN DALLMEYER 173 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC UNIVERSITY	EDUCATION	500
SAUK VALLEY COMMUNITY COLLEGE FBO ASHLIE LOWRY 173 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC UNIVERSITY	EDUCATION	500
SAUK VALLEY COMMUNITY COLLEGE FBO PEYTON TAYLOR 173 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC UNIVERSITY	EDUCATION	500
SERENITY HOSPICE AND HOME FOUNDATION 1658 SIL ROUTE 2 OREGON,IL 61021	NONE	PRIVATE FOUNDATION	OPERATING CONTRIBUTION	1,000
SAUK VALLEY COMMUNITY COLLEGE FBO JUSTIN ARCHER 173 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC UNIVERSITY	EDUCATION	500
ST ANNE'S SCHOOL 1112 N BRINTON AVE DIXON,IL 61021	NONE	N/A	EDUCATION	25,000
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS,TN 38105	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	1,050
Total				40,400

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	1		he real of Approved for the	-
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST ANNE'S CHURCH 1104 N BRINTON AVE DIXON,IL 61021	NONE	N/A	OPERATING CONTRIBUTION	4,500
WOUNDED WARRIOR PROJECT 230 W MONROE STREET - SUITE 200 CHICAGO,IL 60606	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	500
SMILE TRAIN 41 MADISON AVE - 28TH FLOOR NEW YORK,NY 10010	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	325
PERFORMING ARTS GUILD 500 EVERGREEN LANE 125 MOUNT MORRIS,IL 61054	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	500
POLO FIRE DEPARTMENT 206 SOUTH FRANKLIN AVE POLO,IL 61064	NONE	N/A	OPERATING CONTRIBUTION	400
GIANNA'S HOUSE 905 WEST ROCK FALLS ROAD ROCK FALLS,IL 61071	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	75
HOSPICE OF THE ROCK RIVER VALLEY 264 ILLINOIS ROUTE 2 DIXON,IL 61021	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	75
CHRISTIAN APPALACHIAN PROJECT 6550 SOUTH KY ROUTE 321 - PO BOX 459 HAGERHILL,KY 41222	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	75
ROCKFORD RESCUE MISSION 715 WEST STATE ST ROCKFORD,IL 61102	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	150
HABITAT FOR HUMANITY 924 WEST 1ST STREET - PO BOX 11 DIXON,IL 61021	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	450
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS,NY 10598	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	50
LUTHERAN SOCIAL SERVICES OF ILLINOIS 1261 ILLINOIS ROUTE 38 NACHUSA,IL 61057	NONE	PUBLIC CHARITY	OPERATING CONTRIBUTION	100
CLARKE UNIVERSITY FBO ALLISON REEDER 1550 CLARKE DRIVE DUBUQUE,IA 52001	NONE	PRIVATE UNIVERSITY	EDUCATION	500
Total				40,400

### **TY 2014 Accounting Fees Schedule**

Name: WILLIAM & BEVERLY BURKARDT FAMILY FOUNDATION NFP

**EIN:** 45-4203285

	Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ſ	ACCOUNTING FEES	1,714	857	0	857



#### **TY 2014 Investments - Other Schedule**

Name: WILLIAM & BEVERLY BURKARDT FAMILY FOUNDATION NFP

**EIN:** 45-4203285

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
LIFE INSURANCE POLICIES	AT COST	160,615	160,615	

#### **TY 2014 Other Expenses Schedule**

Name: WILLIAM & BEVERLY BURKARDT FAMILY FOUNDATION NFP

**EIN:** 45-4203285

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES AND SERVICE CHARGES	151	76	75	0
INSURANCE	4,243	2,122	2,121	0
MISCELLANEOUS	206	103	103	0