

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



Form 990-PF

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

2013

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED NOV 1 3 2014

BAA For Paperwork Reduction Act Notice, see instructions.

► 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.

For calendar year 2013, or tax year beginning 2013, and ending Name of foundation Employer identification number B.J. BERTRAM FOUNDATION, 06-1188128 Number and street (or P.O box number if mail is not delivered to street address) Ħ Room/suite Telephone number (see the instructions) 50 NEWTOWN ROAD (203) 929-6371 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. C DANBURY CT 06810 Check all that apply Initial return Initial Return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust Ε If private foundation status was terminated under section 507(b)(1)(A), check here . . Fair market value of all assets at end of year Accounting method: X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part T, column (d) must be on cash basis under section 507(b)(1)(B), check here . 308,667. Part In Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see instructions).) Contributions, gifts, grants, etc. received (att sch) -2 X if the foundn is not req to att Sch B Interest on savings and temporary 6,042 6,042 Dividends and interest from securities . 4,869. 4,869. 5 a Gross rents b Net rental income 6 a Net gain/(loss) from sale of assets not on line 10 taken to the territory than 我们性心中心的"小戏"的 REVEN b Gross sales price for all assets on line 6a マンジャコン いままんかん Capital gain net income (from Part IV, line 2) 317 Net short-term capital gain . 7,317. Ü Income modifications . 10 a Gross sales less returns and allowances . . · 电影响 [1] 18 1 Care b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) . . . Sacration and a second 12 Total. Add lines 1 through 11. 10,911 18,228 7,317. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . 16 a Legal fees (atlach schedule) . . . **b**-Accounting fees (attach sch). . . 8,000. 8,000 c Other proffees (attach, sch) OPERAT 18 (Naxes (attach schedule)(see Instrs) . . Depreciation (attach (1) Occupancy..... 21 Travel) conferences, and meetings . . Printing and publications Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 8,000 8,000 25 Contributions, gifts, grants paid 26,600 26,600. Total expenses and disbursements. Add lines 24 and 25 34,600 8,000. Subtract line 26 from line 12: a Excess of revenue over expenses the state of a state and disbursements -23,689 b Net Investment income (if negative, enter -0-). . 10,228 The state of the s C Adjusted net Income (If negative, enter -0-) . . . 317.

TEEA0301 10/18/13

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

<u>312,963.</u>

6

	e the kind(s) of property sold (e.g., rese; or common stock, 200 shares ML(al estate, C Company)	(b) How as P — Purc D — Don		(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a APPLE REIT SIX			Q.		Various	05/14/13
b BRE SELECT HOTELS			ρ		05/14/13	05/16/13
C NAT. MTGE ASS. 201	0-062		P		03/04/13	Various
d FEDL HOME LN MTG	·		2		Various	Various
e See Columns (a) thru (d)						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or ((e) plus (f) mir	
a 20,182.		1	716.			466.
b 1.			1.			0.
c 846.			855.	<u> </u>		9.
d 2,167.			2,200.			33.
e See Columns (e) thru (f	n)	33	3,375.			6,893.
Complete only for assets show	ing gain in column (h) and owned by t	he foundation on 12/31/69			(f) Gains (Colu	ımn (h)
(I) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any			in miñús column (k) n -0-) or Losses (fro	
a 0.	0.		0.			466.
b			_			0.
c						-9.
d						-33.
See Columns (i) thru (ii)	0.		0.			6,893.
2 Capital gain net income or (net	capital loss) — If gain, also If (loss), en	enter in Part I, line 7 er -0- in Part I, line 7		2		7,317.
If gain, also enter in Part I, line	oss) as defined in sections 1222(5) are 8, column (c) (see instructions) If (los	s), enter -0-	ent Inc	3		7,317.
					_	
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of Yes, the foundation does not qualifulate a Enter the appropriate amount in	on 4942 tax on the distributable amou	lete this part		 	· · · []Yes	X No
Was the foundation liable for the section of the section of the foundation does not qualify	on 4942 tax on the distributable amou y under section 4940(e). Do not comp	lete this part	entries		Yes (d) Distribution r. In (b) divided by	atio
Was the foundation liable for the secti If 'Yes,' the foundation does not qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in)	on 4942 tax on the distributable amou y under section 4940(e). Do not comp each column for each year; see the in (b) Adjusted qualifying distributions	nstructions before making any (c) Net value of noncharitable-use asse	entries		(d) Distribution re	atio column (c))
Was the foundation liable for the section of Yes, the foundation does not qualifulated and the Enter the appropriate amount in (a) Base period years Calendar year (or tax year	on 4942 tax on the distributable amount of the properties of the section 4940(e). Do not complete the column for each year; see the section (b) Adjusted qualifying distributions	nstructions before making any (c) Net value of noncharitable-use asse	ts		(d) Distribution re	atio column (c)) 0.038573
Was the foundation liable for the secti If 'Yes,' the foundation does not qualif 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in)	on 4942 tax on the distributable amount of younder section 4940(e). Do not complete ach column for each year; see the interpretation of the column for each year; see the interpretation of the column for each year; see the interpretation of the column for each year; see the interpretation of the column for each year. 11,700. 12,707.	netructions before making any (c) Net value of noncharitable-use asser	, 318.		(d) Distribution re	atio column (c)) 0.038573 0.040243
Was the foundation liable for the section of Yes, the foundation does not qualifulated and the foundation does not qualifulated and the foundation of the fo	on 4942 tax on the distributable amount of younder section 4940(e). Do not complete ach column for each year; see the result of the following distributions	Net value of noncharitable-use asset	, 318. , 754.		(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518
Was the foundation liable for the section of Yes, the foundation does not qualifulate the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010	on 4942 tax on the distributable amount of younder section 4940(e). Do not complete ach column for each year; see the result of the following distributions	netructions before making any (c) Net value of noncharitable-use asser	, 318. , 754. , 932.		(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148
Was the foundation liable for the section of Yes, the foundation does not qualifulate an amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009	on 4942 tax on the distributable amount of younder section 4940(e). Do not complete ach column for each year; see the result of the following distributions	netructions before making any (c) Net value of noncharitable-use asser	, 318. , 754.		(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518
Was the foundation liable for the section of Yes, the foundation does not qualifulate and the foundation does not qualifulate and the following the foundation does not qualifulate and the foundation of the foun	on 4942 tax on the distributable among under section 4940(e). Do not compleach column for each year; see the result of the following distributions of the f	Net value of noncharitable-use assertions 303 315 327 312 310	, 318. , 754. , 932. , 197. , 987.		(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148
Was the foundation liable for the section of Yes, the foundation does not qualifulate and the foundation does not qualifulate and the following the foundation does not qualifulate and the foundation of the foun	on 4942 tax on the distributable among under section 4940(e). Do not compleach column for each year; see the management of the section of the	Net value of noncharitable-use assertions 303 315 327 312 310	, 318. , 754. , 932. , 197. , 987.	(colum	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257
Was the foundation liable for the section of Yes, the foundation does not qualifulate the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	on 4942 tax on the distributable among under section 4940(e). Do not compleach column for each year; see the result of the following distributions of the f	netructions before making any (c) Net value of noncharitable-use asser 303 315 327 312 310 on line 2 by 5, or by the lears	, 318. , 754. , 932. , 197. , 987.	(colum	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257
Was the foundation liable for the section of Yes, the foundation does not qualifulate the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation of the column of the co	on 4942 tax on the distributable among under section 4940(e). Do not compleach column for each year; see the reach column for each year; see the reach distributions 11,700. 12,707. 23,125. 9,100. 19,050.	Net value of noncharitable-use assertions and the structions before making any (c) Net value of noncharitable-use assertion and the struction and the struc	, 318. , 754. , 932. , 197. , 987.	(colum	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257 0.239739 0.047948
Was the foundation liable for the section of Yes, the foundation does not qualifulate an amount in the section of the section	on 4942 tax on the distributable among under section 4940(e). Do not complete each column for each year; see the reach year year year year year year year year	Net value of noncharitable-use asset 303 315 327 312 310 on line 2 by 5, or by the lars	, 318. , 318. , 754. , 932. , 197. , 987.	2 3	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257 0.239739 0.047948 304,138.
Was the foundation liable for the section of Yes, the foundation does not qualifulate an amount in the section of the section	on 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year; see the reach column for each year; see the reach distributions 11,700. 12,707. 23,125. 9,100. 19,050.	Net value of noncharitable-use asset 303 315 327 312 310 on line 2 by 5, or by the lars	rentries ts , 318. , 754. , 932. , 197. , 987.	2 3 4 5	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257 0.239739 0.047948 304,138.
Was the foundation liable for the section of Yes, the foundation does not qualifulate an amount in the Enter the appropriate amount in Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	on 4942 tax on the distributable among under section 4940(e). Do not complete each column for each year; see the reach year; see the reach year; see the reach year; see the reach year, see the reach year, 700. 11,700. 12,707. 23,125. 9,100. 19,050.	netructions before making any (c) Net value of noncharitable-use asser 303 315 327 312 310 on line 2 by 5, or by the lears	rentries 1s , 318. , 754. , 932. , 197. , 987.	(colum 2 3 4 5 6	(d) Distribution re	atio column (c)) 0.038573 0.040243 0.070518 0.029148 0.061257 0.239739 0.047948 304,138. 14,583.

	Excise Tax Based on Investment Income (Section 4940(a), 49	940(b),	4940(e), or 4948 — s	ee inst	ruction	18)		
1	a Exempl operating foundations described in section 4940(d)(2), check here I and enter	'N/A' on li	ne 1.					
	Date of ruling or determination letter. (attach copy of letter if necessa	ry – se	e instrs)	ł	1			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,		-	1	1			102.
	check here . ► X 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, lin							
. 2	foundations only. Others enter -0-)							0.
3	Add lines 1 and 2			. 3				102.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	nly. Oth	ers enter -0-)	. 4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -	0		. 5				102.
6	Credits/Payments.			245	1000		terrory	95 - 49 - 7 4.23 - 188 - 188
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013	6 a	121		House			
	b Exempt foreign organizations — tax withheld at source	6 b						
	c Tax paid with application for extension of time to file (Form 8868)	6 c	400					Alexandra 1
	d Backup withholding erroneously withheld	6 d			- 27 11			
7	Total credits and payments. Add lines 6a through 6d			. 7		A14.75.71	للسنتكينية	521.
8			tached		1			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			- 9	 			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			- 10	1			419.
11	· · · · · · · · · · · · · · · · · · ·	119.	Refunded	► 11	 			• • • •
	rt.VII-A Statements Regarding Activities							
						***	Yes	No
1	During the lax year, did the foundation attempt to influence any national, state, or loca participate or intervene in any political campaign?		· · · · · · · · · · · · · · · ·			1 a		Х
	b Did it spend more than \$100 during the year (either directly or indirectly) for political pi (see the instructions for definition)?					1 b		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and cop or distributed by the foundation in connection with the activities	nes of a	ny materials publishe	d		***	N. C.	The same
	© Did the foundation file Form 1120-POL for this year?				}	1 c	-	· ·
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during				!	No.		X
	(1) On the foundation \$\ \bigs \\$	gers .	▶\$		Ì	Sim V.		
•	Enter the reimbursement (if any) paid by the foundation during the year for political exponential exp	penditui	re tax imposed on				Partie	
2	Has the foundation engaged in any activities that have not previously been reported to	the IRS	8?		٠٠٠[2		Х
	If 'Yes,' attach a detailed description of the activities				Γ	Same	DY4.058	- 31
3	Has the foundation made any changes, not previously reported to the IRS, in its governor incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed co	ning ins	trument, articles		<u> </u>	3		X
4 :	Did the foundation have unrelated business gross income of \$1,000 or more during the		-			4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	-			<u> </u>	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If 'Yes,' attach the statement required by General Instruction T				3	STATE OF	పైప్రకట్	35.00
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ed eithe	r·					
	By language in the governing instrument, or	Ja 011.10	•]]			
	By state legislation that effectively amends the governing instrument so that no mand with the state law remain in the governing instrument?	datory d	irections that conflict					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, co				<u>, </u>	7	X	
	• • • • • • • • • • • • • • • • • • • •						X 関係で	Mr. Marker
0 2	Enter the states to which the foundation reports or with which it is registered (see instru	actions)			- -	1.331	a de maria	25. J
t	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	al			- -	8 b	;;;_;;	
							X FANCE	
9	Is the foundation claiming status as a private operating foundation within the meaning of for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part 2).	of section XIV)? If	on 4942(j)(3) or 4942('Yes,' complete Part	j)(5) XIV .	ļ_	9		X
10	Did any persons become substantial contributors during the tax year? If Yes,' attach a and addresses	schedu · · · ·	le listing their names	. <u></u>		10		_X_
BAA						n 990	-PF (2	2013)

	1990-PF (2013) B.J. BERTRAM FOUNDATION, INC. 06-1186	3128		age
123	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		<u> </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		- ,
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address			- x
14	Website address	3) 92	9-63	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?			No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country		444	Mar.
Pâ	tivil:Bal 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.	777770	Yes	No
1 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?			
	(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 X No.	375 60 600	4.5	ACHT.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No.	. Academic 2		
	(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)?		-1	3,87
	(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)			
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	1000	
	Organizations relying on a current notice regarding disaster assistance check here		(A)	dest.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	. 1 c		_X
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?			13.10
	If 'Yes,' list the years 20, 20, 20			
	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.)	. 2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20			4
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	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)			X
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a		х
	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	3.4° -	X X
BAA	· · · · · · · · · · · · · · · · · · ·	orm 990	-PF (20	

Form 990-PF (2013) B.J. BERTRAM FOUN	NDATION, INC.	7700 May 5 - 5 -	06-11	.88128 Page
5 a During the year did the foundation pay or incur		m 4/20 May Be Re	quirea (continuea)	
(1) Carry on propaganda, or otherwise attempt	•	section 4945(e))?	Yes	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registrati	on drive? `			No
(3) Provide a grant to an individual for travel, s	tudy, or other similar purp	ooses?	· · · · · · Yes	No No
(4) Provide a grant to an organization other that in section 509(a)(1), (2), or (3), or section 4	an a charitable, etc, organ 940(d)(2)? (see instruction	nization described ons)	Yes	No No
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, charitable, scientific, lit of cruelty to children or a	erary, or animals?	Yes [x	No No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	a current notice regarding	n disaster assistance		5 b X
Organizations relying on a current notice regard				
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsi	e foundation claim exemp	otion from the	Yes [>	No .
If 'Yes,' attach the statement required by Regula	·	•		
6 a Did the foundation, during the year, receive any on a personal benefit contract?	• • • • • • • • • • • • •			No Salas
b Did the foundation, during the year, pay premiute If 'Yes' to 6b. file Form 8870.	ms, airectly or indirectly, (on a personal benefit cor	ntract?	· · · · 6b X
7 a At any time during the tax year, was the foundat	tion a party to a prohibite	d tax shelter transaction?	Yes X	No No
b If 'Yes,' did the foundation receive any proceeds	or have any net income	attributable to the transa	ction?	7 Ь
Part VIII Information About Officers, Danie and Contractors	Directors, Trustees,	, Foundation Mana	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	-,	,		-
(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
BARRY J. BERTRAM	DDEG (DID			
B BRIDGEWATER CT 06752	PRES./DIR. 2.00	. 0.	0.	0.
FOUAD_MHASSAN_ 111 DEEPWOOD_DRIVE	V.P./DIR.			
GUILFORD CT 06437	2.00	0.	0.	0.
REX E. GUSTAFSON	TREAS./DIR.			
RIDGEFIELD CT 06877	2.00	0.	0.	0.
2 Compensation of five highest-paid employee	s (other than those incl	luded on line 1 – see ir	structions). If none, er	nter 'NONE.'
(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			compensation	
			ļ	
			Ì	
		-		
				
otal number of other employees paid over \$50,000 .	TEEA0306 07/1			None Form 990-PF (2013)

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (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	
	
	ļ
	
	ļ
	
	<u> </u>
	ļ
Total number of others receiving over \$50,000 for professional services	None
Partix A Summary of Direct Charitable Activities	
	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
	•
Partix Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	Amount
'	
2	
All other program related investments. Con instructions	
All other program-related investments. See instructions.	
`	
otal. Add lines 1 through 3	
IAA	Form 990-PF (2013)

06-1188128

Page 7

Form 990-PF (2013) B.J. BERTRAM FOUNDATION, INC.

Form 990-PF (2013) B.J. BERTRAM FOUNDATION, INC.

06-1188128

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

		_
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
Average monthly fair market value of securities	1 a	260,223
b Average of monthly cash balances		48,547
C Fair market value of all other assets (see Instructions)		
d Total (add lines 1a, b, and c)	1 d	308,770.
Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	308,770.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	4,632.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	304,138.
6 Minimum Investment return. Enter 5% of line 5		15,207.
PartiXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		ions
and certain foreign organizations check here Pand do not complete this part.)		
1 Minimum Investment return from Part X, line 6	1	15,207.
2a Tax on investment income for 2013 from Part VI, line 5		
b Income tax for 2013. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	102.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	15,105.
4 Recovenes of amounts treated as qualifying distributions		13,103.
5 Add lines 3 and 4		15,105.
6 Deduction from distributable amount (see instructions)		13/103.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		15,105.
		15,105.
PartXIII Qualifying Distributions (see instructions)		
1 'Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	26,600.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific chantable projects that satisfy the		· ·
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	26,600.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	102.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,498.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.	ındatıon	

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 · · · · · · · · · · · · · · · · · ·				<u>=</u> 15,105.
2	Undistributed income, if any, as of the end of 2013:		"为时间的"	K. K. Sandill	AND THE PROPERTY OF
	Enter amount for 2012 only	THE PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF	स्टिन्स्ट्रेस्ट्रिक्ट्या राजाहित्रकार	3,159.	なからない ないない かんかんかん
- 1	b Total for prior years 20, 20, 20			, ,,	- 1 3 mar 2 mar
3	Excess distributions carryover, if any, to 2013	And Margar with the Anti-		v	n har
	From 2008 6, 829.	Tank Berling a dera sinne w:			
	b From 2009]			
	From 2010				
	d From 2011] ,			i
	From 2012 11, 700.		,		- 1
	Total of lines 3a through e	63,586.	Just ph. VM.	, 4 4	41 14 1 1 1 1
4	Qualifying distributions for 2013 from Part	STATE OF THE	THE STATE OF THE	TERRETAR	
	XII, line 4: \$ 26,600. Applied to 2012, but not more than line 2a		A TANK THE PARTY	wer the sail think a real walls	
•	Applied to 2012, but not more than line 2a			क्षिक्ष सम्बद्धाः स्टब्स्ट स्टब्स्	
1	Applied to undistributed income of prior years (Election required — see instructions)			41 10 10	
(: Treated as distributions out of corpus (Election required — see instructions)		-	· .	,
	Applied to 2013 distributable amount	species of the contraction of the species of the sp	e e paks ett trett bet t	PACAGE	
•	Remaining amount distributed out of corpus	26,600.	THE RESERVE THE SECOND	Spirit Hall a P. Se	A STATE OF THE STA
5	Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))		0		
6	Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5	90,186.			
	•	90,100.			
	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
C	Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount – see instructions		0.	表现实的形	
е	Undistributed income for 2012 Subtract line 4a from	Mind The State of the second	v , %		ואורגלים אוניון (
	line 2a Taxable amount — see instructions	Carlot att att		3,159.	
f	Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be	A STATE OF THE STATE OF	The state of the s	ANTONIA PARTIMENTALIS . THE CALL AND A THE CALL AND	
	distributed in 2014	The same bear again the contract of	a and the second of the second	के पर ने कार विकास के अपने के किया है हैं है	15,105.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	6,829.			!
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	83,357.			
10	Analysis of line 9				1
а	Excess from 2009 9, 100.				· · · · · · · · · · · · · · · · · · ·
b	Excess from 2010		· -		. * "
C	Excess from 2011 12,707.	, , , , , ,	. ,	, ,	
d	Excess from 2012 11,700.	į			`.,
е	Excess from 2013 26, 600.	,,			}

Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2013, enter the date of the ruli	ermination letter tha ng	t it is a private opera	ating toundation, and t	ne ruiing	
b Check box to indicate whether the foundation	is a private operati	ng foundation descr	ribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
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					10 · · · · · · · · · · · · · · · · · · ·
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter.			1		
(1) Value of all assets	·		<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) · · · · · · · · ·					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information (assets at any time during the	Complete this year – see ins	part only if the structions.)	foundation had	\$5,000 or more i	n
I Information Regarding Foundation Manage					
a List any managers of the foundation who have close of any tax year (but only if they have cor	contributed more than	nan 2% of the total o	contributions received	by the foundation bef	ore the
NONE		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b List any managers of the foundation who own	10% or more of the	stock of a corporati	on (or an equally large	portion of the owner	ship of
a partnership or other entity) of which the foun	dation has a 10% of	r greater interest.		•	•
NONE					
Information Regarding Contribution, Grant, Check here ☐ if the foundation only mak requests for funds. If the foundation makes gift complete items 2a, b, c, and d.	es contributions to p	reselected charitab	le organizations and d		
a The name, address, and telephone number or	e-mail of the persor	to whom application	ons should be address	ed [,]	
BARRY J. BERTRAM FOUNDATION	, INC.				
50 NEWTOWN ROAD					
DANBURY	CT 06810		3) 748-5100		
b The form in which applications should be subm NO SPECIAL FORMS	iillea ano informatio	n and materials the	y snoula include:		
c Any submission deadlines					
NO DEADLINES					
d Any restrictions or limitations on awards, such		•	,	s, or other factors	
NO RESTRICTIONS IF GOVERNMEN	NT REQUIREME	NTS ARE MET			

3 Grants and Contributions Pa	id During the \			nt	· · · · · · · · · · · · · · · · · · ·
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or b	business)	substantial contributor	recipient		<u> </u>
a Paid during the year					1
CATO INSTITUTE		1	50. (0) (3)	EDUCATIONAL	}
1000 MASS. AVE., NW	50 0000	N/A	501 (C) (3)		5 400
WASHINGTON	DC 2000	1			5,400.
PROMISEK PO BOX 402			[Į.	[
BRIDGEWATER	CT 0675	2 N/A	501 (C) (3)	EDUCATIONAL	3,000.
BRIDGEWATER LIBRARY AS		117.11	301 (0, (3)	Boochitonni	3,000.
62 MAIN ST S				j	
BRIDGEWATER	CT 0675	2 N/A	501 (C) (3)	EDUCATIONAL	500.
MARQUETTE		ļ		ļ	
1250 W. Wisconsin Ave.					
Milwaukee	WI 5323	3 N/A	501 (C) (3)	EDUCATIONAL	10,000.
CT INSTITUTE FOR COMMU				İ	
57 North St Suites 30			}		ļ
DANBURY	CT 06810) N/A	501 (C) (3)	EDUCATIONAL	500.
BRIDGEWATER SCHOLARSHI	P FUND				j
BOX	om 0675) ht (n	503 (0) (3)	nnua ma com a	500
BRIDGEWATER Western Connecticut State	CT 06752		501 (C) (3)	EDUCATIONAL	500.
181 White Street	e outsetsic	Y	<u> </u>	1	1
DANBURY	CT 06810	N/A	501 (C) (3)	EDUCATIONAL	1,000.
ST JUDE	01 00010	/ J /		BBOOKITOWAL	1,000.
262 Danny Thomas Place					
Memphis	TN 38105	N/A	501 (C) (3)	EDUCATIONAL	400.
HACKERSPACE					
158 MAIN STREET	-	į į			
DANBURY	CT 06810	N/A	501 (C) (3)	EDUCATIONAL	5,000.
See Line 3a statement					
					200
					300.
Total	. <u> </u>	·			26,600.
b Approved for future payment					
			j		
		1	}	i	
			1		
			}	Ì	
			}		
]			
		1			
		1		1	
		1	1	İ	
		1	ŀ		
				Ì	
Total		· , , , , , , , , , , , , , , , , , , ,		3b	

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.			Unrelated business income			ed by section 512, 513, or 514	4.		
1		ram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)		
	8								
	ь				T				
	c ——								
	d		† 	 			 		
	е								
	<u>, —</u>		 	 	 		 		
	g Fees	and contracts from government agencies	 		 				
		bership dues and assessments		 	 				
3		st on savings and temporary cash investments	900001	6,042.	}				
4		ends and interest from securities	900001	 	ļ · · · · · ·				
5				her little like the view.	11 25 0121	T. L. Chiones and	8 - 8 6 1 1 1 2 2 1 1 m		
		financed property	**************************************	3) A management of the management of the	and Hamilton	at the control of the control of the state o	* 60 /2 19 4 41 V (21 , 17		
		lebt-financed property	<u> </u>		 				
6		ntal income or (loss) from personal property			 				
7		r investment income	ļ	-	├		<u> </u>		
8		r (loss) from sales of assets other than inventory			 				
-		- '	<u></u>						
9		ncome or (loss) from special events							
10		s profit or (loss) from sales of inventory	OF NO PERSONS ASSESSMENT		Linkson state				
11		revenue:	**************************************	GENCHALISMY TALK	松水湖		A STATE OF THE STA		
	•								
_					 		<u> </u>		
	?								
(¹				ļ				
									
12	Subto	otal Add columns (b), (d), and (e)		10,911.	نــــا				
				• • • • • • • • • • • • • • • • • • • •		13	10,911.		
See	works	heet in line 13 instructions to verify calculations.	.)				_ 		
Päi	ťXVI	Relationship of Activities to the	Accomp	lishment of Exemp	t Purp	oses			
					· · · · · ·				
	e No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt pu	me is reporti irposes (othe	ed in column (e) of Part / er than by providing fund:	AVI-A CO S for SUC	ntributed importantly to t th purposes). (See instru	ne ctions.)		
									
									
									
									
									
									
		·		<u> </u>					
				 					
		·							
			···						
]								
]								
]	- :							
									
			-						
									
							· · · · · · · · · · · · · · · · · · ·		

Form 990-PF (2013) B.J. BERTRAM FOUNDATION, INC. 06-1188128 Transcard Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										·	Yes	No
1	Did the	organization directed in section 501(c	tly or indirectly en	ngage in any of the	o following with an	ny other or	rganization					
,	relating	to political organiz	zations?	no man socion o	o r(c)(o) organiza	uona) or a	11 8000011 327,	-		į	į	
a	Transfe	ers from the reporti	ng foundation to a	a noncharitable ex	empt organization	n of:		-				
((1) Ca	sh						··		1 a (1)	i	Х
((2) Oth	ner assets								1 a (2)		х
b	Other ti	ransactions:									7	
1	(1) Sal	es of assets to a n	oncharitable exer	mpt organization.						1 b (1)		Х
		rchases of assets f		-								Х
i	 (3) Rei	ntal of facilities, eq	uipment, or other	assets						1 b (3)		X
		Imbursement arran									-	X
		ans or loan guarant	-							1 b (5)		- <u>:</u>
		formance of service										$\frac{x}{x}$
		of facilities, equip		_						1 c		X
•	O I I G I I I I I	or radiillos, equip	mont, maining nou	5, 011101 450015, 01	paid ciripidyous.							
d i	f the ar	nswer to any of the ds, other assets, o	above is Yes, c	omplete the follow	ing schedule. Col	umn (b) s	hould always	show the fair	market v	alue of		
t	ine goo anv trar	gs, other assets, o isaction or sharing	r services given b arrangement, sh	y the reporting to: ow in column (d) t	undation. It the fol he value of the go	undation i cods. othe	received less ti er assets, or se	nan fair mark irvices recelv	ret value i red.	n		
(a) Lin		(b) Amount involve		of noncharitable exe			Description of tra			haring arrang	ements	
`						 ``						
	-+					 						
	-+			······································		 						
						 						
	-+					 						
		- 				 			·			
						 						
						├						
						} -						
	 -					ļ						
						 						
							 					
						ļ						
						<u> </u>						
												
						<u> </u>	<u>.</u>					
2 a ls	s the fo	undation directly or	r indirectly affiliate	ed with, or related	to, one or more ta	exemp	t organizations	;		_	_	
d	escribe	ed in section 501(c)	of the Code (oth	er than section 50	1(c)(3)) or in sect	ion 527?				· Yes	×Ν	10
b if		complete the follow		· · · · · · · · · · · · · · · · · · ·								
	(a) Name of organiza	ation	(b) Type	of organization		(c) Description	of relation	nship		
				<u> </u>								
				<u> </u>								
				,/								
	Under p	enalties of perjury, I deof and complete Declaration	are that I have examine	d this return, including	accompanying schedule	s and stater	nents, and to the be	st of my knowle	dge and belie	ef, it is true,		
31 <i></i> -	wrect,	and complete Declaration	on or preparer tother the	an taxpayer) is Dased Of	all information of whic	n preparer h	es any knowledge				C dl==	
Sign	ļ		V.//			//				May the IR this return		
lere	l		Aller		1//6//		RECTOR			preparer sh (see instruc		,w
	Signa	ture of officer or trustee			Date	Title					68	No
		Print/Type preparer's n	name ,	Preparer's	ignatur 7	/ []	Date	Check	of F	PTIN		
Paid		Michael W	Hassan	1 heh	ral (). H	aller	11/03/14	self-emplo	yed I	2007402	236	
repa	rer	Firm's name	RITCH GREE	ENBERG AND	HASSAN			Firm's EIN	06-10			
Jse O		Firm's address			466							
	·J	1	SHELTON		C	T 064	84-0466	Phone no	(203)	929-6	371	
BAA		·						<u> </u>		Form 990-		13)
											- , ,~-0	,

Form 990-PF, Page 2, Part III, Line 3
Other Increases Stmt

NON-DIVIDEND DISTRIBUTIONS	2,783.
EXEMPT INTEREST	1.
CAPITAL GAINS FROM PART 1, LINE 7b	7,316.
Total	10,100.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
FEDL HOME LN MTG	P	Various	Various
FEDL HOME LN MTG	P	Various	Various
NAT. MTGE ASS. 2010-138	P	Various	Various
LINN ENERGY	P	Various	04/22/13
TESLA	P	Various	05/23/13
AMER AIR	P	Various	12/13/13

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
5,049. 3,268. 13,387. 3,849. 14,690. 25.		5,049. 3,268. 13,387. 3,887. 7,782.	0. 0. 0. -38. 6,908. 23.
Total		33,375.	6,893.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (i)

Complete only for asset by the foundation on 12	ts showing gain in column (l 2/31/69	h) and owned	(I) Gains (column (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))
			0. 0. 0.
σ.	0.	0.	-38. 6,908.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (i)

Continued

omplete only for assets the foundation on 12/	s showing gain in column (31/69	(h) and owned	(I) Gains (column (h)
(I) Fair Market Value as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))
0.	0.	0.	23.
Total	0.	0.	6,893.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year SCHOLAR EDGE M DANBURY CT 06810	N/A	 501 (C) (3)	EDUCATIONAL	Person or Business 200.
ERIC N WELLMAN SCHOLARSHIP 181 White Street DANBURY CT 06810	 N/A	501 (C) (3)	EDUCATIONAL	Person or Business 100.

Total

____300.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
VUSAQ	32,190.	0.		
APPLE REIT SEVEN	38,592.	41,905.		
APPLE REIT NINE	49,143.	51,255.		
BRE HOTELS	3,454.	3,454.		
FEDERAL HOME LOAN MTGE CORP	71,785.	75,865.		
GOV. NAT. MTGE ASS.	2,616.	2,560.		
GOV. NAT. MTGE ASS. 2010-138	8,356.	8,100.		
GOV. NAT. MTGE ASS. 2003-58	3,971.	4,392.		
FEDERAL HOME LOAN MTGE CORP SER. 2868	7,721.	8,227.		
GOV. NAT. MTGE ASS. 2004-34	. 11,005.	12,551.		
AMERICAN AIRLINES	20,552.	35,274.		

06-1188128

3

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

Continued

-	End of	f Year
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value
AT&T -	12,558.	14,064.
Total	261,943.	257,647.

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

Do not con Electronic corporation request an Associated	re filing for an Additional (Not Automatic) 3-Mon inplete Part II unless you have already been grant filing (e-file). You can electronically file Form 886; required to file Form 990-T), or an additional (not a extension of time to file any of the forms listed in P With Certain Personal Benefit Contracts, which mu ling of this form, visit www.irs.gov/efile and click on	ed an autom B if you need automatic) 3- art I or Part Ii ast be sent to	atic 3-month extention on a previously in a 3-month automatic extension of time. You can elect in with the exception of Form 8870, Inform the IRS in paper format (see instruction)	filed For to file (ronically mation	m 8868. 6 months for a y file Form 886 Return for Tra	8 to rsfers
. धार्याः च	Automatic 3-Month Extension of Tim	e. Only su	ibmit original (no copies neede	d).		
A corporation	on required to file Form 990-T and requesting an au	utomatic 6-m	onth extension — check this box and co	mplete	Part I only .	. • [
	porations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to request a	n exten	sion of time to	file
income tax	relums		Enter filer's id	lentifyir	na number, se	e instructions
	Name of exempt organization or other filer, see instructions			<u>-</u> _		on number (EIN) or
Type or				1		
print	B.J. BERTRAM FOUNDATION, INC.			la	6-1188128	1
File by the	Number, street, and room or suite number. If a P.O. box, see in:				ocial security numb	
lue date for lling your	50 NEWTOWN ROAD,			- [
eturn See	City, town or post office state, and ZIP code For a foreign address	ss see instruction	ons			
nstructions	DANBURY				CT 06	310
Enter the Re	tum code for the return that this application is for (file a separat	e application for each return)	· · · ·		04
Application s For		Return Code	Application Is For			Return Code
	Form 990-EZ	01	Form 990-T (corporation)			
orm 990-BL		02	Form 1041-A			07
orm 4720 (ı		03	Form 4720 (other than individual)			08
orm 990-PF		04	Form 5227			10
	section 401(a) or 408(a) trust)	05	Form 6069			11
	trust other than above)	06	Form 8870			12
Telephon	® No. ► <u>(203) _929-6371</u>	Fax No.	tod States, shock this boy	_		. . .
) If the orga	inization does not have an office or place of busine	ess in the Uni	ted States, check this box			L.J
oback thir	or a Group Return, enter the organization's four dig	it Group Exe	mption Number (GEN)	If this i	s for the whole	
		CK this box.	and attach a list with the ha	ames ar	nd EINS OF all n	iembers
the extens	t an automatic 3-month (6 months for a corporation	required to	file Form (900 T) extension of time			
until <u>A</u> The exter ► X	\underline{ug} $\underline{15}$, 20 $\underline{14}$, to file the exempt organishis for the organization's return for: calendar year 20 $\underline{13}$ or	ization return	for the organization named above.			
	tax year beginning , 20					
$\overline{}$	year entered in line 1 is for less than 12 months, onge in accounting period	theck reason	Initial return	inal ret	um	
a If this ap	plication is for Forms 990-BL, 990-PF, 990-T, 4720 dable credits. See instructions), or 6069, en	ter the tentative tax, less any	. 34	3 \$	521.
	-linetian in to- E 000 DE 000 ± 4700 0000	. enter anv r	efundable credits and estimated	- [1	
	olication is for Forms 990-PF, 990-T, 4720, or 6069 ents made Include any prior year overpayment all			3 8	\$	121.

: and it	are filing for an Automatic 3-Month Extension, c Additional (Not Automatic) 3-Mont			idinal (no conies poedo	<u>, </u>
بالحراث	Additional (Not Automatic) 3-Mont	II EXTANSION		filer's identifying number, s	
	Name of exempt organization or other filer, see instructions		Enter	Employer Identification number	
				-	- (2) -
Type or print	B.J. BERTRAM FOUNDATION, INC		-	06 1188138	
print	Number, street, and room or suite number if a P O box, see in			06~1188128 Social security number (SSN)	 .
File by the extended					
due date for	50 NEWTOWN ROAD,				
filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign additional code in the code	ress see instruction	B		
	DANBURY	CT 0	6810		
	15111150112	<u>~</u>			
Enter the F	Return code for the return that this application is fo	r (file a separat	te application for each return).		04
		· 	···		
Applicatio	on .	Return Code	Application Is For		Return Code
Form 990 c	or Form 990-EZ	01			
Form 990-6	BL	02	Form 1041-A		08
orm 4720	(individual)	03	Form 4720 (other than individ	ual)	09
Form 990-F	PF	04	Form 5227		10
orm 990-1	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	T		1
• The boo	not complete Part II If you were not already gra oks are in care of ► FOUAD M. HASSAN, _ one No ► (203) 929-6371	TRUSTEE Fax No			12
• The boo Telepho • If the or	not complete Part II If you were not already graces of the FOUAD M. HASSAN, one No 1203) 929-6371 ganization does not have an office or place of bust for a Group Return, enter the organization's four of	TRUSTEE Fax No Incess in the Unidigit Group Exe	natic 3-month extension on a particular states, check this box	 	s is for the
The book Telepho If the or If this is whole group members the	not complete Part II if you were not already graces of the FOUAD M. HASSAN, one No (203) 929-6371 ganization does not have an office or place of bust for a Group Return, enter the organization's four one check this box If it is for part of the extension is for	TRUSTEE Fax No Piness in the Unidigit Group Execution	natic 3-month extension on a particle of States, check this box mption Number (GEN) his box ▶ □ and attach a lis	 	s is for the
The book Telepho If the or If this is whole group members th	not complete Part II if you were not already grace of the FOUAD M. HASSAN, one No (203) 929-6371 ganization does not have an office or place of bustor a Group Return, enter the organization's four one check this box If it is for part of the extension is for	TRUSTEE Fax No Finess in the Unidigit Group Exergioup, check the	natic 3-month extension on a particle of States, check this box mption Number (GEN) his box ► □ and attach a lis	If this st with the names and EINs of	s is for the
The book Telepho If the or If this is Inhole group Inembers th I require For ca	not complete Part II if you were not already grace of the policy of the	TRUSTEE Fax No Incess in the United Group Exe group, check the Nov 17	natic 3-month extension on a particle of States, check this box	of this st with the names and EINs of the second se	s is for the
The book Telepho If the or If this is Indicated the description If the	not complete Part II if you were not already grace of the proof of the proof of the proof of the proof of the extension is for a Group Return, enter the organization's four of the extension is for the extension is for the proof of the extension is for the proof of the proof of the extension is for the extension is for the proof of the extension is for the extension is for the proof of the extension is for the proof of the proof of the proof of the extension is for the proof of the	TRUSTEE Fax No Incess in the United Group Exe group, check the Nov 17	natic 3-month extension on a particle of States, check this box Inted States, check this box Interpretation Number (GEN) Interpretation and attach a list a	If this st with the names and EINs of	s is for the
The book Telepho If the or If this is whole group members th I reques For ca If the t	not complete Part II if you were not already graces of the polynomial process of the polynomial	TRUSTEE Fax No Finess in the Unidigit Group Exergroup, check the Nov 17 mg	natic 3-month extension on a particle States, check this box mption Number (GEN) his box > and attach a lis	If this st with the names and EINs of the standard standa	s is for the
• The book Telephot • If the or • If this is whole group nembers th 4 I requent 5 For ca 6 If the t	not complete Part II if you were not already grace of the policy of the	TRUSTEE Fax No Finess in the Unidigit Group Exergroup, check the Nov 17 mg	natic 3-month extension on a particle of States, check this box	If this st with the names and EINs of the standard standa	s is for the
• The book Telephot • If the or • If this is whole group nembers th 4 I requent 5 For ca 6 If the t	not complete Part II if you were not already graces of the polynomial process of the polynomial	TRUSTEE Fax No Finess in the Unidigit Group Exergroup, check the Nov 17 mg	natic 3-month extension on a particle States, check this box mption Number (GEN) his box > and attach a lis	If this st with the names and EINs of the standard standa	s is for the
• The box Telepho • If the or • If this is whole group nembers th 4 I reque 5 For ca 6 If the t	not complete Part II if you were not already grace of the policy of the	TRUSTEE Fax No Incess in the United Group Execution of the Control	natic 3-month extension on a particle States, check this box Inted States, check this box Inter the tentative tax, less any	If this st with the names and EINs of state of the state	s is for the
The book Telepho If the or If this is The book If this is The proup Tembers th I require The color The book Telepho Telepho The book Telepho	oks are in care of FOUAD M. HASSAN, one No (203) 929-6371 ganization does not have an office or place of buston of Group Return, enter the organization's four of the concept of the extension is for a distinct of the extension is for the extension of time until elendar year 2013, or other tax year beginning ax year entered in line 5 is for less than 12 months thange in accounting period in detail why you need the extension we are ancial institution. Tax peplication is for Forms 990-BL, 990-PF, 990-T, 4720, or 60 years and include any prior year overpayments made. Include any prior year overpayments	TRUSTEE Fax No Finess in the United group, check the Nov 17 ag s, check reason re waltin	ited States, check this box. Inted States, check this box. Imption Number (GEN) Inter the tentative tax, less any refundable credits and estimated redit and any amount paid	If this st with the names and EINs of state with the names and EIN	s is for the all
• The box Telepho • If the or • If this is whole group nembers th 4 I reque 5 For ca 6 If the t	not complete Part II If you were not already gradules are in care of FOUAD M. HASSAN, Done No (203) 929-6371 ganization does not have an office or place of busing for a Group Return, enter the organization's four objects that so if it is for part of the extension is for less than 12 months are year entered in line 5	TRUSTEE Fax No Incess in the United Group Exe group, check the Nov 17 mg s, check reason re waltin 720, or 6069, enter any re allowed as a compayment with the	natic 3-month extension on a particle of States, check this box. Inted States, check this box. Implies (GEN) Interpretation of the control	If this st with the names and EINs of state with the names and EIN	s is for the
• The box Telepho • If the or • If this is whole group nembers th 4 I reque 5 For ca 6 If the t	oks are in care of FOUAD M. HASSAN, gan No FOUAD M. HA	TRUSTEE Fax No Finess in the Unit digit Group Exerging Group, check the Nov 17 mg s, check reason re walting 720, or 6069, er allowed as a compayment with the instructions.	natic 3-month extension on a particle of States, check this box. Interpretation of the tentative tax, less any refundable credits and estimated this form, if required, by using	If this st with the names and EINs of some a second	521.
• The box Telepho • If the or • If this is whole group nembers th 4 I reque 5 For ca 6 If the t	oks are in care of FOUAD M. HASSAN, gan No FOUAD M. HA	TRUSTEE Fax No Finess in the Unidigit Group Execution Truster Fax No Finess in the Unidigit Group Execution Fax Nov 17 and Fax Nov 17 and Fax Nov 17 and Fax Nov 17 and Fax Nov 17 and Fax Nov 17 and Fax Nov 17 and Fax Nov 18 and Fax	ited States, check this box. mption Number (GEN) his box and attach a list 20 14 20 and ending Initial return Inter the tentative tax, less any refundable credits and estimated and any amount paid his form, if required, by using t be completed for Part I	If this st with the names and EINs of state with the names and EIN	521.
• The box Telepho • If the or • If this is whole group nembers th 4 I reque 5 For ca 6 If the t	oks are in care of FOUAD M. HASSAN, one No (203) 929-6371 ganization does not have an office or place of busifor a Group Return, enter the organization's four objects this box If it is for part of the extension is for est an additional 3-month extension of time until elendar year 2013, or other tax year beginning ax year entered in line 5 is for less than 12 months thange in accounting period in detail why you need the extension We a marcial institution. application is for Forms 990-BL, 990-PF, 990-T, 47 and able credits. See instructions. application is for Forms 990-PF, 990-T, 4720, or 60 years made. Include any prior year overpayment usly with Form 8868. Signature and Verifical or periory, I declare that I have examined this form, including accomplication is for periory. I declare that I have examined this form, including accomplication is for periory.	TRUSTEE Fax No Finess in the United group, check the group, check the Nov 17 mg s, check reason re waltin 720, or 6069, enter any reallowed as a companying schedules appanying schedules	ited States, check this box. mption Number (GEN) his box and attach a list 20 14 20 and ending Initial return Inter the tentative tax, less any refundable credits and estimated and any amount paid his form, if required, by using t be completed for Part I	If this st with the names and EINs of state with the names and EIN	521.