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**Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

For	aleni	dar year 2015 or tax year beginning DEC	23, 2015	, and en	ding	SEP 30, 2016	
Nan	ne of	foundation	<del></del>			A Employer identification	number
B	ERN	MEL FAMILY FOUNDATION				81-3483530	
Nurr	ber ar	d street (or P O box number if mail is not delivered to street	address)		Room/suite	<b>B</b> Telephone number	
2	37	OLD FARMS ROAD				860.651.93	343
		wn, state or province, country, and ZIP or foreign po SBURY, CT 06070	ostal code			C if exemption application is p	pending, check here
		all that apply X Initial return	Initial return of a fo	rmer public ch	arity	D 1. Foreign organization	s, check here
		Final return	Amended return		·		
		Address change	Name change			Foreign organizations m check here and attach c	omputation betting the 85% test,
H C	_	type of organization X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	itus was terminated
			Other taxable private founda			under section 507(b)(1	)(A), check here
		rket value of all assets at end of year   J   Accountin	•	Accru	al	F If the foundation is in a	
			ner (specify)			under section 507(b)(1	)(B), check here
<b>D</b>	* ****	237,937. (Part I, colu				4-1 A dunaha di mah	(d) Disbursements
ra	rt [	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net inv incor		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	251,508.	····	<del>., </del>	N/A	Con Basis Siny
		Check If the foundation is not required to attach Sch. B		***************************************	······································		
	3	Interest on savings and temporary cash investments	1.		1.		STATEMENT 2
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)				, , , , , , , , , , , , , , , , , , ,	
٥	6a	Net gain or (loss) from sale of assets not on line 10	<2,722.	<b>&gt;</b>	·····		STATEMENT 1
eun	b	Gross sales price for all assets on line 6a 247,937.		1.00	701	· · · · · · · · · · · · · · · · · · ·	
Revenue		Capital gain net income (from Part IV, line 2)		100	5,781.		
_	8	Net short-term capital gain			<del> </del>		- <del>    -   -   -   -   -   -   -   -   -</del>
	y 10-	Income modifications Gross sales less returns					
	_	and allowances Less Cost of goods sold	1-1	,	· · · · · · · · · · · · · · · · · · ·	,	
		Gross profit or (loss)					
		Other income			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	12	Total Add lines 1 through 11	248,787.	166	5,782.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					<u> </u>
s	15	Pension plans, employee benefits	CEIVED				
nse	1						
Expenses		Accounting fees Other professional fees Interest  Control of the professional fees Interest	16 2017 S		-		<del>                                     </del>
نۆ نۆ		Other professional fees The Interest	10 2017				
Administrative	i i						
istr	19	Depreciation and depletion	EN, UT				***************************************
E.	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
and	22	Printing and publications					
ng.	23	Other expenses STMT 3	850.	-	850.		0.
rati	24	Total operating and administrative	050		050		
Operating		expenses. Add lines 13 through 23	850. 10,000.		850.		10,000.
•		Contributions, gifts, grants paid	10,000.				10,000.
2	26	Total expenses and disbursements.	10,850.		850.		10,000.
是	27	Add lines 24 and 25 Subtract line 26 from line 12	10,030.		- 550.		10,000.
SCANTED	2	Excess of revenue over expenses and disbursements	237,937.				
ひ	b	Net investment income (if negative, enter -0-)		16	5,932.		1.6.111
S	, r	Adjusted net income (it pegative enter -0-)				N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

For	m <sup>'</sup> 99	0-PF(2015) BERMEL FAMILY FOUNDATION	J	81-3	3483530	Page 2
<u></u>		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year	
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market V	
	1	Cash - non-interest-bearing		237,937.	237,	937.
	2	Savings and temporary cash investments				
	3	Accounts receivable >				
		Less allowance for doubtful accounts				
	4	Piedges receivable ►				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less allowance for doubtful accounts				
ţ	8	Inventories for sale or use				
Assets	g	Prepaid expenses and deferred charges				
Ä	10a	Investments - U S and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation		}		
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis				<del></del>
		Less accumulated depreciation	İ	ĺ		
	15	Other assets (describe ►				
		Total assets (to be completed by all filers - see the		****		
		instructions Also, see page 1, item I)	0.	237,937.	237,	937.
	17	Accounts payable and accrued expenses		•		
	18	Grants payable		7.		
s	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jg:	21	Mortgages and other notes payable				
Ë	1	Other liabilities (describe				
		/				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
_		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted				
auc	25	Temporarily restricted				
Bal	26	Permanently restricted				
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here				
ũ	Ì	and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0.	0.		
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	237,937.		
ē	30	Total net assets or fund balances	0.	237,937.		
_						
	31	Total liabilities and net assets/fund balances	0.	237,937.		
			olonoon			
P	art	Analysis of Changes in Net Assets or Fund Ba	alances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
	(mu	st agree with end-of-year figure reported on prior year's return)		1		0.
2	Ente	r amount from Part I, line 27a		2	237,	937.
3	Othe	r increases not included in line 2 (itemize)		3_		0.
4	Add	lines 1, 2, and 3		4	237,	937.
5	Dec	reases not included in line 2 (itemize)		5_		0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6		937.
					Earm QQA_D	E /2015\

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Part IV Capital Gains a	nd Losses for Tax on Ir	vestment	Income				
	be the kind(s) of property sold (e g ehouse, or common stock, 200 sha			P-1	w acquired Purchase Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 46° SHS AETNA	<del></del>	·			D	06/15/07	08/15/16
b 58 SHS AETNA					D	02/09/09	08/15/16
c 736 SHS AETNA					D	04/25/11	
d 1090 SHS AETNA		_			D	04/25/11	
e 151 SHS AETNA			*		D	06/10/11	08/19/16
(e) Gross sales price	(f) Depreciation allowed (or allowable)	197	st or other basis expense of sale			(h) Gain or (lo (e) plus (f) mini	us (g)
a 5,495.			2,19				3,300.
b 6,928.			1,98				4,944.
g 87,917.			28,54				59,368.
d 129,638.			42,28				87,357.
e 17,959.		<u> </u>	6,14	7.			11,812.
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	cess of col (i) col (j), if any		С	of (k), but not less t Losses (from co	
3							3,300.
b							4,944.
С							59,368.
d							87,357.
e					· · · · · · · · · · · · · · · · · · ·		11,812.
2 Capital gain net income or (net cap	oital loss) { If gain, also enter-0			}	2		166,781.
3 Net short-term capital gain or (loss	• • •						
If gain, also enter in Part I, line 8, o		14 (0)		ĴΙ			
If (loss), enter -0- in Part I, line 8					3	N/	Α
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	come	
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome )			N/A
if section 4940(d)(2) applies, leave th	ic nart hlank						
ii section 4940(0)(2) applies, leave th	is part blank						
Was the foundation liable for the secti	on 4942 tax on the distributable an	nount of any ye	ear in the base pei	rıod?			L Yes No
If "Yes," the foundation does not quali				<del></del>			
	ach column for each year, see the I	nstructions be	fore making any e	ntries			(d)
(a) Base period years	(b)		Net value of no	(c)	able was seen		tributión ratio
Calendar year (or tax year beginnin	g in) Adjusted qualifying dis	tributions	ivet value of ito	menani	4016-026 4226	(COI (D)	divided by col (c))
2014							<del> </del>
2013							
2012							
2011							
2010			<u> </u>			<del>-  </del>	
C. Takal after d. actuma (d)						2	
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the 5</li></ul>	was been ported, divide the total	on line 2 by 6	or by the number	of von	·c		
		on line 2 by 5,	or by the number	Oi year	5	3	
the foundation has been in existen	ice ii less tilali 5 years					3	
4 Enter the net value of noncharitable	le-use assets for 2015 from Part X,	line 5				4	<u> </u>
5 Multiply line 4 by line 3						5	
6 F. A. 240/ - 6 - A A A A	- /40/ - 4 D 4 L luna (17h)						
6 Enter 1% of net investment incom	e (1% OF Part I, line 2/0)					6	
7 Add lines 5 and 6						7	
8 Enter qualifying distributions from	Part XII, line 4					8	
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ng a 1%	tax rate		
300 (1.0 1 011 11 11 11 11 10 10 10 11 1							<del></del>

	990-PF(2015) BERMEL FAMILY FOUNDATION		<u>-348353</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4948	<ul> <li>see inst</li> </ul>	ructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔 and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	, 1		3,3	319.
	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) $-{\cal F}$				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>		0.
3	Add lines 1 and 2	3		3,3	319.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>		0.
	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter-0-	5	<u></u>	3,3	319.
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015  6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)  6c				
đ	Backup withholding erroneously withheld 6d				_
	Total credits and payments. Add lines 6a through 6d	7	<del> </del>		0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del>		90.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ	3,4	109.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ		
	Enter the amount of line 10 to be Credited to 2016 estimated tax	ed 🕨   11	<u> </u>		
	rt VII-A Statements Regarding Activities				<del></del>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence any national, state, or local legislation or did it participate or influence and	tervene in	<u> </u>	Yes	No
	any political campaign?		12	<u> </u>	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de		11	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublished or			
	distributed by the foundation in connection with the activities.			1	
	Did the foundation file Form 1120-POL for this year?		10	:	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n			
	managers ► \$O.			İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation, or			1.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<del></del>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.	42	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A 4t		177
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				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			-	
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with to the conflict with the confl	he state law		v	
_	remain in the governing instrument?		6	<del></del>	<del> </del>
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 F	Part XV	7	^	<del> </del>
_					1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CT				1
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)			v	1
_	of each state as required by General Instruction G? If "No," attach explanation	<b>4</b>	8t	) X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	tor calendar			V
40	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	s stmi	$\begin{bmatrix} 4 & 10 \\ 10 & 10 \end{bmatrix}$	<del></del>	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	e OTIT			(2015)
	•		נווויט ו	~~	(2010)

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X

36

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

All other program-related investments. See instructions

Total. Add lines 1 through 3

	m 330-PF (2015) BERMEL FAMILLI FOUNDATION	01-3403330	Page 6
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
8	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b 53	,986.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 53	,986.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 53	,986.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	810.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5 53	,176.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD		,056.
p	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1 2	,056.
	Tax on investment income for 2015 from Part VI, line 5		, , , , , ,
	Income tax for 2015 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c3	,319.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	<del></del>
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
-	art XII	<u> </u>	<del>-</del>
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 10	,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 10	,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 10	,000.
	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		

Part XIII Undistributed Income (s	see instructions)
-----------------------------------	-------------------

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7	1			0.
2 Undistributed income, if any, as of the end of 2015		JL-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		, , , , , , , , , , , , , , , , , , , ,
a Enter amount for 2014 only			0.	
b Total for prior years			, , , , , , , , , , , , , , , , , , , ,	
g rotariot prior you.		0.		
3 Excess distributions carryover, if any, to 2015	1111 1	-, · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
a From 2010	•			
b From 2011		:		
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from		······································		
Part XII, line 4 > 10,000				
a Applied to 2014, but not more than line 2a			0.	
	+	the state of the s		
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<del></del>		1	0.
d Applied to 2015 distributable amount	10 000			<u> </u>
e Remaining amount distributed out of corpus	10,000.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,000.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2014 Subtract line				
4a from line 2a Taxable amount - see instr			0.	,
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts 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.			
8 Excess distributions carryover from 2010		11,		
not applied on line 5 or line 7	0.			
			1, ,	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	10,000.			
E E	20,000			14
10 Analysis of line 9				
a Excess from 2011 b Excess from 2012				
				1
c Excess from 2013			1	
d Excess from 2014 e Excess from 2015 10,000.				
<u>e Excess from 2015</u> 10,000.		<u> </u>	<u></u>	Form <b>QQ0_DF</b> (2015)

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Form 990-PF (2015) BERMEL FAM	LY FOUNDATIO	N		81-	3483530 p	age 12
Part XVI-A Analysis of Income-I	Producing Activitie	s				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)	
•	(a)	(b)	(C) Exclu-	(d)	Related or exem	pt
1 Program service revenue	Business code	Amount	sion	Amount	function incom	
-			<del></del>			
a					<del></del>	
b	<del></del>					
C						
d						
e			_			
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	1.		
4 Dividends and interest from securities	<del>                                     </del>				<del>, , , , , , , , , , , , , , , , , , , </del>	., .,,
5 Net rental income or (loss) from real estate						
a Debt-financed property	<b> </b>					
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property				ĺ		
7 Other investment income				<del></del>	<del></del>	
8 Gain or (loss) from sales of assets other			<del></del>			
			18	<2,722.	>	
than inventory	<b> </b>			72,122.	<del></del>	
9 Net income or (loss) from special events	<u> </u>		<del></del>		<del></del>	
10 Gross profit or (loss) from sales of inventory	ļ					
11 Other revenue			1 [			
a						
b						
C						
d		<del></del> <del>-</del>				
6						
<u> </u>			).	<2,721.	>	0.
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		<u>'•</u>			
13 Total. Add line 12, columns (b), (d), and (e)				13	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	21.
(See worksheet in line 13 instructions to verify calcula	itions )					
Part XVI-B Relationship of Activ	rities to the Accom	plishment of I	Exempt Pu	ırposes		
Line No Explain below how each activity for wi	hich income is reported in c	olumn (e) of Part XVI	I-A contributed	importantly to the accom	nnlishment of	
the foundation's exempt purposes (of				importantly to the accom	iphoninone or	
the regulation a exempt perpessed (s.	and than by providing rando	10.000,	<del></del>			
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					_ <del></del>	
				<del></del>		

523621 11-24-15

	, Exempt Organ	nizations						
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	ig with any other organization	on described in sect	on 501(c) of	्रिंद <b>ः Y</b> e	es No
				?7, relating to political organ				A Color
a Transfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of				
(1) Cash		_		-			1a(1)	X
(2) Other	rassets						1a(2)	X
b Other tran	sactions						12.7	
(1) Sales	of assets to a noncharita	ible exempt organiza	tion				16(1)	Х
	nases of assets from a no	•					15(2)	X
	al of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·		,			1b(3)	Х
	bursement arrangements						1b(4)	X
	s or loan guarantees	•					1b(5)	X
	rmance of services or me	embership or fundrat	sing solicitatio	ins			1b(6)	X
	f facilities, equipment, ma		-				10	X
-		=		dule Column (b) should al	ways show the fair n	narket value of the goo		
	•		-	ed less than fair market valu		-		
	i) the value of the goods,			ou loop (live in the internet value	o m any manadana	or onorming arrangement	,	
(a) Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions,	and shanno arrano	ements
(-,	(a) mount moved	(0)	N/A		(2,000,000,000,000,000,000,000,000,000,0		and analysis and a	
		<del> </del>	14/ 41					
		<del> </del>	<del></del>			······································	······································	
				- +				
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						<del></del>	<del></del>	
		<b></b>						
	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
		<u></u>				<del></del>		
		}		·	<del></del>			
					. , <del></del>	<u>~</u>		
		<u></u>						
2a Is the four	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described		,	
in section	501(c) of the Code (other	r than section 501(c	)(3)) or in sect	tion 527?			L Yes [	X No
b if "Yes," co	implete the following sch	edule.			Ţ······			
	(a) Name of org	janization		(b) Type of organization		(c) Description of relati	onship	
	N/A							
								*****
Under	penalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	May the IRS discu	as this
Sign and be	orter, it is true, correct, and cor	mplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	nation of which preparer	has any knowledge	May the IRS discureturn with the pre shown below (see	parer
Here	All Jem			2/1/17	CO-TRU	STEE	X Yes	No
Sign	ature of officer or trustee	)	. ··	Date	Title			
	Print/Type preparer's na		Preparer's s		Date	Check if PT	'IN	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N.	·	1 , , 1	self- employed		
Paid	ALISON A.	SANKNER		1 SAUKEN	2/14/17	1	0160843	15
Preparer	Firm's name ► CUM		OCKWOO	D LLC		Firm's EIN ► 06-		
Use Only	I min a mande > COL					, illia city P 00	J J Z Z Z J J O	
	Firm's address > 75	TSHAM PC	AD SII	TTE 400		<del> </del>		
		ST HARTFO	•			Phone no (860	)) 313-4	900
	WE	DI HARIFC	MD, CI	00101		Phone no (860	Form <b>990~P</b>	
							ここのここ ひょうしっと	r (20(3)

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2015

Employer identification number Name of the organization BERMEL FAMILY FOUNDATION 81-3483530 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

# BERMEL FAMILY FOUNDATION

81-3483530

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN BERMEL  237 OLD FARMS ROAD  SIMSBURY, CT 06070	\$ 100,447.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN BERMEL  237 OLD FARMS ROAD  SIMSBURY, CT 06070	\$150,211.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN BERMEL  237 OLD FARMS ROAD  SIMSBURY, CT 06070	\$850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## BERMEL FAMILY FOUNDATION

81-3483530

art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	840 SHS AETNA		
_1			
		\$ 100,447.	08/12/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1241 SHS AETNA		
2		\$\\$\\$\	08/18/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
(a)			· · · · · · · · · · · · · · · · · · ·
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
453 10-2	0.16		90, 990-EZ, or 990-PF) (

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990	0-P.F	GAIN OR (LOSS) F	FROM SALE	OF	ASSETS		STA	TEMENT	1
DESCRIP	(A) FION OF PROPERT	Y			MANNER ACQUIRED		IRED	<del></del>	<del></del>
46 SHS 1	AETNA				DONATED	06/1	5/07	08/15/	16
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F) OR LOSS	
	5,495.	5,501.		0	).	0.		<(	6.>
DESCRIP	(A) TION OF PROPERT	Y			MANNER ACQUIRED		TE IRED	DATE SO	LD
58 SHS 2	AETNA	<del></del>		_	DONATED	02/0	9/09	08/15/	<del>-</del>
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	
	6,928.	6,936.		0	).	0.		<	8.
DESCRIP	(A) TION OF PROPERT	Y			MANNER ACQUIRED	DA ACQU	TE	DATE SO	LD
736 SHS	AETNA			_	DONATED	04/2	5/11	08/15/	16
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	
-	87,917.	· ——————		0	<u> </u>	0.		<9	

DESCRIPT	·(A)			MANNER ACQUIRED		TE IRED	DATE SO	DLD	
1090 SHS	3 AETNA	<del></del>		DO	NATED	04/2	5/11	08/19/	16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)	
_	SALES PRICE	TIME OF ACQ.			DEPREC.		GAIN OR LOSS		
	129,638.	131,93	4.	0.		0.		<2,29	6.>
DESCRIPT	(A) TION OF PROPERTY				MANNER ACQUIRED		TE IRED	DATE SO	DLD
151 SHS AETNA				DOI	NATED	06/1	0/11	08/19/	16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)	
<u>_</u>	SALES PRICE	TIME OF ACQ	SALE	DEPREC		C.	GAIN OR LOS		<del></del>
	17,959.	18,27	7.	0.	<del></del>	0.		<31	8.>
CAPITAL	GAINS DIVIDENDS	FROM PART I	v						0.
TOTAL TO	FORM 990-PF, F	ART I, LINE	6A					<2,72	22.>
FORM 990	-PF INTEREST C	ON SAVINGS AN	ID TEMPORARY	CASH	INVEST	MENTS	STA	TEMENT	2
SOURCE	SOURCE		(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
UBS ACCT #HG 4254371			1.		1.				
TOTAL TO PART I, LINE 3		3	1.		1.				

FORM 990-PF	OTHER E	XPENSES	STATEMENT 3			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABI PURPOSES		
FILING FEE - FORM 1023	850.	850.		0.		
TO FORM 990-PF, PG 1, LN 23	850. 850.			(	0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT	4	
NAME OF CONTRIBUTOR	ADDR	ESS				
JOHN BERMEL		237 OLD FARMS ROAD SIMSBURY, CT 06070				