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SCANNED DER 0 8 2017

Form **990-PF**

EXTENDED TO NOVEMBER 15, 20 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.lrs.gov/form990pf.

OMB No 1545-0052 16 Open to Public Inspection

Depar	tment		social security numbers on m 990-PF and its separate				Open to Public Inspection
		dar year 2016 or tax year beginning		, and e			T open to 1 abile intopection
		foundation				A Employer identificatio	n number
C	AR	OL AND ALAN J. BERNON F					
C	HAI	RITABLE FOUNDATION				04-6661364	4
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
_P	.0	BOX 70 BERNON FAMILY	OFFICE			401-884-24	400
-		own, state or province, country, and ZIP or foreign p I GREENWICH , RI 02818	ostal code			C If exemption application is	pending, check here
		all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organization	ns, check here
•		Final return	Amended return	,,,,,,,,			
		Address change	Name change			Foreign organizations m check here and attach c	eeting the 85% test, computation
H C	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation			E If private foundation st	
	_		Other taxable private founda	ation		under section 507(b)(1	
1 Fa		rket value of all assets at end of year J Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a	
(fr	om F	Part II, col. (c), line 16)	ther (specify)			under section 507(b)(1	
	\$	9,435,263. (Part I, colu	mn (d) must be on cash l	basis.)			
Pa	rt <u>l</u>	(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		vestment ome	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,336,300.			N/A	
	2	Check Mit the foundation is not required to attach Sch B		-	•		
	3	Interest on savings and temporary cash investments	25.		25.		STATEMENT 1
	4	Dividends and interest from securities	64,298.	6	4,298.		STATEMENT 2
	5a	Gross rents					
	ь	Net rental income or (loss)		_			
•	6a	Net gain or (loss) from sale of assets not on line 10	856,143.				
Ž	b	Gross sales price for all assets on line 6a 2,137,881.					
Revenue	7	Capital gain net income (from Part IV, line 2)		85	6,143.		
Œ	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
	10a	and allowances					
		Less. Cost of goods sold					ļ
		Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·		
	11	Other income	2 256 766	0.2	0 466	<u> </u>	
	12	Total. Add lines 1 through 11	2,256,766.	92	0,466.		
	13	Compensation of officers, directors, trustees, etc.	0.		0.		0.
	14	Other employee salaries and wages					
80	1	Pension plans, employee benefits Legal fees RECEIVED					
E S	IOA	Accounting fees					
ă		Other professional fees 2 1 2017		-			
and Administrative Expenses	17	Accounting fees Other professional (ees 2 1 2017 Interest					<u> </u>
a‡	18	Taxes SPMT 3	2,300.		2,230.		0.
İst	19	Depreciation and depletion					
Ë	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
ğ	22	Printing and publications					
ğ	23	Other expenses STMT 4	91,600.	9	1,600.		0.
Operating	24	Total operating and administrative					_
þer		expenses. Add lines 13 through 23	93,900.	9	3,830.		0./
0	1	Contributions, gifts, grants paid	2,106,805.	ļ			2,106,805
	26	Total expenses and disbursements.] _			/
	ļ	Add lines 24 and 25	2,200,705.	ļ <u> </u>	<u> 3,830.</u>	ļ	2,106,8
	27	Subtract line 26 from line 12:		1			
		Excess of revenue over expenses and disbursements	56,061.	-		_	 /
		Net investment income (if negative, enter -0-)		82	26,636.	N/A	
	ı C	Adjusted net income (if negative, enter -0-)	1	1		I IV/A	1

CAROL AND ALAN J. BERNON FAMILY

Form 990-PF (2016) CHARITABLE FOUNDATION					04-6661364 Page 2		
П	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of			
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	225,118.	197,450.	<u>197,450.</u>		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
ίδ	8	Inventories for sale or use					
Assets	9						
As	1 -	Investments - U.S. and state government obligations					
	ı	Investments - corporate stock					
	1 ~	Investments - corporate bonds					
	11						
	١	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 5	8,322,530.	6,588,688.	9,237,813.		
		Land, buildings, and equipment basis	0,322,3301	07300,000.	3,237,013.		
	' '	Less accumulated depreciation					
	15	Other assets (describe					
	1	Total assets (to be completed by all filers - see the		·			
	'0	instructions. Also, see page 1, item I)	8,547,648.	6,786,138.	9,435,263.		
	17	Accounts payable and accrued expenses	0,541,040.	0,700,130.	9,433,403.		
		Grants payable					
	18	Deferred revenue					
Liabilities	19						
Ē	20	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Other liabilities (describe)					
	22	Other habilities (describe					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
_	23	Foundations that follow SFAS 117, check here					
	l	and complete lines 24 through 26 and lines 30 and 31.					
es	24	Unrestricted					
2	25	Temporarily restricted					
39	26	Permanently restricted					
Ā	20	Foundations that do not follow SFAS 117, check here					
균		and complete lines 27 through 31.					
or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.			
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
\SS	28	Retained earnings, accumulated income, endowment, or other funds	8,547,648.	6,786,138.			
Net Assets	29	Total net assets or fund balances	8,547,648.	6,786,138.			
Z	30	TOTAL HEL ASSETS OF IMITO DATABLES.	0,547,040.	0,700,130.			
	21	Total liabilities and net assets/fund balances	8,547,648.	6,786,138.			
_				0,700,130.			
LP	<u>art</u>	Analysis of Changes in Net Assets or Fund Ba	ilances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
	(mu	st agree with end-of-year figure reported on prior year's return)		1	8,547,648.		
2		r amount from Part I, line 27a		2	56,061.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
4		lines 1, 2, and 3		4	8,603,709.		
5	Deci	eases not included in line 2 (itemize) <u>UNREALIZED GAIN</u>		TS 5	1,817,571.		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	. 6	6,786,138.		
				-	Form 990-PF (2016)		

Part IV Capital Gains	and Losses for Tax on	investment	Income				
	ribe the kind(s) of property sold (e arehouse; or common stock, 200 s		(1	P - Pu D - Do	acquired rchase nation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b SEE ATTACHED	STATEMENT						
C							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,	t or other basis opense of sale			(h) Gain or (loss (e) plus (f) minus	
a					···	· · · · · · · · · · · · · · · · · · ·	
b							
C							
d							
e 2,137,881.			1,281,738				856,143.
	ng gain in column (h) and owned b				(1)	Gains (Col. (h) gair	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		còl.	(k), but not less that Losses (from col.	ın -0-) or
a							
b							
<u>C</u>				_			
_d							0FC 143
<u>e</u>	<u> </u>			-			856,143.
2 Capital gain net income or (net ca	apıtal loss) { if gain, also en If (loss), enter	ter in Part I, line -0- in Part I, line	7	} 2			856,143.
 Net short-term capital gain or (lo if gain, also enter in Part I, line 8, 	column (c).	and (6):	`	}			
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) fo			/ 3	_ <u></u>	<u> N/A</u>	<u> </u>
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not qua	ation 4942 tax on the distributable a	complete this pa	r <u>t. </u>				Yes X No
	each column for each year; see the	e instructions bet	ore making any entr	ies.		,	(4)
(a) Base period years Calendar year (or tax year beginn			Net value of nonc			(col. (b) dr	(d) bution ratio vided by col. (c))
2015	1,2	29,395.			28,706		.115667
2014		45,076.			<u>17,492</u>		.140061
2013	9	85,640.		9,7	60,850	•	.100979
2012	2	31,000.		9,5	15,566	•	.024276
2011		63,041.			93,454		.150387
2 Total of line 1, column (d)						2	.531370
3 Average distribution ratio for the the foundation has been in existe	- ·	al on line 2 by 5,	or by the number of 	years 		3	.106274
4 Enter the net value of noncharita	ble-use assets for 2016 from Part 3	X, line 5				4	9,354,964.
5 Multiply line 4 by line 3	·					5	994,189.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	8,266.
7 Add lines 5 and 6						7	1,002,455.
8 Enter qualifying distributions fro	m Part XII, line 4					8	2,106,805.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI, li	ne 1b, and comp	lete that part using a	a 1% ta	x rate.	<u> </u>	
623521 11-23-16	·		_				Form 990-PF (2016)

CAROL AND ALAN J. BERNON FAMILY

	n 990-PF (2016) CHARITABLE FOUNDATION 04-666	1364		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	ıctic	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		8,2	266.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		8,2	266.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		8,2	266.
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6,954.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d		6,9	54.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,3	12.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11				
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0.			
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 incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	old "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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 the state law			
	remain in the governing instrument?	6	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u>X</u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	F	orm 990	-PF	(2016)

CAROL AND ALAN J. BERNON FAMILY 04-6661364 Form 990-PF (2016) CHARITABLE FOUNDATION Page 5 Part VII-A Statements Regarding Activities (continued) No Yes 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 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. > 401-884-240014 The books are in care of ▶ GERALD T. RENZA Located at P.O BOX 70 BERNON FAMILY OFFICE, EAST GREENWICH, ZIP+4 **▶**02818 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N/A 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No 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 N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? X 1¢ 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years b 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2016 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

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

Form **990-PF** (2016)

X

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4a

CAROL AND ALAN J Form 990-PF (2016) CHARITABLE FOUND			04-66613	64 Page 6
Part VII-B Statements Regarding Activities	for Which Form 4720 May Be	Required (contin	ued)	- 1 090 0
5a During the year did the foundation pay or incur any amount t		(00,000		
(1) Carry on propaganda, or otherwise attempt to influence			s X No	
(2) Influence the outcome of any specific public election (se			יא נאבו פי	
	e section 4900), or to carry on, directly or filding		es X No	
any voter registration drive?		· —		
(3) Provide a grant to an individual for travel, study, or othe		L	es X No	
(4) Provide a grant to an organization other than a charitable	e, etc., organization described in section			1 1
4945(d)(4)(A)? (see instructions)		•	es X No	
(5) Provide for any purpose other than religious, charitable,	scientific, literary, or educational purposes, or			1 1
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transaction	s fail to qualify under the exceptions described	ın Regulations	Ì	
section 53,4945 or in a current notice regarding disaster ass	stance (see instructions)?		N/A	5b
Organizations relying on a current notice regarding disaster a	assistance check here			
c If the answer is "Yes" to question 5a(4), does the foundation	claim exemption from the tax because it mainta	ined		-
expenditure responsibility for the grant?	_		s No	
If "Yes," attach the statement required by Regulations	-	,,		
6a Did the foundation, during the year, receive any funds, direct				1
· · · · · · · · · · · · · · · · · · ·	y or manechy, to pay premiums on		s X No	
a personal benefit contract?		18		
b Did the foundation, during the year, pay premiums, directly o	ir indirectly, on a personal benefit contract?		<u> - </u>	Sb X
If "Yes" to 6b, file Form 8870.		<u> </u>	[]	
7a At any time during the tax year, was the foundation a party to		L Ye	es X No	
b If Yes," did the foundation receive any proceeds or have any		 		7b
Part VIII Information About Officers, Dire	ectors, Trustees, Foundation Ma	anagers, Highly	y	
Paid Employees, and Contracto	rs			
1 List all officers, directors, trustees, foundation mana	····	1, , , , , , , , , , , , , , , , , , ,	(4) 0 1	
1 List all officers, directors, trustees, foundation mana	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
List all officers, directors, trustees, foundation mana (a) Name and address	····	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205	(b) Title, and average hours per week devoted to position TRUSTEE	(If not paid, enter -0-)	compensation	account, other
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON	(b) Title, and average hours per week devoted to position TRUSTEE 10.00	(If not paid, enter -0-)	compensation	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON	(b) Title, and average hours per week devoted to position TRUSTEE 10.00	(If not paid, enter -0-)	compensation	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-)	Compensation 0 .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE	(b) Tritle, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-)	O .	0 .
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-)	O . O .	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	O .	account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances
(a) Name and address ALAN J. BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 CAROL BERNON 3721 BEVERLY DRIVE DALLAS, TX 75205 2 Compensation of five highest-paid employees (other (a) Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position TRUSTEE 10.00 TRUSTEE 0.00	(If not paid, enter -0-) 0. 0.	(d) Contributions to employee benefit plans and deterred	0 . (e) Expense account, other allowances

Total number of other employees paid over \$50,000

CAROL AND ALAN J. BERNON FAMILY CHARITABLE FOUNDATION

Form 990-PF (2016) CHARITABLE FOUNDATION	04-6	5661364 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	al information such as the ced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0 . Form 990-PF (2016)

CHARITABLE FOUNDATION

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,306,655.
b	Average of monthly cash balances	1b	190,770.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	9,497,425.
е	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	<u> </u>
3	Subtract line 2 from line 1d	3	9,497,425.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	142,461.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,354,964.
6	Minimum investment return. Enter 5% of line 5	6	467,748.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certain	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	467,748.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8,266.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	459,482.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	459,482.
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	459,482.
P	art XII 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	2,106,805.
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		3a	
b	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	2,106,805.
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	8,266.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,098,539.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies foi	the section

CHARITABLE FOUNDATION

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				459,482.
2 Undistributed income, if any, as of the end of 2016.				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:			-	
a From 2011 1,056,106.				
b From 2012				
c From 2013 506,567.				
d From 2014 937,561.				
e From 2015 705, 220.				
f Total of lines 3a through e	3,205,454.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 2,106,805.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				···
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount		-		459,482.
e Remaining amount distributed out of corpus	1,647,323.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,852,777.			
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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 2011				
not applied on line 5 or line 7	1,056,106.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	3,796,671.			
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013 506, 567.				
c Excess from 2014 937, 561.				
d Excess from 2015 705, 220.				
e Excess from 2016 1,647,323.				
				Form 990-PF (2016)

CAROL AND ALAN J. BERNON FAMILY

Part XIV Private Operating	ABLE FOUNDAT		(II-A guestion 9)	04-66 N/A	61364 Page 1
1 a If the foundation has received a ruling				N/A	
foundation, and the ruling is effective f					
b Check box to indicate whether the four			in section	4942(j)(3) or 49)42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 12())(0) 01 40	1,42(1)(3)
Income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				 	
each year listed					
b 85% of line 2a			†		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			" " " " " " " " " " " " " " " " " " " 		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		-			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					-
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on 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					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see insti	ructions.)			- .
1 Information Regarding Foundati	•				
a List any managers of the foundation w year (but only if they have contributed			tributions received by the	foundation before the clos	e of any tax
SEE STATEMENT 6			· · · · · · · · · · · · · · · · · · · · · ·		
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large portio	n of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., F	rograms:		
Check here 🕨 🗶 If the foundation	only makes contributions	to preselected charitable	organizations and does no	ot accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc	. (see instructions) to indiv	viduals or organizations	under other conditions, co	mplete items 2a, b, c, and	d.
a The name, address, and telephone nur	nber or e-mail address of t	the person to whom app	lications should be address	sed:	
b The form in which applications should	be submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	, kinds of institutions, or o	ther factors:	

CAROL AND ALAN J. BERNON FAMILY 04-6661364 Page 11 Form 990-PF (2016) CHARITABLE FOUNDATION Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE STATEMENT 7 2,106,805. ▶ 3a Total 2 106 805 **b** Approved for future payment NONE

Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise molecules.	(a) Business	(b)	(C)	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
					
b					
d			1		
e					
1	-		t		
g Fees and contracts from government agencies			1		····
2 Membership dues and assessments			H		
3 Interest on savings and temporary cash			 		
investments			14	25.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:		-	1 4	04,270.	
• •		- · · · · · · - · - · - · - · - · · · ·	 		
a Debt-financed property	ļ		├		
b Not debt-financed property			┼─		
6 Net rental income or (loss) from personal					
property	<u> </u>		├		
7 Other investment income			ļ		
8 Gain or (loss) from sales of assets other					
than inventory			18	856,143.	
9 Net income or (loss) from special events			ļi		
10 Gross profit or (loss) from sales of inventory		ļ	ļ	·	
11 Other revenue:					•
a			ļ		
b			1		
c			<u> </u>		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	920,466.	<u>0.</u>
13 Total. Add line 12, columns (b), (d), and (e)				13	920,466.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incom		up polymon (a) of Dort V/II A		ustad importants to the second	- Laborant of
and the state of the state of			COHUIL	ruted importantly to the accomp	DIISTITIENT OF
	by providing it	inds for such purposes.			
NOT APPLICABLE					
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					Form 990-PF (2016)

CAROL AND ALAN J. BERNON FAMILY Form 990-PF (2016) CHARITABLE FOUNDATION 04-6661364 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets X 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees X 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule.

	(a) Name of organization	(b) Type of organization		(c) Description of rel	ationship
	N/A				
			ļ		
					
					·
Sign Here	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete. Declaration of produce the second of the secon	eparer (other than taxpayer) is based on all infor		rer has any knowledge	May the IRS discuss this return with the preparer shown below (see instr)? X Yes No
	Signature of officer or trustee	Date	Trtle		
	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN

Paid
Print/Type preparer's name
DONNA T. CACCIA,
CPA, MST, CFP
Firm's name ► CAYER CACCIA, LLP

Preparer
Use Only

Preparer's signature

Date
Check if self- employed
Self- employed
Firm's EIN ► 14-1887712

Firm's address ► 931 JEFFERSON BLVD SUITE 2007
WARWICK, RI 02886

Phone no. 401-732-8900

Form **990-PF** (2016)

Ŀ		sses for Tax off theestiffent income		Tanair .	T	
		l describe the kind(s) of property sol rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
12	SEE NATIONAL F	INANCIAL SERVICE	S REALIZED GAIN/LOS		VARIOUS	VARIOUS
	SUMMIT ROCK SE	P		VARIOUS		
_		RATEGIC FIXED IN		P		VARIOUS
		VERSIFIED STRATE		P		VARIOUS
e	SUMMIT ROCK DI	VERSIFIED STRATE	GIES	P	06/01/09	10/01/16
_1	SUMMIT ROCK ST	RATEGIC FIXED IN	COME	P	04/01/10	10/01/16
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_n	 -					
				 -		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		I Gain or (loss) lus (f) minus (g)	<u> </u>
a	855,611.	, ,	779,104.	(-77		76,507.
b	68,062.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			68,062.
c	19,228.					19,228.
d	7,819.					7,819.
e	740,064.		272,000.			468,064.
f	447,097.		230,634.			216,463.
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<u>k</u>						
_						
<u>m</u>				• • • • • • • • • • • • • • • • • • • •		
<u>n</u>						
0	Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) Los	ses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain ove ot less than "-0-")	r col. (k),
a						76,507.
b						68,062.
c						19,228.
<u>d</u>						7,819.
e						468,064.
<u>f</u>					-	<u>216,463.</u>
9					T	
<u>h</u>						
						
<u>k</u>						
<u>^</u>						
m						
n				··		
0						
		- If goin also ester	un Part I lune 7			
	Capital gain net income or (net ca	t ii (looo), ontoi o	, i			856,143.
3	If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	ss) as defined in sections 1222(5) an column (c). 3	d (6):		N/A	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

Name of the organization

CAROL AND ALAN J. BERNON FAMILY

CAROL AND ALAN J. BERNON FAMILY CHARITABLE FOUNDATION

Employer identification number

04-6661364

Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't 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

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) (2016)

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

Name of organization

CAROL AND ALAN J. BERNON FAMILY

04-6661364

Employer identification number

CHARITABLE FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAN AND CAROL BERNON PO BOX 70 EAST GREENWICH, RI 02818	\$\$.	Person Payroli Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash 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

CAROL AND ALAN J. BERNON FAMILY CHARITABLE FOUNDATION

Employer identification number

04-6661364

<u>'HARI</u>	TABLE FOUNDATION	04	-6661364
Part II	Noncash Property (See instructions). Use duplicate copies of 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
_1	230,000 SHS OF LIONBRIDGE TECH COMMON STOCK		
		\$1,336,300.	12/31/16
(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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
i			
		\$	
(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
			
		\$	

Name of organization

Employer identification number

CAROT.	ΔND	MA.TA	т.	BERNON	FAMILY
CARUL	AND	VIIVI	\cdot		

	AND ALAN J. BERNON FAMI ABLE FOUNDATION		04	1-6661364				
Part III	Evolucione religious charitable etc. contri	butions to organizations described	in section 501(c)(7), (8), or (10) tha	it total more than \$1,000 fo				
	the year from any one contributor. Complete co	chantable, etc., contributions of \$1,000 or	less for the year (Enter this Info once)					
	Use duplicate copies of Part III if additiona	l space is needed.						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
								
-		(e) Transfer of gif		*				
-	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of transferor	to transferee				
				<u>.</u> .				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
art i								
-	(a) Tues - (a) - (b)							
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
ſ								
a) No. from	(1) D	(a) Llog of gift	(d) Description	of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description					
	(e) Transfer of gift							
	Transferee's name, address, ar	nd 7ID + 4	Relationship of transfero	r to transferee				
F	Transieree's fiame, address, ar	IU ZIF T 4	nciations in participation	to a ansieree				
İ								
								
a) No.				· · · · · · · · · · · · · · · · · · ·				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held				
}	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE	(A REVEI PER BO	NUE	NET IN	(B) (C) NET INVESTMENT ADJUSTED INCOME NET INCOME			
NATIONAL FINANCIAL LLC	SERVICES		25.		25.		
TOTAL TO PART I, LI	NE 3		25.			25.	
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
NATIONAL FINANCIAL SERVICES LLC SUMMIT ROCK	61,437	,	0.	61,437.	61,43	7.	
DIVERSIFIED STRATEGIES SUMMIT ROCK SELECT	177	•	0.	177.	17	7.	
EQUITY SUMMIT ROCK	2,139	•	0.	2,139.	2,13	9.	
STRATEGIC FIXED INCOME PORTFOLIO	545	•	0.	545.	54	5.	
TO PART I, LINE 4	64,298	•	0.	64,298.	64,29	8.	
FORM 990-PF		TAX	ES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
STATE TAXES PAID FOREIGN TAXES PAID		70. 2,230.		0.		0.	
TO FORM 990-PF, PG	1, LN 18	2,300.	· ———	2,230.		0.	
	===		: ====				

FORM 990-PF	OTHER E	XPENSES	PENSES STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE				
INVESTMENT ADVISORY FEES SUMMIT ROCK INVESTMENT FEES LONE PINON MANAGEMENT FEES	23,899. 51,956. 15,745.	51,	899. 956. 745.	0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	91,600.	91,	600.	0.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 5		
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE		
LONE PINON, LTD SUMMIT ROCK DIVERSIFIED STRATE SUMMIT ROCK STRATEGIC FIXED SUMMIT ROCK SELECT EQUITY NATIONAL FINANCIAL SERVICES IN	regies INCOME	COST COST COST COST COST	1,000,000. 82,229. 49,677. 2,775,000. 2,681,782.	1,579,055. 82,229. 49,677. 3,762,760. 3,764,092.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	=	6,588,688.	9,237,813.		
FORM 990-PF	PART XV - L OF FOUNDATI		D.C.	STATEMENT 6		

NAME OF MANAGER

ALAN J. BERNON CAROL BERNON

Carol and Ala		
Schedule of (
For the year		
Date	Donee	Amount
02/18/2016	Big Brothers Big Sisters of America	100,000.00
02/18/2016	Big Brothers Big Sisters of Tampa Bay	1,000.00
02/25/2016	Hofstra University	338,873.46
03/03/2016	New York University	50,000.00
03/17/2016	Big Brothers Big Sisters of North Texas	20,000.00
03/17/2016	George W. Bush Presidential Center	25,000.00
03/21/2016	Jewish Federation of Greater Dallas	23,000.00
06/01/2016	Hofstra University	300,000.00
06/02/2016	Worcester Academy	10,000.00
06/02/2016	Worcester Academy	5,625.00
06/23/2016	Big Brothers Big Sisters of America	25,000.00
08/01/2016	The Winston School	10,000.00
09/06/2016	Jewish Big Brothers Big Sisters - Boston	20,000.00
09/06/2016	Jewish Big Brothers Big Sisters - Boston	20,000.00
09/06/2016	Worcester Academy	41,500.00
09/14/2016	Dallas Tennis Association	22,500.00
	Big Brothers Big Sisters Lone Star	20,000.00
11/05/2016	JCC of Dallas	1,000.00
11/18/2016	Hofstra University	332,806.06
11/18/2016	YMCA of Metropolitan Dallas	100,000.00
11/18/2016	USA Film Festival	25,000.00
11/21/2016	Big Brothers Big Sisters of America	200,000.00
	DFA Cares Foundation	10,000.00
	Jewish Federation of Greater Dallas	100,000.00
	Hofstra University	300,500.00
12/17/2016	American Heart Association	5,000.00
	Total	2,106,804.52

Statement 7