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Adjusted net income(if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

As Filed Data -

DLN: 93491249004167

OMB No. 1545-0052

2016

Return of Private Foundation

Department of the Treasury

Internal Revenue Service

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.

Open to Public ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2016, or tax year beginning 05-01-2016 , and ending 04-30-2017 A Employer identification number HELENE AND BERTRAM BERNHARDT FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite C/O S ZURIER 55 DORRANCE ST NO 400 B Telephone number (see instructions) (401) 861-2900 City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02903 ${f C}$ If exemption application is pending, check here \square Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 12,085,064 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 500,162 500,162 5a Net rental income or (loss) 150,740 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 150,740 Net short-term capital gain . . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) اروه 2,224 2,224 653,126 12 **Total.** Add lines 1 through 11 653.126 151,455 23,170 128,285 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses اروه Legal fees (attach schedule) . . 11,875 11,875 9 4.400 4,400 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 ارچە 9.870 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . 23 Other expenses (attach schedule) 1,643 1,720 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 179,243 23,170 146,280 25 Contributions, gifts, grants paid 450.876 450.876 26 Total expenses and disbursements. Add lines 24 and 630,119 23,170 597,156 27 Subtract line 26 from line 12 Excess of revenue over expenses and 23,007 disbursements 629,956 Net investment income (if negative, enter -0-)

Cat No 11289X

Form **990-PF** (2016)

9,546,603

9,546,603

9,546,603

9,546,603

9,569,610

9,569,610

9,569,610

9,569,610

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9,546,603

9,569,610

9,569,610

Form **990-PF** (2016)

23,007

12,085,064

instructions Also, see page 1, item I)

Other liabilities (describe -

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

17 18

19

20 21

22

23

24

25

26

28 29

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

Net 30 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	Р	2016-05-01	2017-04-30		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) mınus (g)
a 1,43	1,454	, , , , , , , , , , , , , , , , , , ,	1,280,714		150,740
b			_,		
c					
d					
e					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		I)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a	30 0: 22,02,05	0,0,0	(3// 2)	,	150,740
b					,
c					
d					
e					
	or (net capital loss) gain or (loss) as defined in sections of the section of the s	ons) If (loss), enter -0	·	3	150,740
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic p f section 4940(d)(2) applies, le	rivate foundations subject to the secare this part blank	ction 4940(a) tax on ne	t investment incom	_	
f "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part	·		es 🗹 No
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col (b) divided by c	ol (c))
2015	509,686		11,158,561		0 045677
2014	548,768		11,856,302		0 046285
2013	584,888		11,464,243		0 051018
2012	549,066		10,897,631		0 050384
2011	525,204		10,311,027	ı	0 050936
2 Total of line 1, column (•		2		0 244300
number of years the four	ofor the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2016 fron	than 5 years	or by the 34		0 048860 11,812,555
5 Multiply line 4 by line 3			5		577,161
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		6,300
7 Add lines 5 and 6			7		583,461
8 Enter qualifying distributi	ons from Part XII, line 4 , eater than line 7, check the box in Pa		8 plete that part usin	ng a 1% tax rate Se	597,156
				Ea	rm QQQ-DE (2016)

				∟ Yes ∟	No I	I	1
If "Yes," attach the statement requi	red b	y Regulations section 53 4	1945-5(d)		140		
6a Did the foundation, during the year,	rece	eive any funds, directly or i	indirectly, to pay premiu	ms on			
a personal benefit contract?				. □ _{Yes} ☑	No		
b Did the foundation, during the year,	pay	premiums, directly or indi	rectly, on a personal ben	efit contract?		5b	No
If "Yes" to 6b, file Form 8870							
7a At any time during the tax year, wa				∟ Yes 🖭			
b If yes, did the foundation receive ar		<u> </u>				7b	
Part VIII Information About Cand Contractors	Offic	ers, Directors, Trusto	ees, Foundation Ma	nagers, Highly Paid Ei	nploye	es,	
1 List all officers, directors, trusted	es, f	oundation managers and	d their compensation (see instructions).			
(a) Name and address	(Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		opense acc ther allowa	
SAMUEL D ZURIER ESQ		RETARY/LEGAL COUNSEL	47,500		0		0
55 DORRANCE STREET STE 400 PROVIDENCE, RI 02903	10 0	0					
10		STEE/INVESTMENT ADVISOR	77,234		0		0
30280 LUIS REY HEIGHTS ROAD 30NSALL, CA 92003	10 0						
ESLIE GUTTERMAN	TRUS 5 00	STEE	38,596	1	0		0
70 ORCHARD AVENUE PROVIDENCE, RI 02906	"						
2 Compensation of five highest-pa	id er	nployees (other than th	ose included on line 1	-see instructions). If no	ne, ente	r "NONE	."
(a) Name and address of each employee pa	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation		pense acco her allowa	
NONE							
Total number of other employees paid ov	er \$5	50,000		🕨			0
					Form	990-PF	(2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

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

1a

1b

2

За 3b

4

5

597,156

597.156

6.300

590.856

Form 990-PF (2016)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

Page 9

584.328

584.328

Form **990-PF** (2016)

0-PF ((2	01	6)	
YHH			ī	ı	

b Total for prior years

XII, line 4 > \$

indicated below:

From 2011. **b** From 2012. c From 2013. . . **d** From 2014. e From 2015.

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

same amount must be shown in column (a))

(a)

Corpus

11.761

11.761

11,761

(b)

Years prior to 2015

(c)

2015

1,067

1,067

101111 330-F1 (20	_
Part XIII	
	_

Form 990-PF (20	016)	
Part XIII	Undistributed Income (see instruc	tions)
	_	

nter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	ership dues and assessments					
	est on savings and temporary cash					
	nds and interest from securities			14	500,162	
	ntal income or (loss) from real estate					
	financed property lebt-financed property	-				
	ental income or (loss) from personal property					
7 Other i	nvestment income			14	2,224	
	or (loss) from sales of assets other than tory			18	150,740	
	ome or (loss) from special events			10	130,740	
	profit or (loss) from sales of inventory					
	revenue a					
2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	653,126	653,126
See works	heet in line 13 instructions to verify calculatio	ns)			-	,
eart XV Line No.	Relationship of Activities to th Explain below how each activity for which	income is reported	d in column (e) of	F Part XVI-A contribut		
▼	the accomplishment of the foundation's ex instructions)	empt purposes (o	ther than by prov	riding funds for such	purposes) (See	
	MISCELLANEOUS INCOME FROM INVESTMEN	NTS				
	1					

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exemplorgam	zativiis										
1		organization directly or in e Code (other than sectio								ion 501		Yes	No
а	Transfers	s from the reporting foun	dation to a no	nchar	itable exe	empt organization	of						
		h									la(1)		No
		er assets		•						· · [1	La(2)		No
b		insactions											
		es of assets to a nonchari	•	-							lb(1)		No
		chases of assets from a n									lb(2)		No
		tal of facilities, equipmen	-								lb(3)		No
	` '	mbursement arrangemen									lb(4)		No
		ns or loan guarantees.									lb(5)		No
_		ormance of services or m	•		-						lb(6)		No
	-	of facilities, equipment, n swer to any of the above									1c		No
	of the go in any tra	ods, other assets, or servansaction or sharing arra	vices given by ngement, sho	the rew in c	eporting olumn (c	foundation If the i) the value of the	foundation goods, ot	n receive her asse	ed less than fair mai ets, or services rece	rket value ıved			
(a)	Line No	(b) Amount involved	(c) Name of r	ionenar	ritable exe	mpt organization	(a) Desc	ription or	transfers, transactions	s, and sharif	ng arrar	igemen	its
2a		undation directly or indire	•			•		_			.,		
		d in section 501(c) of the	•	than s	ection 50	01(c)(3)) or in sec	tion 52/?.			⊔	Yes	✓ N	0
b	If "Yes,"	complete the following so (a) Name of organization		1	/1) Type of organizati	I		(c) Description	n of rolation	chin		
		(a) Name of organization	лі -	-	(1	Type or organization	on		(C) Description	ii oi relation	SIIIP		
Si	of	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, co			plete Declaration			than taxpayer) is b	ased on a	ll infor	matior	n of
He	ere	*****				2017-09-05	_**	****		May the IRS with the pre			
		Signature of officer or ti	rustee			Date	Tit	:le		(see instr)	· —		
		Print/Type preparer's	name	Prepa	rer's Sıgr	nature	Date			PTIN			
					_				Check if self-	p	00107	728	
		MARTHA HULTZMA	. _N						employed ▶ 📙	1	2010/	0	
	iid												
	epare se Onl		IN COOPERM	AN & 0	COMPANY	/ LLP	_ .		'	Fırm's EIN	N ▶ 22-	24289	965
- - 3		-	N WEYBOSSE	T STR	EET - SU	ITE 700							
		PR	OVIDENCE, R	I 029	03					Phone no	(401)	421-4	4800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN RED CROSS EXEMPT GENERAL 250 105 GANO STREET PROVIDENCE, RI 02906 250 000 CAMP JORI PO BOX 5299 EXEMPT CAMPUS REPAIRS 26,000 WAKEFIELD, RI 02879 250 GOTTA HAVE SOLE FOUNDATION EXEMPT **GENERAL**

450,876

PROVIDENCE, RI 02907	EXEMPT	GENERAL	2
BROWN HILLEL FOUNDATION 80 BROWN STREET PROVIDENCE, RI 02906	EXEMPT	GENERAL	11,0
1			

39 EAST BEL AIR ROAD CRANSTON, RI 02920 Total . .

3a

orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)		recipient				
a Paid during the year						
GREENLOCK THERAPEUTIC RIDING CENTER 56 SUMMER STREET REHOBOTH, MA 02769		EXEMPT	GENERAL	250		
HADASSAH 50 WEST 58TH STREET NEW YORK, NY 10019		EXEMPT	ANNUAL SUPPORT TO GENERAL FUND	250		
HEBREW IMMIGRANT AID SOCIETY 333 SEVENTH AVENUE 16TH FL NEW YORK, NY 10001		EXEMPT	RESETTLEMENT PROGRAMS	1,000		
HOLOCAUST EDUCATION & RESOURCE		EXEMPT	GENERAL	250		

HADASSAH 50 WEST 58TH STREET NEW YORK, NY 10019	EXEMPT	ANNUAL SUPPORT TO GENERAL FUND	250
HEBREW IMMIGRANT AID SOCIETY 333 SEVENTH AVENUE 16TH FL NEW YORK, NY 10001	EXEMPT	RESETTLEMENT PROGRAMS	1,000
HOLOCAUST EDUCATION & RESOURCE CENTER 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	EXEMPT	GENERAL	250
INSIGHT RI 43 JEFFERSON BOULEVARD	EXEMPT	GENERAL	2,500

450,876

WARWICK, RI 02888

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
INSPIRING MINDS OF RHODE ISLAND 763 WESTMINSTER STREET PROVIDENCE, RI 02903		EXEMPT	GENERAL	250			
JEWISH ALLIANCE 401 ELMGROVE AVENUE PROVIDENCE, RI 02906		EXEMPT	ANNUAL SUPPORT AND CAPITAL IMPROVMENTS	95,000			
JEWISH COMMUNITY DAY SCHOOL 130 SESSIONS STREET PROVIDENCE, RI 02906		EXEMPT	GENERAL	6,000			
JEWISH FAMILY SERVICE 959 NORTH MAIN STREET PROVIDENCE, RI 02904		EXEMPT	INFORMATION TECHNOLOGY AND MOVING ASSISTANCE	23,977			
JEWISH SENIORS AGENCY 100 NIANTIC AVENUE		EXEMPT	FOOD PANTRY EXPANSION AND GERIATRIC CARE MANAGER	30,000			

JEWISH COMMUNITY DAY SCHOOL 130 SESSIONS STREET PROVIDENCE, RI 02906	EXEMPT	GENERAL	6,00
JEWISH FAMILY SERVICE	EXEMPT	INFORMATION TECHNOLOGY	23,9

450,876

PROVIDENCE, RI 02907

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MIRIAM HOSPITAL FOUNDATION EXEMPT HOSPITAL CHAIRS 18,770 164 SUMMIT AVENUE PROVIDENCE, RI 02906 RI COMMUNITY FOOD BANK **EXEMPT GENERAL** 250 200 NIANTIC AVENUE PROVIDENCE, RI 02907

RI JEWISH COMMITTEE ON SCOUTING 10 RISHO AVENUE EAST PROVIDENCE, RI 02914	EXEMPT	CHAPLAIN AND CHAPLAIN'S RESIDENCE	3,500
RI JEWISH HISTORICAL ASSOCIATION 130 SESSIONS STREET PROVIDENCE, RI 02906	EXEMPT	WEBSITE	2,500

130 SESSIONS STREET PROVIDENCE, RI 02906	EXEMPT	MER211E	2,500
RI SCHOOL OF DESIGN DOCENTS	EXEMPT	GENERAL	500

BI SCHOOL OF DESIGN DOCENTS	EVEMBT	CENEDAL	
130 SESSIONS STREET PROVIDENCE, RI 02906			
RI JEWISH HISTORICAL ASSOCIATION	EXEMPI	MERZITE	2,

Total .

3a

PROVIDENCE, RI 02906			
RI SCHOOL OF DESIGN DOCENTS 2 COLLEGE STREET	EXEMPT	GENERAL	500
PROVIDENCE, RI 02903			

450,876

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809		EXEMPT	JEWISH FILM FESTIVAL	1,000
THRIVE 3 ROSE TERRACE GROSSE POINTE FARMS, MI 48236			RETREAT	3,800
TEMPLE BETH EL 70 ORCHARD AVENUE PROVIDENCE, RI 02906		EXEMPT	ANNUAL SUPPORT \$35,750, LANDSCAPING REPAIRS \$110,515, SOUND SYSTEM AND AUDIO VISUAL EQUIMENT \$34,500, GENERAL PROGRAM SUPPORT \$26,564	207,329
TEMPLE BETH EL BROTHERHOOD 70 ORCHARD AVENUE PAWTUCKET, RI 02906		EXEMPT	GENERAL	500
UNITED WAY OF RI 50 VALLEY STREET PROVIDENCE, RI 02909		EXEMPT	GENERAL	500

За

450,876

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

15.000

	or substantial contributor			
a Paid during the year				
UNIVERSITY OF RI HILLEL		EXEMPT	GENERAL	

or substantial contributor

Name and address (home or business)

За

6 FRATERNITY CIRCLE

KINGSTON, RI 02881		
Total	 	 450,876

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	ata - DLN: 9349124900416			
TY 2016 Accounting Fe	ees Schedule				
J					
Name: HELENE AND BERTRAM BERNHARDT FOUNDATION EIN: 34-2053837					
Category Amount Net Investment Adjusted Net Disbursements Income Income Furposes					
TAX PREP FEES	4,400	0		4,400	

DLN: 93491249004167

End of Year Fair

Market Value

4,552,880

4,377,673

Name: HELENE AND BERTRAM BERNHARDT FOUNDATION EIN: 34-2053837 Name of Bond End of Year Book Value

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DLN: 93491249004167

6,612,496

4,272,249

Name: HELENE AND BERTRAM BERNHARDT FOUNDATION **FIN:** 34-2053837

Name of Stock	End of Year Book Value	End of Year Fair Market Value

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	DLN: 93491249004167		
TY 2016 Legal Fees Schedu	ule			
_				
	me: HELENE AND 34-2053837	D BERTRAM BERNI	HARDT FOUNDATI	ON
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	11,875	0		11,875

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TY 2016 Other Expenses Sche	dule						
Name: HELENE AND BERTRAM BERNHARDT FOUNDATION EIN: 34-2053837							
Other Expenses Schedule Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INSURANCE	750	0		750			
FILING FEES	143	0		220			
MEMBERSHIP FEES	750	0		750			

As Filed Data -

Name: HELENE AND BERTRAM BERNHARDT FOUNDATION

FTN: 34-2053837

Other Income Schedule		

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OTHER INCOME

	2000007		
Other Income Schedule			

Description

DLN: 93491249004167

Revenue And

Net Investment

Adjusted Net Income

Expenses Per Books

2,224

Income

2,224

2.224

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	DLN: 93491249004167						
TY 2016 Taxes Schedule									
Name: HELENE AND BERTRAM BERNHARDT FOUNDATION EIN: 34-2053837									
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
TAXES		9,870	0		0				