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Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation
BERNARD G AND NANCY J BERKMAN
FOUNDATION

A Employer identification number
22-2777796

Number and street (or P O box number if mail is not delivered to street address)
842A BEACON STREET

Room/suite

B Telephone number (see instructions)
(617) 266-6100

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02215

C If exemption application is pending, check here

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,345,888

J Accounting method

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc , received (attach schedule)
107,030

2 Check If the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments
2,247 2,247

4 Dividends and interest from securities
26,827 26,827

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2) 0

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule) 583 583

12 Total. Add lines 1 through 11 136,687 29,657

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc
0 0 0

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule) 2,900 1,450 1,450

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions) 570 570 0

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule) 21 0 0

24 Total operating and administrative expenses.
Add lines 13 through 23 3,491 2,020 1,450

25 Contributions, gifts, grants paid 107,145 107,145

26 Total expenses and disbursements. Add lines 24 and 25 110,636 2,020 108,595

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements 26,051

b Net investment income (if negative, enter -0-) 27,637

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

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	114,763	128,155	128,155
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	572,915	585,589	1,183,474
	c Investments—corporate bonds (attach schedule)	25,320	25,305	34,259
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	712,998	739,049	1,345,888	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☒ and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	712,998	739,049	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg, and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	712,998	739,049	
	30 Total liabilities and net assets/fund balances (see instructions) .	712,998	739,049	

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	712,998
2 Enter amount from Part I, line 27a	2	26,051
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	739,049
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	739,049

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	85,585	1,036,411	0 082578
2017	83,655	991,981	0 084331
2016	86,291	861,352	0 100181
2015	59,102	776,610	0 076103
2014	62,812	735,816	0 085364

2 Total of line 1, column (d)	2	0 428557
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 085711
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,179,092
5 Multiply line 4 by line 3	5	101,061
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	276
7 Add lines 5 and 6	7	101,337
8 Enter qualifying distributions from Part XII, line 4	8	108,595

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

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% of Part I, line 27b	1	276
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-)	2	0
3	Add lines 1 and 2.	3	276
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	276
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	725
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	725
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	449
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 449 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e 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? If "Yes," attach a detailed description of the activities	2	No
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	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "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? If "Yes," attach the statement required by General Instruction T	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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	Yes
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► BERNARD G BERKMAN Telephone no ► (617) 266-6100			

Located at **►** 842A BEACON ST BOSTON MAZIP+4 **►** 02215

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► ☐	15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. ► ☐	1b		
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 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____			
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 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 ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	☐ Yes ☐ No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☒ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BERNARD G BERKMAN 842A BEACON STREET BOSTON, MA 02215	TRUSTEE 2 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

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	1,075,589
b	Average of monthly cash balances.	1b	121,459
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,197,048
e	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	1,197,048
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	17,956
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,179,092
6	Minimum investment return. Enter 5% of line 5.	6	58,955

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	58,955
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	276
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	276
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	58,679
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	58,679
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	58,679

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	108,595
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		
a	Suitability test (prior IRS approval required).	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	108,595
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	276
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	108,319

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 (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				58,679
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.	26,532			
b From 2015.	20,905			
c From 2016.	43,731			
d From 2017.	34,577			
e From 2018.	81,187			
f Total of lines 3a through e.	206,932			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 108,595				
a Applied to 2018, 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 2019 distributable amount.				58,679
e Remaining amount distributed out of corpus	49,916			
5 Excess distributions carryover applied to 2019 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	256,848			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions).	26,532			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	230,316			
10 Analysis of line 9				
a Excess from 2015.	20,905			
b Excess from 2016.	43,731			
c Excess from 2017.	34,577			
d Excess from 2018.	81,187			
e Excess from 2019.	49,916			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
BERNARD G BERKMAN

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
BERNARD G BERKMAN
BERNARD G BERKMAN
842A BEACON STREET
BOSTON, MA 02215
(617) 266-6100

b The form in which applications should be submitted and information and materials they should include
LETTER DETAILING THE USE OF THE REQUESTED FUNDS, IRS EXEMPTION

c Any submission deadlines
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
NONE

Part XV **Supplementary Information** (continued)**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	107,145
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
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	2,247	
4	Dividends and interest from securities.			14	26,827	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.	523000	583	01		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e).		583		29,074	0
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		29,657

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

	Yes	No
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1a(1)	No
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1a(2)		No
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1b(1)	No
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1b(2)	No
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1b(3)		No
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1b(4)		No
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1b(5)	No
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1b(6)		No
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1c		No
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value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

***** 2020-05-13 ***** May the IRS discuss this return with the preparer shown

Signature of officer or trustee _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below

(see instr) ☒ Yes ☐ No

Paid Preparer Use Only	DAVID A MARCUS CPA			
	Firm's name ▶ SAMET & COMPANY PC			Firm's EIN ▶ 04-3027605

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN P00188900
	DAVID A MARCUS CPA				
	Firm's name ▶ SAMET & COMPANY PC				Firm's EIN ▶ 04-3027605
	Firm's address ▶ 1330 BOYLSTON STREET CHESTNUT HILL, MA 024672111				Phone no (617) 731-1222

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADL-ANTI-DEFAMATION LEAGUE PO BOX 96226 WASHINGTON, DC 200906226		OTHER PUBLIC CHARITI	WELFARE	100
ALZHEIMERS ASSOCIATION 311 ARSENAL ST WATERTOWN, MA 02472		OTHER PUBLIC CHARITI	RESEARCH	150
AMERICA'S VETDOGS 371 EAST MAIN STREET SMITHTOWN, NY 117879897		OTHER PUBLIC CHARITI	WELFARE	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGHAM, MA 01701		OTHER PUBLIC CHARITI	RESEARCH	200
AMERICAN HEART ASSOCIATION 300 5TH AVE WALTHAM, MA 02451		OTHER PUBLIC CHARITI	EDUCATION	100
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE PO BOX 96727 WASHINGTON, DC 200777617		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN KIDNEY FUNDPO BOX 11038 LEWISTON, ME 042439408		OTHER PUBLIC CHARITI	RESEARCH	50
AMERICAN LUNG ASSOCIATION 14 BEACON ST STE 717 BOSTON, MA 10018		OTHER PUBLIC CHARITI	EDUCATION	100
AMERICAN RED CROSS OF MA BAY 139 MAIN ST CAMBRIDGE, MA 02142		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN TECHNION SOCIETY 55 EAST 59TH ST NEW YORK, NY 10022		OTHER PUBLIC CHARITI	RESEARCH	100
ARTHRITIS FOUNDATION PO BOX 696280 WASHINGTON, DC 200906280		OTHER PUBLIC CHARITI	RESEARCH	100
BABSON COLLEGE - SCHOLARSHIP FUND BABSON PARK WELLESLEY, MA 02457		OTHER PUBLIC CHARITI	EDUCATION	8,000
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIRTHRIGHT ISRAEL FOUNDATION 711 3RD AVE 10TH FLOOR NEW YORK, NY 10017		OTHER PUBLIC CHARITI	RESEARCH	300
BETH ISRAEL DECONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215		OTHER PUBLIC CHARITI	RESEARCH	1,000
BETH MENACHEM CHABAD OF NEWTON 349 DEDHAM STRRET NEWTON, MA 02459		OTHER PUBLIC CHARITI	RESEARCH	200
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF GREATER BOSTON 200 HIGH ST 3RD FLOOR BOSTON, MA 02110		OTHER PUBLIC CHARITI	WELFARE	100
BOSTON RESCUE MISSION PO BOX 849100 BOSTON, MA 022849100		OTHER PUBLIC CHARITI	WELFARE	200
BRAILLE INSTITUTE OF AMERICA 741 N VERMONT STREET LOS ANGELES, CA 900299988		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BRIGHAM & WOMEN'S HOSPITAL 116 HUNTINGTON AVE 5TH FLOOR BOSTON, MA 02116		OTHER PUBLIC CHARITI	RESEARCH	1,000
CARDINAL CUSHING CENTERS 405 WASHINGTON STREET HANOVER, MA 02339		OTHER PUBLIC CHARITI	WELFARE	100
CARROLL CENTER FOR THE BLIND 770 CENTRE ST NEWTON, MA 02458		OTHER PUBLIC CHARITI	WELFARE	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRE STREET FOOD PANTRY 11 HOMER STREET NEWTON CENTRE, MA 024591510		OTHER PUBLIC CHARITI	WELFARE	100
CHILDREN'S HOSPITAL BOSTON PO BOX 414428 BOSTON, MA 022414428		OTHER PUBLIC CHARITI	WELFARE	1,000
CIRCUS ARTS CONSERVATORY 2075 BAHIA VISTA ST SARASOTA, FL 34239		OTHER PUBLIC CHARITI	WELFARE	500
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 021102700		OTHER PUBLIC CHARITI	WELFARE	25,000
CROHN'S & COLITIS FOUNDATION 72 RIVER PARK ST 202 NEEDHAM, MA 02494		OTHER PUBLIC CHARITI	RESEARCH	100
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST BROOKLINE, MA 02445		OTHER PUBLIC CHARITI	RESEARCH	1,000
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS PO BOX 5022 HAGERSTOWN, MD 217415023		OTHER PUBLIC CHARITI	WELFARE	200
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 021466919		OTHER PUBLIC CHARITI	EDUCATION	100
FRIENDS OF ETHIOPIAN JEWS INC PO BOX 960059 BOSTON, MA 02196		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF IDF154 WELLS AVE STE 3 NEWTON, MA 02459		OTHER PUBLIC CHARITI	WELFARE	100
FRIENDS OF THE NE HOLOCAUST MUSEUM 126 HIGH ST BOSTON, MA 02110		OTHER PUBLIC CHARITI	EDUCATION	100
GLOBE SANTAPO BOX 55820 BOSTON, MA 022055820		OTHER PUBLIC CHARITI	WELFARE	200
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GREATER BOSTON FOOD BANK 99 ATKINSON ST BOSTON, MA 02118		OTHER PUBLIC CHARITI	WELFARE	200
HABITAT FOR HUMANITYPO BOX 1167 AMERICUS, GA 31709		OTHER PUBLIC CHARITI	WELFARE	100
HAVANESE RESCUE INC CO JOHN VICS TREASURER 638 DAVINCI PASS POINCIANA, FL 34759		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HERSHORIN SCHIFF COMMUNITY DAY SCHOOL 1050 S TUTTLE AVENUE SARASOTA, FL 34237		OTHER PUBLIC CHARITI	EDUCATION	5,000
HOSPICE OF THE GOOD SHEPERD 2042 BEACON STREET NEWTON, MA 02168		OTHER PUBLIC CHARITI	WELFARE	200
HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH ST SARASOTE, FL 34237		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IETF (INTL ESSENTIAL TREMOR FOUNDATION) PO BOX 14005 LENEXA, KS 66285		OTHER PUBLIC CHARITI	RESEARCH	100
JEWISH BIG BROTHER & SISTER ASSOCIATION 333 NAHANTON ST NEWTON, MA 02459		OTHER PUBLIC CHARITI	WELFARE	100
JEWISH COMMUNITY HOUSING FOR THE ELDERLY 30 WALLINGFORD RD BRIGHTON, MA 02135		OTHER PUBLIC CHARITI	WELFARE	200
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
JEWISH FAMILY & CHILDREN'S SERVICE 475 FRANKLIN ST STE 101 FRAMINGHAM, MA 01702		OTHER PUBLIC CHARITI	WELFARE	100
JEWISH GUILD FOR THE BLIND 15 WEST 65TH ST NEW YORK, NY 100236601		OTHER PUBLIC CHARITI	WELFARE	200
ST PATRICK'S MANOR 863 CENTRAL STREET FRAMINGHAM, MA 01701		OTHER PUBLIC CHARITI	RELIGIOUS	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH VOCATIONAL SERVICE 75 FEDERAL ST 3RD FLOOR BOSTON, MA 02110		OTHER PUBLIC CHARITI	WELFARE	200
JUVENILE DIABETES RESEARCH FOUNDATION 60 WALNUT ST WELLESLEY HILLS, MA 02481		OTHER PUBLIC CHARITI	RESEARCH	200
LEUKEMIA & LYMOHOMA SOCIETY PO BOX 9031 PITTSFIELD, MA 01202		OTHER PUBLIC CHARITI	RESEARCH	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MACULARE DEGENERATION RESEARCH 22512 GATEWAY CENTER DR PO BOX 1952 CLARKSBURG, MD 02871		OTHER PUBLIC CHARITI	RESEARCH	100
MAKE-A-WISH FOUNDATION ONE BULFICH PLACE STE 202 BOSTON, MA 02114		OTHER PUBLIC CHARITI	WELFARE	100
MANATEE COMMUNITY FOUNDATION 2820 MANATEE AVE WEST BRADENTON, FL 34205		OTHER PUBLIC CHARITI	EDUCATION	1,000
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARINE CORPS SCHOLARSHIP FOUNDATION PO BOX 759468 BALTIMORE, MD 21275		OTHER PUBLIC CHARITI	EDUCATION	100
MASSACHUSETTS EYE & EAR 243 CHARLES ST BOSTON, MA 02214		OTHER PUBLIC CHARITI	RESEARCH	1,000
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST STE 600 BOSTON, MA 02114		OTHER PUBLIC CHARITI	RESEARCH	5,100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY SHIPSPO BOX 1930 GARDEN VALLEY, TX 757719968		OTHER PUBLIC CHARITI	RELIGIOUS	100
MIRACLE LEAGUE OF MANASOTA 8466 N LOCKWOOD RIDGE RD SARASOTA, FL 34243		OTHER PUBLIC CHARITI	WELFARE	100
MJPA SCHOLARSHIP FUNDPO BOX 21 TAUNTON, MA 02780		OTHER PUBLIC CHARITI	EDUCATION	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612		OTHER PUBLIC CHARITI	RESEARCH	1,000
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MZAIN AVE 5TH FL NORWALK, CT 06851		OTHER PUBLIC CHARITI	RESEARCH	100
NATIONAL KIDNEY FOUNDATION OF MA INC 85 ASTOR AVE STE 2 NORWOOD, MA 020625040		OTHER PUBLIC CHARITI	RESEARCH	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVENUE SUITE 6 WALTHAM, MA 02154		OTHER PUBLIC CHARITI	RESEARCH	100
NEW ENGLAND HOME FOR LITTLE WANDERERS 271 HUNTINGTON AVE BOSTON, MA 02115		OTHER PUBLIC CHARITI	WELFARE	100
NEW ENGLAND VILLAGES 664 SCHOOL STREET PEMBROKE, MA 02359		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEWTON FREE LIBRARY 330 HOMER STREET NEWTON CENTRE, MA 02159		OTHER PUBLIC CHARITI	EDUCATION	100
NEWTON-WELLESLEY CHARITABLE FOUNDATION 2014 WASHINGTON STREET NEWTON, MA 021629907		OTHER PUBLIC CHARITI	RESEARCH	2,000
NEWTON-WELLESLEY HOSPITAL 2014 WASHINGTON STREET NEWTON, MA 021629901		OTHER PUBLIC CHARITI	WELFARE	25,000
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NF NORTHEAST9 BEDFORD ST STE 3 BURLINGTON, MA 01803		OTHER PUBLIC CHARITI	WELFARE	200
PARALYZED VETERANS OF AMERICA 7 MILL RD BOX 9533 WILTON, NJ 03086		OTHER PUBLIC CHARITI	RESEARCH	100
PARKINSONS ACTION NETWORK 1025 VERMONT AVE NW WASHINGTON, DC 20005		OTHER PUBLIC CHARITI	RESEARCH	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472		OTHER PUBLIC CHARITI	RESEARCH	200
PINE STREET INNPO BOX 55945 BOSTON, MA 022055945		OTHER PUBLIC CHARITI	WELFARE	100
PROJECT BREAD145 BORDER STREET BOSTON, MA 02128		OTHER PUBLIC CHARITI	WELFARE	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA, CA 90401		OTHER PUBLIC CHARITI	RESEARCH	100
PUPPIES BEHIND BARS 263 WEST 38TH ST 4TH FLOOR NEW YORK, NY 10018		OTHER PUBLIC CHARITI	WELFARE	100
REGAL MUSIC THEATRE 617 LEXINGTON ST WALTHAM, MA 024523003		OTHER PUBLIC CHARITI	WELFARE	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SALVATION ARMYPO BOX 55876 BOSTON, MA 02215		OTHER PUBLIC CHARITI	WELFARE	100
SCOTTISH RITE BENEVOLENT CHARITIES PO BOX 859 LEWISTON, ME 042430859		OTHER PUBLIC CHARITI	WELFARE	200
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607		OTHER PUBLIC CHARITI	WELFARE	500
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHEASTERN GUIDE DOGS 4210 77TH STREET E PALMETTO, FL 34221		OTHER PUBLIC CHARITI	WELFARE	200
SPARCC-SAFE PLACE AND RAPE CRISIS CTR 1410 FLORA AVE N LEHIGH ACRES, FL 33971		OTHER PUBLIC CHARITI	WELFARE	100
SPECIAL OLYMPICS650 ELM ST STE 200 MANCHESTER, NH 03101		OTHER PUBLIC CHARITI	WELFARE	200
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPRINGWELL (TRAVELING MEALS OF NEWTON) 307 WAVERLY OAKS RD STE 205 WALTHAM, MA 02452		OTHER PUBLIC CHARITI	RESEARCH	100
THE SEEING EYEPO BOX 1056 MORRISTOWN, NJ 079629902		OTHER PUBLIC CHARITI	WELFARE	100
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513		OTHER PUBLIC CHARITI	RESEARCH	1,200
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOYS FOR TOTSPO BOX 4002036 DES MOINES, IA 503402036		OTHER PUBLIC CHARITI	WELFARE	100
TZEDAKAH FUND INC 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254		OTHER PUBLIC CHARITI	RELIGIOUS	100
VILNA SHUL BCJC18 PHILLIPS ST BOSTON, MA 02114		OTHER PUBLIC CHARITI	WELFARE	200
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VISITING NURSE ASSOCIATION 500 RUTHERFORD AVE STE 200 CHARLESTOWN, MA 02129		OTHER PUBLIC CHARITI	WELFARE	100
WEDUPO BOX 31556 TAMPA, FL 33631		OTHER PUBLIC CHARITI	EDUCATION	100
WEST END HOUSE CAMP 105 ALLSTON ST ALLSTON, MA 02134		OTHER PUBLIC CHARITI	WELFARE	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WEST POINT JEWISH CHAPELPO BOX 84 WEST POINT, NY 10996		OTHER PUBLIC CHARITI	RELIGIOUS	100
WGBH1 GUEST ST BOSTON, MA 02135		OTHER PUBLIC CHARITI	EDUCATION	345
HEBREW SENIOR LIFE1200 CENTRE ST ROSLINDALE, MA 02131		OTHER PUBLIC CHARITI	RELIGIOUS	200
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MSPCA293 2ND AVE WALTHAM, MA 02451		OTHER PUBLIC CHARITI	WELFARE	50
MT INNOCENCE PROJECT 32 CAMPUS DRIVE MISSOULA, MT 59801		OTHER PUBLIC CHARITI	RESEARCH	100
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115		OTHER PUBLIC CHARITI	RESEARCH	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TEMPLE BETH AVODAH 45 PUDDINGSTONE LANE NEWTON, MA 02459		OTHER PUBLIC CHARITI	RELIGIOUS	100
SPIRIT OF ADVENTURE 2 TOWER OFFICE PARK WOBURN, MA 01801		OTHER PUBLIC CHARITI	RESEARCH	200
AMERICAN DIABETES ASSOCIATION 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701		OTHER PUBLIC CHARITI	RESEARCH	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ISRAEL TENNIS CENTER 57 W 38TH STREET NEW YORK, NY 10018		OTHER PUBLIC CHARITI	RELIGIOUS	16,000
MAOA142 E ONTARIO STREET CHICAGO, IL 60611		OTHER PUBLIC CHARITI	RESEARCH	100
THE GLAUCOMA FOUNDATION 80 MAIDEN LANE NEW YORK, NY 10038		OTHER PUBLIC CHARITI	RESEARCH	100
Total ► 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MEMORIAL SLOAN KETTERING 1275 YORK AVE NEW YORK, NY 10065		OTHER PUBLIC CHARITI	RESEARCH	100
JBI INTERNATIONAL110 E 30TH STREET NEW YORK, NY 10016		OTHER PUBLIC CHARITI	WELFARE	100
THE LUPUS FOUNDATION 40 SPEEN ST 101 FRAMINGHAM, MA 01701		OTHER PUBLIC CHARITI	RESEARCH	100
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EXPERIENCE CAMPS 136 MAIN ST SUITE 206 WESTPORT, CT 06880		OTHER PUBLIC CHARITI	EDUCATION	100
RINGLING COLLEGE LIBRARY 2700 N TAMIAMI TRAIL SARASOTA, FL 34234		OTHER PUBLIC CHARITI	EDUCATION	250
AMERICAN EXPRESS 14 MONTANARI DRIVE MARLBOROUGH, MA 01752		OTHER PUBLIC CHARITI	WELFARE	300
Total ▶ 3a				107,145

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE BETH ELOHIM10 BETHEL ROAD WELLESLEY, MA 02481		OTHER PUBLIC CHARITI	RELIGIOUS	100
Total ▶ 3a				107,145

TY 2019 Accounting Fees Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SAMET & CO-PREP 990PF	2,900	1,450		1,450

TY 2019 Investments Corporate Bonds Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
UBS FINANCIAL SERVICES INC	25,305	34,259

TY 2019 Investments Corporate Stock Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UBS FINANCIAL SERVICES INC	144,892	402,510
CHARLES SCHWAB	440,697	780,964

TY 2019 Other Expenses Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	21	0		0

TY 2019 Other Income Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ENTERPRISE PRODUCTS PARTNERS	583	583	583

TY 2019 Taxes Schedule

Name: BERNARD G AND NANCY J BERKMAN
FOUNDATION

EIN: 22-2777796

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MASS FORM PC	70	70		0
FEDERAL TAXES	500	500		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2019
Name of the organization BERNARD G AND NANCY J BERKMAN FOUNDATION		Employer identification number 22-2777796

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	☒ 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 other 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 33¹/₃% 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. 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. . . . ▶ \$ _____

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
BERNARD G AND NANCY J BERKMAN
FOUNDATION

Employer identification number
22-2777796

Part I

Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERNARD AND NANCY BERKMAN 413D DEDHAM STREET NEWTON, MA 02459	\$ 7,030	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
2	CHEVELLE REALTY TRUST 842A BEACON STREET BOSTON, MA 02215	\$ 25,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
3	PILGRIM CAPITAL TRUST 842A BEACON STREET BOSTON, MA 02215	\$ 15,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
4	BERNARD G BERKMAN AND NANCY J BERKMAN FAMILY TRUST 842A BEACON STREET BOSTON, MA 02215	\$ 25,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
5	PARKER HILLSIDE REALTY TRUST 842A BEACON STREET BOSTON, MA 02215	\$ 20,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
6	842A BEACON 842A BEACON STREET BOSTON, MA 02215	\$ 15,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization BERNARD G AND NANCY J BERKMAN FOUNDATION	Employer identification number 22-2777796
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions) Use duplicate copies of Part II if additional space is needed	(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
-		\$	
(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Employer identification number

22-2777796

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)