efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491182005109

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

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

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)* ▶$ 1,048,209

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)	92,030			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	2,892	2,892		
	4	Dividends and interest from securities	25,668	25,668		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	8,065			
	b	Gross sales price for all assets on line 6a 25,000				
	7	Capital gain net income (from Part IV, line 2)		8,065		
	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)	1,657	1,657		
	12	**Total.** Add lines 1 through 11	130,312	38,282		
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)	2,700	1,350		1,350
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	890	890		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	1	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	3,591	2,240		1,350
	25	Contributions, gifts, grants paid	84,595			84,595
	26	**Total expenses and disbursements.** Add lines 24 and 25	88,186	2,240		85,945
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	42,126			
	b	**Net investment income** (if negative, enter -0-)		36,042		
	c	**Adjusted net income** (if negative, enter -0-)				

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	73,424	114,763	114,763
	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)	551,860	572,915	905,758
	c Investments—corporate bonds (attach schedule)	25,334	25,320	27,688
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	20,254	0	0
	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)	670,872	712,998	1,048,209
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 SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	670,872	712,998	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	670,872	712,998	
	31 **Total liabilities and net assets/fund balances** (see instructions)	670,872	712,998	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	670,872
2	Enter amount from Part I, line 27a	2	42,126
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	712,998
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 30	6	712,998

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?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ BERNARD G BERKMAN Telephone no ▶ (617) 266-6100

Located at ▶ 842A BEACON ST BOSTON MA ZIP+4 ▶ 02215

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, 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?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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

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)			
	(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	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ 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 2018 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 2018).*	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 2018?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(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?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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 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 2018, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary 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 Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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	100
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGHAM, MA 01701		OTHER PUBLIC CHARITI	RESEARCH	200
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
AMERICAN HEART ASSOCIATION 300 5TH AVE WALTHAM, MA 02451		OTHER PUBLIC CHARITI	EDUCATION	100
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**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
AMERICAN TECHNION SOCIETY 55 EAST 59TH ST NEW YORK, NY 10022		OTHER PUBLIC CHARITI	RESEARCH	100
BABSON COLLEGE - SCHOLARSHIP FUND BABSON PARK WELLESLEY, MA 02457		OTHER PUBLIC CHARITI	EDUCATION	5,000
BETH ISRAEL DECONESS MEDICAL - DEWOLF 330 BROOKLINE AVE BOSTON, MA 02215		OTHER PUBLIC CHARITI	RESEARCH	1,000
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
BETH ISRAEL DECONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215		OTHER PUBLIC CHARITI	RESEARCH	200
BETH MENACHEM CHABAD OF NEWTON 349 DEDHAM STRRET NEWTON, MA 02459		OTHER PUBLIC CHARITI	RESEARCH	200
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 5892 HICKSVILLE, NY 11802		OTHER PUBLIC CHARITI	WELFARE	300
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
BOSTON RESCUE MISSION PO BOX 849100 BOSTON, MA 022849100		OTHER PUBLIC CHARITI	WELFARE	200
BRIGHAM & WOMEN'S HOSPITAL 116 HUNTINGTON AVE 5TH FLOOR BOSTON, MA 02116		OTHER PUBLIC CHARITI	RESEARCH	1,000
CARROLL CENTER FOR THE BLIND 770 CENTRE ST NEWTON, MA 02458		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
CHILDREN'S HOSPITAL BOSTON PO BOX 414428 BOSTON, MA 022414428		OTHER PUBLIC CHARITI	WELFARE	1,000
CARDINAL CUSHING CENTERS 405 WASHINGTON STREET HANOVER, MA 02339		OTHER PUBLIC CHARITI	WELFARE	100
CIRCUS ARTS CONSERVATORY 2075 BAHIA VISTA ST SARASOTA, FL 34239		OTHER PUBLIC CHARITI	WELFARE	500
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 021102700		OTHER PUBLIC CHARITI	WELFARE	25,000
CENTRE STREET FOOD PANTRY 11 HOMER STREET NEWTON CENTRE, MA 024591510		OTHER PUBLIC CHARITI	WELFARE	100
CROHN'S & COLITIS FOUNDATION 72 RIVER PARK ST 202 NEEDHAM, MA 02494		OTHER PUBLIC CHARITI	RESEARCH	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST BROOKLINE, MA 02445		OTHER PUBLIC CHARITI	RESEARCH	1,200
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
HERSHORIN SCHIFF COMMUNITY DAY SCHOOL 1050 S TUTTLE AVENUE SARASOTA, FL 34237		OTHER PUBLIC CHARITI	EDUCATION	5,000
FRIENDS OF ETHIOPIAN JEWS INC PO BOX 960059 BOSTON, MA 02196		OTHER PUBLIC CHARITI	WELFARE	100
FRIENDS OF IDF154 WELLS AVE STE 3 NEWTON, MA 02459		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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
GREATER BOSTON FOOD BANK 99 ATKINSON ST BOSTON, MA 02118		OTHER PUBLIC CHARITI	WELFARE	200
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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
HOSPICE OF THE GOOD SHEPERD 2042 BEACON STREET NEWTON, MA 02168		OTHER PUBLIC CHARITI	WELFARE	200
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH ST SARASOTE, FL 34237		OTHER PUBLIC CHARITI	WELFARE	100
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
JEWISH COMMUNITY HOUSING FOR THE ELDERLY 30 WALLINGFORD RD BRIGHTON, MA 02135		OTHER PUBLIC CHARITI	WELFARE	200
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
JEWISH NATIONAL FUND 1221 BRICKELL AVE STE 770 MIAMI, FL 33131		OTHER PUBLIC CHARITI	WELFARE	200
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
LEUKEMIA & LYMOHOMA SOCIETY PO BOX 9031 PITTSFIELD, MA 01202		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**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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	5,000
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612		OTHER PUBLIC CHARITI	RESEARCH	1,000
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
MACULARE DEGENERATION RESEARCH 22512 GATEWAY CENTER DR PO BOX 1952 CLARKSBURG, MD 02871		OTHER PUBLIC CHARITI	RESEARCH	100
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**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 101A FIRST AVENUE SUITE 6 WALTHAM, MA 02154		OTHER PUBLIC CHARITI	RESEARCH	200
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**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
NEWTON FREE LIBRARY 330 HOMER STREET NEWTON CENTRE, MA 02159		OTHER PUBLIC CHARITI	EDUCATION	100
NEWTON-WELLESLY CHARITABLE FOUNDATION 2014 WASHINGTON STREET NEWTON, MA 021629907		OTHER PUBLIC CHARITI	RESEARCH	1,000
NEWTON-WELLESLY HOSPITAL 2014 WASHINGTON STREET NEWTON, MA 021629901		OTHER PUBLIC CHARITI	WELARE	25,000
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
MERCY SHIPSPO BOX 1930 GARDEN VALLEY, TX 757719968		OTHER PUBLIC CHARITI	RELIGIOUS	100
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**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472		OTHER PUBLIC CHARITI	RESEARCH	200
OPERATION PEACE CONTINENTAL WINGATE C/O JULIE BUTLER 63 KENDRICK STREET NEEDHAM, MA 02494		OTHER PUBLIC CHARITI	WELFARE	200
OPERATION SMILEPO BOX 5017 HAGERSTOWN, MD 21741		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
PROJECT BREAD145 BORDER STREET BOSTON, MA 02128		OTHER PUBLIC CHARITI	WELFARE	100
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
SALVATION ARMYPO BOX 55876 BOSTON, MA 02215		OTHER PUBLIC CHARITI	WELFARE	100
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607		OTHER PUBLIC CHARITI	WELFARE	500
SOUTHEASTERN GUIDE DOGS 4210 77TH STREET E PALMETTO, FL 34221		OTHER PUBLIC CHARITI	WELFARE	200
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
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
SPRINGWELL (TRAVELING MEALS OF NEWTON) 307 WAVERLY OAKS RD STE 205 WALTHAM, MA 02452		OTHER PUBLIC CHARITI	RESEARCH	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
PAN-MASS CHALLENGE774 4TH AVENUE NEEDHAM, MA 02494		OTHER PUBLIC CHARITI	RESEARCH	50
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513		OTHER PUBLIC CHARITI	RESEARCH	200
TZEDAKAH FUND INC 12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254		OTHER PUBLIC CHARITI	RELIGIOUS	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
VILNA SHUL BCJC18 PHILLIPS ST BOSTON, MA 02114		OTHER PUBLIC CHARITI	WELFARE	200
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
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
WEST END HOUSE CAMP 105 ALLSTON ST ALLSTON, MA 02134		OTHER PUBLIC CHARITI	WELFARE	100
WEST POINT JEWISH CHAPEL PO BOX 84 WEST POINT, NY 10996		OTHER PUBLIC CHARITI	RELIGIOUS	100
WGBH1 GUEST ST BOSTON, MA 02135		OTHER PUBLIC CHARITI	EDUCATION	345
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE PO BOX 96727 WASHINGTON, DC 200777617		OTHER PUBLIC CHARITI	WELFARE	100
AMERICAN KIDNEY FUNDPO BOX 11038 LEWISTON, ME 042439408		OTHER PUBLIC CHARITI	RESEARCH	100
AMERICA'S VETDOGS 371 EAST MAIN STREET SMITHTOWN, NY 117879897		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
ARTHRITIS FOUNDATION PO BOX 696280 WASHINGTON, DC 200906280		OTHER PUBLIC CHARITI	RESEARCH	100
BRAILLE INSTITUTE OF AMERICA 741 N VERMONT STREET LOS ANGELES, CA 900299988		OTHER PUBLIC CHARITI	WELFARE	100
PINE STREET INNPO BOX 55945 BOSTON, MA 022055945		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
REGAL MUSIC THEATRE 617 LEXINGTON ST WALTHAM, MA 024523003		OTHER PUBLIC CHARITI	WELFARE	100
SCOTTISH RITE BENEVOLENT CHARITIES PO BOX 859 LEWISTON, ME 042430859		OTHER PUBLIC CHARITI	WELFARE	200
THE SEEING EYEPO BOX 1056 MORRISTOWN, NJ 079629902		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
TOYS FOR TOTSPO BOX 4002036 DES MOINES, IA 503402036		OTHER PUBLIC CHARITI	WELFARE	100
Total . . . . . ▶ **3a**				84,595

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491182005109

TY 2018 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	2,700	1,350		1,350

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491182005109

TY 2018 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	25,320	27,688

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491182005109

TY 2018 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	147,819	312,121
CHARLES SCHWAB	425,096	593,637

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491182005109

TY 2018 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
DONATIONS PER K-1	1	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491182005109

TY 2018 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	1,657	1,657	1,657

TY 2018 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
FOREIGN TAXES WITHHELD	20	20		0
FEDERAL TAXES	800	800		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491182005109

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 *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose 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	Employer identification number
BERNARD G AND NANCY J BERKMAN FOUNDATION	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
____	See Additional Data Table	$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization	Employer identification number
BERNARD G AND NANCY J BERKMAN FOUNDATION	22-2777796

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(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
		$	

Name of organization	Employer identification number
BERNARD G AND NANCY J BERKMAN FOUNDATION	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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 22-2777796

Name: BERNARD G AND NANCY J BERKMAN FOUNDATION

Form 990 Schedule B, 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	CHESTER INVESTMENT TRUST 842A BEACON STREET BOSTON, MA 02215	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	CHEVELLE REALTY TRUST 842A BEACON STREET BOSTON, MA 02215	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	PILGRIM CAPITAL TRUST 842A BEACON STREET BOSTON, MA 02215	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
5	BERNARD G BERKMAN AND NANCY J BERKMAN FAMILY TRUST 842A BEACON STREET BOSTON, MA 02215	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
6	BERNARD G BERKMAN FAMILY TRUST 842A BEACON STREET BOSTON, MA 02215	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Form 990 Schedule B, 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
7	PARKER HILLSIDE REALTY TRUST 842A BEACON STREET BOSTON, MA 02215	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)